Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] 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
AXIA TOOL CO. PENSION PLAN FOR HOURLY PAID EMPLOYEES

1b Three-digit plan number (PN) ▶ 038

1c Effective date of plan 03/03/1960

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

3350 BRECKINRIDGE BLVD., #100
DULUTH, GA 30096

2b Employer Identification Number (EIN)
13-3205251

2c Sponsor's telephone number
800-621-1009

2d Business code (see instructions)
332900

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	SUSAN BOULWARE
	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")

MANAGEMENT PENSION COMMITTEE
AMES TAPING TOOLS
3350 BRECKINRIDGE BLVD., #100
DULUTH, GA 30096-0000

3b Administrator's EIN: 36-2911967

3c Administrator's telephone number: 800-621-1009

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**	98
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**	49
c	Other retired or separated participants entitled to future benefits	**6c**	41
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	90
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	90
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 1I

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AXIA TOOL CO. PENSION PLAN FOR HOURLY PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 038

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

D Employer Identification Number (EIN)
13-3205251

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
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	017354	90	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	11592

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

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
AXIA TOOL CO. PENSION PLAN FOR HOURLY PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 038

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AXIA INCORPORATED

D Employer Identification Number (EIN)
13-3205251

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**	940206
b	Actuarial value	**2b**	1034227

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	38	616037
b	For terminated vested participants	**3b**	60	600919
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
d	Total	**3d**	98	1216956

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**	8.27 %
6	Target normal cost	**6**	42000

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

	10/08/2010
Signature of actuary	Date
DARLENE T. BUXTON	08-06222
Type or print name of actuary	Most recent enrollment number
PRIAC	860-534-2303
Firm name	Telephone number (including area code)
P.O.BOX 2975 HARTFORD, CT 06103-2975	
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)	2057	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)	2057	0
10	Interest on item 9 using prior year's actual return of -25.59 %	-526	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		11
	b Interest on (a) using prior year's effective rate of 6.08 %		1
	c Total available at beginning of current plan year to add to prefunding balance		12
	d Portion of (c) to be added to prefunding balance		12
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)	1531	12

Part III Funding percentages

14	Funding target attainment percentage	14	84.86 %
15	Adjusted funding target attainment percentage	15	84.86 %
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	82.73 %
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	11382				
07/15/2009	11382				
10/15/2009	11382				
01/15/2010	11382				
09/15/2010	40144				
			Totals ► 18(b)	85672	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	78270

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** 65

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..... [ ] Yes [X] 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** 42000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	184272	37813
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**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 79813

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	1531	12	1543

36 Additional cash requirement (item 34 minus item 35)..... **36** 78270

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 78270

38 Interest-adjusted excess contributions for current year (see instructions)..... **38** 0

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

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

A Name of plan
AXIA TOOL CO. PENSION PLAN FOR HOURLY PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 038

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AXIA INCORPORATED

D Employer Identification Number (EIN)
13-3205251

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL SHORT-TERM

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-041	P	11592

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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
AXIA TOOL CO. PENSION PLAN FOR HOURLY PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 038

C Plan sponsor's name as shown on line 2a of Form 5500
AXIA INCORPORATED

D Employer Identification Number (EIN)
13-3205251

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	1a	924285	1005528
b	Total plan liabilities	1b		
c	Net plan assets (subtract line 1b from line 1a)	1c	924285	1005528
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	2a(1)	52131	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
c	Other income	2c	128869	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		181000
e	Benefits paid (including direct rollovers)	2e	75381	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i	24376	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		99757
k	Net income (loss) (subtract line 2j from line 2d)	2k		81243
l	Transfers to (from) the plan (see instructions)	2l		

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
c	Real estate (other than employer real property)	3c		X	
d	Employer securities	3d		X	
e	Participant loans	3e		X	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Part II Compliance Questions

4 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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		5000000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
AXIA TOOL CO. PENSION PLAN FOR HOURLY PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 038

C Plan sponsor's name as shown on line 2a of Form 5500
AXIA INCORPORATED

D Employer Identification Number (EIN)
13-3205251

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 22-1211670

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HANCOCK ASKEW & CO LLP
ACCOUNTANTS & ADVISORS

Independent Auditors' Report

The Administrative Committee
AXIA Tool Company Pension Plan for Hourly Paid Employees
Fairburn, Georgia

We were engaged to audit the accompanying financial statements and supplemental schedules of AXIA Tool Company Pension Plan for Hourly Paid Employees as of December 31, 2009, and for the year then ended, as listed in the table of contents. These financial statements and schedules are the responsibility of the Plan's management. The financial statements for the year ended December 31, 2008 were reported on by other auditors whose report dated October 14, 2009 disclaimed an opinion on those statements for the reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 and Note 4, which was certified by Prudential Retirement Insurance and Annuity Company and Union Bank of California, N.A., the Trustees 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 Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the Trustees as of and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the information certified by the Trustees, 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.

Respectfully submitted,

Hancock Askew & Co. L.L.P.

Atlanta, Georgia
September 28, 2010

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AXIA Tool Company Pension Plan for Hourly Employees
EIN/PN: 13-3205251 / 038
Attachment to 2009 Schedule SB (Form 5500)
Line 22 - Description of Weighted Average Retirement Age

Age	Probability	Number Retiring	Number Remaining	Result
55	0.0%	0.000000	1.000000	0.000000
56	0.0%	0.000000	1.000000	0.000000
57	0.0%	0.000000	1.000000	0.000000
58	0.0%	0.000000	1.000000	0.000000
59	0.0%	0.000000	1.000000	0.000000
60	0.0%	0.000000	1.000000	0.000000
61	0.0%	0.000000	1.000000	0.000000
62	0.0%	0.000000	1.000000	0.000000
63	0.0%	0.000000	1.000000	0.000000
64	0.0%	0.000000	1.000000	0.000000
65	100.0%	1.000000	0.000000	65.000000
				65.000000

*** There are no Active participants and Term Vested Participants are assumed to retire at age 65**

PLAN ASSUMPTIONS

Assumptions have been chosen to anticipate the long range experience of the Plan. Consistency among assumptions is important as each interacts with the others; equally important is the recognition of inflationary trends in the economy.

As the Enrolled Actuary for the Plan, I will certify to the reasonableness of these assumptions, in aggregate, as required by ERISA.

The actuarial assumptions used to compute Plan costs are:

Discount Rate	
Funding:	The effective rate is based on the September 2009 Segment rates of: 5.03%, 6.73%, and 6.82%.
Expected Return on Plan Assets	8.00%
Long term investment return (for FAS35)	8.00%
Estimated Expenses:	An estimate of the administrative expenses expected to be paid from plan assets. For 2010 this amount is $42,000.
Mortality	
Funding:	The 2008+ IRS Dynamic Mortality Table.
FAS35:	
Non-Disabled Lives:	The 1994 US GAM Static Male/Female Mortality Table
Disabled Lives:	Mortality table specified in Revenue Ruling 98-7.
Termination:	There are only inactive participants.
Disability:	There are only inactive participants.
Retirement Rates:	There are only inactive participants. Terminated Vested Participants are assumed to retire at age 65.
Survivor's Benefit:	It is assumed that husbands are 5 years older than wives and that 80% of the Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.

ACTUARIAL COST METHOD

Actuarial Cost Method

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in "Plan Assumptions" of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of January 1, 2009, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the Segment Rate for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

The plan sponsor elected not to phase in the new interest rate basis. Refer to the plan assumptions section (Appendix D) for additional detail.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

ACTUARIAL COST METHOD (CONT'D)

Method

A description of the method used to determine the current year's Actuarial Value of Assets {AV(t)} is below.

For the preceding 2 years, G/L(t) is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) – MV(t)$$

For the current year, AV(t) is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)]

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

Prudential

PLAN PROVISIONS

Earnings	None – All Participants are inactive
Service	None – All Participants are inactive
Employer Contributions	In such amounts and times determined by the company.
Employee Contributions	None
Normal Form of Benefit	50% Joint and Survivor Annuity for married participants and a Single Life annuity for single participants.
Normal Retirement Date	The first day of the month coinciding with or next following the participant's 65th birthday.
Accrued Benefit	Benefits accrued as of April 3, 1992. There are no Active participants. All Participants are inactive.
Normal Retirement Benefit	Accrued Benefit payable at age 65.
Early Retirement Eligibility	Age 55 and 15 years of Service.
Early Retirement Benefit	Actuarial equivalent of the normal retirement benefit
Deferred Vested Benefit	Eligible after 5 years of Service – All participants became fully vested on April 3, 1992. All employees who completed 15 years of service may elect to receive an actuarially reduced benefit after reaching age 55.
Preretirement Spouse Benefit	Each married participant and former employee who is entitled to a deferred vested benefit is automatically covered by the Pre-retirement Survivor Annuity Coverage unless such coverage is waived with a signed spousal consent. If coverage is not waived and the employee dies, the spouse is entitled to a surviving spouse pension equal to the amount to which the surviving spouse would have been entitled if the participant's commencement date had been the day before his death, or age 55 if later, and his accrued pension had been payable in the form of a 50% Joint and Survivor Annuity. The Pension is reduced 7/10th of 1% for each full year prior to age 65 that the coverage is in effect. This reduction is also taken into account when computing the spouse's benefit.

Prudential

AXIA Tool Company Pension Plan for Hourly Employees
EIN/PN: 13-3205251 / 038
Attachment to 2009 Schedule SB (Form 5500)
Line 24 - Change in Actuarial Assumptions

Changes Since Last Year's Valuation

Changes in Pension Plan Provisions

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

There were no significant legislative changes recognized with this actuarial valuation.

Changes in Actuarial Assumptions

The Mortality table was updated to the 2009 IRS Static table as required by the Pension Protection Act

Per IRS guidance, target normal cost must include administrative expenses expected to be paid from plan assets. These expenses are assumed to be $42,000 for the 2009 Plan year.

Changes in Actuarial Cost Method

The interest rate basis for this valuation was changed to the October 2008 full yield curve in accordance with IRS guidance released in March 2009

The Asset Valuation Method has been changed to a 24-month averaging method in accordance with the Pension Protection Act of 2006 (as clarified by the Worker, Retiree and Employer Recovery Act of 2008).

Benefit Restrictions and "At Risk" Status

There are no benefit restrictions associated with the current plan year

The plan is not considered "At Risk" for the current plan year.

AXIA Tool Company Pension Plan for Hourly Employees
EIN/PN: 13-3205251 / 038
Attachment to 2009 Schedule SB (Form 5500)
Line 25 - Change in Method

Changes Since Last Year's Valuation

Changes in Pension Plan Provisions

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

There were no significant legislative changes recognized with this actuarial valuation.

Changes in Actuarial Assumptions

The Mortality table was updated to the 2009 IRS Static table as required by the Pension Protection Act

Per IRS guidance, target normal cost must include administrative expenses expected to be paid from plan assets. These expenses are assumed to be $42,000 for the 2009 Plan year.

Changes in Actuarial Cost Method

The interest rate basis for this valuation was changed to the October 2008 full yield curve in accordance with IRS guidance released in March 2009

The Asset Valuation Method has been changed to a 24-month averaging method in accordance with the Pension Protection Act of 2006 (as clarified by the Worker, Retiree and Employer Recovery Act of 2008).

Benefit Restrictions and "At Risk" Status

There are no benefit restrictions associated with the current plan year

The plan is not considered "At Risk" for the current plan year.

AXIA Tool Company Pension Plan for Hourly Employees
EIN/PN: 13-3205251 / 038
Attachment to 2009 Schedule SB (Form 5500)
Line 32 - Schedule of Amortization Bases

Schedule of Amortization Bases

The interest rates and corresponding present value factors as of January 1, 2009 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2009 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

Year	Applicable Interest Rate	Discount Factor	Present Value Factor
1	5.45%	1.000000	1.000000
2	6.83%	0.936067	1.936067
3	7.64%	0.863083	2.799150
4	7.95%	0.794936	3.594086
5	8.11%	0.732043	4.326128
6	8.25%	0.672760	4.998889
7	8.41%	0.616004	5.614893

II. Prior Year Amortization Amounts

Plan Year	Installment	PV Factor	Present Value
2008	45,528	4.998889	227,589
2007	0	4.326128	0
2006	0	3.594086	0
2005	0	2.799150	0
2004	0	1.936067	0
2003	0	1.000000	0
	$45,528		**$227,589**

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized [1]	$184,272
2. Present Value of Prior Year Amortization Installments	227,589
3. Current Year Amortization Base (1 - 2)	(43,317)
4. Shortfall Amortization Factor	5.614893
5. Current Year Amortization Installment (3 divided by 4)	(7,715)
6. Sum of Prior Year Amortization Installments	45,528
7. Net Shortfall Amortization Charge (5 + 6)	$37,813

[1]The Funding Shortfall to be amortized is calculated as ($1,216,956 * 1.00) - $1,032,684

Prudential

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

AXIA TOOL CO. PENSION PLAN FOR HOURLY PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 038

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

AXIA INCORPORATED

D Employer Identification Number (EIN)

13-3205251

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**	940,206
b	Actuarial value	**2b**	1,034,227

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	38	616,037
b	For terminated vested participants	**3b**	60	600,919
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
d	Total	**3d**	98	1,216,956

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**	8.27 %
6	Target normal cost	**6**	42,000

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 Darlene T. Buxton — Signature of actuary — 10/8/2009 — Date

Darlene T. Buxton — Type or print name of actuary — 08-06222 — Most recent enrollment number

PRIAC — Firm name — (860) 534-2303 — Telephone number (including area code)

P.O.Box 2975

HARTFORD CT 06103-2975 — 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)	2,057	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)	2,057	0
10	Interest on item 9 using prior year's actual return of (25.59)%	(526)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		11
	b Interest on (a) using prior year's effective rate of 6.08 %		1
	c Total available at beginning of current plan year to add to prefunding balance		12
	d Portion of (c) to be added to prefunding balance		12
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)	1,531	12

Part III Funding percentages

14	Funding target attainment percentage	14	84.86 %
15	Adjusted funding target attainment percentage	15	84.86 %
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	82.73 %
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	11,382				
07/15/2009	11,382				
10/15/2009	11,382				
01/15/2010	11,382				
09/15/2010	40,144				
			Totals ► 18(b)	85,672	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	78,270

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: %	☒ N/A, full yield curve used

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

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ 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 ☒ No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ 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**: 42,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	184,272	37,813
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**:

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 79,813

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	1,531	12	1,543

36 Additional cash requirement (item 34 minus item 35) — **36**: 78,270

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 78,270

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 0

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

AXIA Tool Company Pension Plan for Hourly Employees
EIN/PN: 13-3205251 / 038
Attachment to 2009 Schedule SB (Form 5500)
Line 22 - Description of Weighted Average Retirement Age

Age	Probability	Number Retiring	Number Remaining	Result
55	0.0%	0.000000	1.000000	0.000000
56	0.0%	0.000000	1.000000	0.000000
57	0.0%	0.000000	1.000000	0.000000
58	0.0%	0.000000	1.000000	0.000000
59	0.0%	0.000000	1.000000	0.000000
60	0.0%	0.000000	1.000000	0.000000
61	0.0%	0.000000	1.000000	0.000000
62	0.0%	0.000000	1.000000	0.000000
63	0.0%	0.000000	1.000000	0.000000
64	0.0%	0.000000	1.000000	0.000000
65	100.0%	1.000000	0.000000	65.000000
				65.000000

*** There are no Active participants and Term Vested Participants are assumed to retire at age 65**

Actuarial Cost Method

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in "Plan Assumptions" of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of January 1, 2009, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the Segment Rate for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

The plan sponsor elected not to phase in the new interest rate basis. Refer to the plan assumptions section (Appendix D) for additional detail.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

ACTUARIAL COST METHOD (CONT'D)

Method

A description of the method used to determine the current year's Actuarial Value of Assets {AV(t)} is below.

For the preceding 2 years, G/L(t) is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, AV(t) is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)]

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

AXIA Tool Company Pension Plan for Hourly Employees
EIN/PN: 13-3205251 / 038
Attachment to 2009 Schedule SB (Form 5500)
Line 24 - Change in Actuarial Assumptions

Changes Since Last Year's Valuation

Changes in Pension Plan Provisions

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

There were no significant legislative changes recognized with this actuarial valuation.

Changes in Actuarial Assumptions

The Mortality table was updated to the 2009 IRS Static table as required by the Pension Protection Act

Per IRS guidance, target normal cost must include administrative expenses expected to be paid from plan assets. These expenses are assumed to be $42,000 for the 2009 Plan year.

Changes in Actuarial Cost Method

The interest rate basis for this valuation was changed to the October 2008 full yield curve in accordance with IRS guidance released in March 2009

The Asset Valuation Method has been changed to a 24-month averaging method in accordance with the Pension Protection Act of 2006 (as clarified by the Worker, Retiree and Employer Recovery Act of 2008).

Benefit Restrictions and "At Risk" Status

There are no benefit restrictions associated with the current plan year

The plan is not considered "At Risk" for the current plan year.

AXIA Tool Company Pension Plan for Hourly Employees
EIN/PN: 13-3205251 / 038
Attachment to 2009 Schedule SB (Form 5500)
Line 25 - Change in Method

Changes Since Last Year's Valuation

Changes in Pension Plan Provisions

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

There were no significant legislative changes recognized with this actuarial valuation.

Changes in Actuarial Assumptions

The Mortality table was updated to the 2009 IRS Static table as required by the Pension Protection Act

Per IRS guidance, target normal cost must include administrative expenses expected to be paid from plan assets. These expenses are assumed to be $42,000 for the 2009 Plan year.

Changes in Actuarial Cost Method

The interest rate basis for this valuation was changed to the October 2008 full yield curve in accordance with IRS guidance released in March 2009

The Asset Valuation Method has been changed to a 24-month averaging method in accordance with the Pension Protection Act of 2006 (as clarified by the Worker, Retiree and Employer Recovery Act of 2008).

Benefit Restrictions and "At Risk" Status

There are no benefit restrictions associated with the current plan year

The plan is not considered "At Risk" for the current plan year.

AXIA Tool Company Pension Plan for Hourly Employees
EIN/PN: 13-3205251 / 038
Attachment to 2009 Schedule SB (Form 5500)
Line 32 - Schedule of Amortization Bases

Schedule of Amortization Bases

The interest rates and corresponding present value factors as of January 1, 2009 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2009 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

Year	Applicable Interest Rate	Discount Factor	Present Value Factor
1	5.45%	1.000000	1.000000
2	6.83%	0.936067	1.936067
3	7.64%	0.863083	2.799150
4	7.95%	0.794936	3.594086
5	8.11%	0.732043	4.326128
6	8.25%	0.672760	4.998889
7	8.41%	0.616004	5.614893

II. Prior Year Amortization Amounts

Plan Year	Installment	PV Factor	Present Value
2008	45,528	4.998889	227,589
2007	0	4.326128	0
2006	0	3.594086	0
2005	0	2.799150	0
2004	0	1.936067	0
2003	0	1.000000	0
	$45,528		$227,589

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized [1]	$184,272
2. Present Value of Prior Year Amortization Installments	227,589
3. Current Year Amortization Base (1 - 2)	(43,317)
4. Shortfall Amortization Factor	5.614893
5. Current Year Amortization Installment (3 divided by 4)	(7,715)
6. Sum of Prior Year Amortization Installments	45,528
7. Net Shortfall Amortization Charge (5 + 6)	$37,813

[1]The Funding Shortfall to be amortized is calculated as ($1,216,956 * 1.00) - $1,032,684

PLAN PROVISIONS

Earnings	None – All Participants are inactive
Service	None – All Participants are inactive
Employer Contributions	In such amounts and times determined by the company.
Employee Contributions	None
Normal Form of Benefit	50% Joint and Survivor Annuity for married participants and a Single Life annuity for single participants.
Normal Retirement Date	The first day of the month coinciding with or next following the participant's 65th birthday.
Accrued Benefit	Benefits accrued as of April 3, 1992. There are no Active participants. All Participants are inactive.
Normal Retirement Benefit	Accrued Benefit payable at age 65.
Early Retirement Eligibility	Age 55 and 15 years of Service.
Early Retirement Benefit	Actuarial equivalent of the normal retirement benefit
Deferred Vested Benefit	Eligible after 5 years of Service – All participants became fully vested on April 3, 1992. All employees who completed 15 years of service may elect to receive an actuarially reduced benefit after reaching age 55.
Preretirement Spouse Benefit	Each married participant and former employee who is entitled to a deferred vested benefit is automatically covered by the Pre-retirement Survivor Annuity Coverage unless such coverage is waived with a signed spousal consent. If coverage is not waived and the employee dies, the spouse is entitled to a surviving spouse pension equal to the amount to which the surviving spouse would have been entitled if the participant's commencement date had been the day before his death, or age 55 if later, and his accrued pension had been payable in the form of a 50% Joint and Survivor Annuity. The Pension is reduced 7/10th of 1% for each full year prior to age 65 that the coverage is in effect. This reduction is also taken into account when computing the spouse's benefit.

AXIA TOOL COMPANY
PENSION PLAN FOR HOURLY PAID EMPLOYEES

Financial Statements
and
Independent Auditors' Report
Years Ended December 31, 2009 and 2008

AXIA Tool Company Pension Plan for Hourly Paid Employees

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Financial Statements

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HANCOCK ASKEW & CO LLP
ACCOUNTANTS & ADVISORS

Independent Auditors' Report

The Administrative Committee
AXIA Tool Company Pension Plan for Hourly Paid Employees
Fairburn, Georgia

We were engaged to audit the accompanying financial statements and supplemental schedules of AXIA Tool Company Pension Plan for Hourly Paid Employees as of December 31, 2009, and for the year then ended, as listed in the table of contents. These financial statements and schedules are the responsibility of the Plan's management. The financial statements for the year ended December 31, 2008 were reported on by other auditors whose report dated October 14, 2009 disclaimed an opinion on those statements for the reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 and Note 4, which was certified by Prudential Retirement Insurance and Annuity Company and Union Bank of California, N.A., the Trustees 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 Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the Trustees as of and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the information certified by the Trustees, 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.

Respectfully submitted,

Hancock Askew & Co. L.L.P.

Atlanta, Georgia
September 28, 2010

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AXIA Tool Company Pension Plan for Hourly Paid Employees

Statements of Net Assets Available for Benefits

December 31,	**2009**	2008
ASSETS		
Investments, at fair value		
Money market fund	**$ 216,281**	$ 813,355
Mutual funds	**760,275**	75,177
Pooled separate account	**11,592**	18,199
Guaranteed investment contract	**13,338**	16,579
Total investments, at fair value	**1,001,486**	923,310
Receivables		
Employer contributions	**51,526**	17,984
Accrued investment income	**4,041**	975
Total receivables	**55,567**	18,959
Net assets available for benefits	**$ 1,057,053**	$ 942,269

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

AXIA Tool Company Pension Plan for Hourly Paid Employees

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,		**2009**		2008
ADDITIONS TO NET ASSETS				
Employer contributions	**$**	**85,673**	$	48,717
Investment income				
Interest and dividend income		**20,850**		10,496
Net appreciation in fair value of investments		**108,019**		**-**
Net investment income		**128,869**		10,496
Total additions		**214,542**		59,213
DEDUCTIONS FROM NET ASSETS				
Benefits paid to participants or beneficiaries		**75,381**		73,858
Administrative expenses		**24,377**		47,414
Net depreciation in fair value of investments		**-**		290,685
Total deductions		**99,758**		411,957
Net increase (decrease)		**114,784**		(352,744)
Net assets available for benefits, beginning of year		**942,269**		1,295,013
Net assets available for benefits, end of year	**$**	**1,057,053**	$	942,269

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

1. Description of the Plan

The following description of the AXIA Tool Company Pension Plan for Hourly Paid Employees (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

On December 12, 2009, the Plan's assets and liabilities, along with the assumption of the Plans' sponsorship and fiduciary responsibility of Plan Administrator, were transferred from AXIA Incorporated (AXIA) to Porex Parent, Inc. (Porex) (the Company). AXIA and Porex have determined to amend the term "Company" in the Plan by deleting references to AXIA, as applicable, and substituting Porex. Resulting from the amendment, Porex is the Plan Sponsor and Plan Administrator.

The Plan is a defined benefit pension plan and trust that is designed to provide retirement income to all employees of Ames Taping Tools (AMES) who were members of the collective bargaining unit represented by the United Steel Workers of America. The Administrative Committee, along with the Trustees, control and manage the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was restated effective January 1, 2008.

Eligibility

Participation in the Plan was automatic, and there were no age or service requirements. Subsequent to AMES's sale on April 3, 1992, there are no active participants and no service is accrued on or after April 3, 1992.

Pension Benefits

A participant is entitled to a normal retirement benefit upon termination of employment after completing thirty (30) years of vesting service or upon attainment of age sixty-five (65) and completion of five (5) years of vesting service. Participants may receive an early retirement pension benefit at or after attainment of age sixty (60) and completion of fifteen (15) years of vesting service. A participant is entitled to a deferred vested pension upon termination of employment after completion of five (5) or more years of vesting service. All participants became vested upon the sale of AMES effective April 3, 1992.

The amount of retirement benefits to be received depends upon the participant's years of service and date of termination. The amount of the benefit payment may be actuarially adjusted, depending upon the annuity payment method chosen by the participant from the options available under the Plan. The Plan contains provisions for early retirement, total and permanent disability, surviving spouse, and deferred vested benefits, all of which may affect the calculation of the amount of the participant's benefit payments.

1. Description of the Plan (cont.)

Pension Benefits (cont.)

If the participant is married on their pension commencement date, the benefits shall be in the form of a fifty percent (50%) joint and survivor pension with a reduced amount payable during their lifetime and payments equal to fifty percent (50%) of the reduced pension payable to their spouse after death, unless the participant elects a life only pension with written consent of the spouse.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Money Market Fund: Investments in the money market fund are stated at fair value based upon quoted market prices of the net asset value of shares held by the Plan at year-end.

Mutual Funds: Investments in mutual funds are stated at fair value based upon quoted market prices of the net asset value of shares held by the Plan at year-end.

Pooled Separate Account: Fair value of shares of an underlying fund equals the number of shares of the respective underlying fund multiplied by the closing net asset value per share quoted by the fund.

Guaranteed Investment Contract: The guaranteed investment contract is stated at contract value, as fair value approximates contract value. The guaranteed investment contract is considered fully benefit responsive.

Net appreciation (depreciation) in fair value of investments includes realized gains and losses on investments sold during the year and unrealized appreciation (depreciation) of investments held at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis.

Benefits Paid to Participants and Administrative Expenses

Benefit payments to participants are recorded when paid.

Generally, operational and administrative expenses of the Plan are paid from Plan assets. The Company may choose to pay such expenses.

2. Summary of Significant Accounting Policies (cont.)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Company to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

3. Information Certified By the Trustees (Unaudited)

The Company has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Prudential Retirement Insurance and Annuity Company and Union Bank of California, N.A. (the Trustees of the Plan) have certified the investments and related transactions of the Plan, except for the guaranteed investment contract.

The Company instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the Trustees except for comparing such information certified by the Trustees to information included in the Plan's financial statements and supplemental schedules.

The Plan’s investments (including investments purchased, sold as well as held during the year) appreciated (depreciated) in fair value as follows:

		2009		2008
Fair value determined by quoted market price, certified by the Trustees:				
Mutual funds	**$**	**111,260**	$	(287,880)
Fair value determined by the custodian:				
Guaranteed investment contract		**(3,241)**		(2,805)
	$	**108,019**	$	(290,685)

4. Investments (Unaudited)

At December 31, 2009 and 2008, all investments of the Plan were nonparticipant directed.

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

		2009		2008
Prime Money Market Fund	**$**	**204,640**	$	813,355
American Mutual Fund	**$**	**55,669**	$	*
Global Real Estate	**$**	**84,832**	$	*
Total Return Fund	**$**	**165,138**	$	*
International Bond	**$**	**68,865**	$	*
Growth Index Fund	**$**	**157,682**	$	*
Wasatch-Holsington U.S. Treasury Fund	**$**	**56,764**	$	*

* Investment balance is less than 5%.

5. Fair Value Measurements

Fair value is measured according to a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology are quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

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

5. Fair Value Measurements (cont.)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Investment Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Money market fund	**$ 216,281**	**$ -**	**$ -**	**$ 216,281**
Mutual funds	**760,275**	**-**	**-**	**760,275**
Pooled separate account	**-**	**11,592**	**-**	**11,592**
Guaranteed investment contract	**-**	**-**	**13,338**	**13,338**
Totals	**$ 976,556**	**$ 11,592**	**$ 13,338**	**$ 1,001,486**

Investments Assets at Fair Value as of December 31, 2008

	Level 1	Level 2	Level 3	Total
Money market fund	$ 813,355	$ -	$ -	$ 813,355
Mutual funds	75,177	-	-	75,177
Pooled separate account	-	18,199	-	18,199
Guaranteed investment contract	-	-	16,579	16,579
Totals	$ 888,532	$ 18,199	$ 16,579	$ 923,310

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009.

Level 3 Assets – Guaranteed Investment Contract

Year ended December 31, 2009	
Balance, beginning of year	**$ 16,579**
Interest income	**1,127**
Withdrawals and transfers	**(4,368)**
Balance, end of year	**$ 13,338**

6. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in accordance with the funding requirements established by ERISA and at a rate deemed necessary to maintain the Plan on an actuarially sound basis. The amounts of the contributions are based upon the computations of the Plan's independent actuary (see Note 9), and have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. All funding requirements of ERISA have been met for the years ended December 31, 2009 and 2008.

7. Related Party Transactions

Certain Plan investments are managed by the Trustees and, therefore, these transactions qualify as party-in-interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

8. Tax Status

The Plan obtained its latest determination letter, dated June 17, 2008, in which the Internal Revenue Service (IRS) stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the years of service that participants have rendered. The actuarial present value of accumulated Plan benefits has been determined by an independent actuary, and is that amount which 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 benefit information date and the expected payment dates. The effect of Plan amendments on accumulated Plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in determining accumulated Plan benefits as of January 1 were as follows:

	2009	2008
Discount Rate:	**- 8.0%**	- 8.0%
Mortality:	**- 1994 Group Annuity Mortality Tables**	- 1994 Group Annuity Mortality Tables
Retirement:	**- Retirement age of 65**	- Retirement age of 65

9. Actuarial Present Value of Accumulated Plan Benefits (cont.)

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 would be applicable in determining the actuarial present value of accumulated Plan benefits.

The actuarial present value of accumulated Plan benefits as of January 1, 2009 and 2008, as determined by the Plan's actuary, is as follows:

		2009		2008
Vested benefits				
Participants currently receiving payments	**$**	**617,970**	$	655,914
Other vested benefits		**573,705**		619,758
Total actuarial present value of accumulated Plan benefits	**$**	**1,191,675**	$	1,275,672

The changes in the actuarial present value of accumulated Plan benefits from January 1, 2008 to January 1, 2009 are as follows:

		2009		2008
Actuarial present value of accumulated Plan benefits, January 1	**$**	**1,275,672**	$	1,153,156
(Decrease) increase during the year attributable to:				
Actuarial (gains) losses and other		**(109,295)**		39,878
Increase for interest due to the decrease in the discount period		**99,156**		94,954
Assumption changes		**-**		61,278
Benefits paid		**(73,858)**		(73,594)
Net (decrease) increase		**(83,997)**		122,516
Actuarial present value of accumulated Plan benefits, January 1 of following year	**$**	**1,191,675**	$	1,275,672

10. Plan Termination

The Plan has been established in confidence that it will continue in effect indefinitely. However, the Company reserves the right to amend or terminate the Plan at any time. If the Plan were terminated, the Company would make no further contributions to the trust, pension accruals would cease and all active Plan participants would become one hundred percent (100%) vested in their accrued pension to the extent funded.

The apportionment of Plan assets upon termination of the Plan is first used to defray cost of liquidation and distribution of the trust fund. The order of allocation would then be first to retired employees and certain participants eligible to receive pension benefits; second, to the benefits guaranteed under Title IV of ERISA; third, to nonforfeitable benefits under the Plan; and, then to all other benefits.

Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain 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 on the amount of a participant's monthly benefit that the PBGC guarantees.

11. Guaranteed Investment Contract

The guaranteed investment contract represents an unallocated group annuity contract with an insurance company to provide a fixed rate of return. These investments are reflected at contract value, which approximates fair value, in both the financial statements and the supplemental schedules, as they are fully benefit-responsive. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rate was 13.82% for the year ended December 31, 2009 and 2008. This rate is established at the beginning of each Plan year for contributions received during that year.

12. Risks and Uncertainties

The Plan provides for various investment options. These investments 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 value 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, supplemental schedules, and participants' accounts.

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 estimations and assumptions 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.

13. Reconciliation of Financial Statements to Form 5500

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

		2009		2008
Net assets available for benefits per the financial statements	**$**	**1,057,053**	$	942,269
Employer contributions receivable		**(51,526)**		(17,984)
Net assets available for benefits per Form 5500	**$**	**1,005,527**	$	924,285

The following is a reconciliation of employer contributions per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Employer contributions per the financial statements	**$**	**85,673**
Add: employer contributions receivable at December 31, 2008		**17,984**
Less: employer contributions receivable at December 31, 2009		**(51,526)**
Total employer contributions per Schedule H of Form 5500	**$**	**52,131**

14. Reclassifications

Certain amounts in the 2008 financial statements have been reclassified to conform to the 2009 presentation with no effect on previously reported net assets available for benefits.

15. Subsequent Events

Subsequent events have been evaluated through September 28, 2010, the date the financial statements were available to be issued.

AXIA Tool Company Pension Plan for Hourly Paid Employees
EIN: 13-3205251 Plan No. 038

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

December 31, 2009

(a) *Party-in-Interest	(b) Identity of Issue, or Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	Prudential Retirement Insurance and Annuity Company	Prudential Short-Term	$ 11,592	$ 11,592
	American Funds	American Mutual Fund	45,940	55,669
	Eagle Family of Funds	Small Cap Growth Fund	31,939	42,500
*	Highmark Funds	Diversified Money Market Fund	11,641	11,641
	ING Funds	Global Real Estate	68,413	84,832
	Met Life	Guaranteed Investment Contract #20900N	13,338	13,338
	PIMCO Funds and Allianz Funds	NFJ Small-Cap Value A	32,932	38,849
	PIMCO Funds	Total Return Fund	160,785	165,138
	T. Rowe Price	International Bond	65,557	68,865
	Thornburg Investment Management	International Value Fund	34,259	40,957
	Vanguard	Emerging Markets Stock Index	41,034	49,019
	Vanguard	Growth Index Fund	133,960	157,682
	Vanguard	Prime Money Market Fund	204,640	204,640
	Wasatch Funds	Wasatch-Holsington U.S. Treasury Fund	62,389	56,764
Totals			$ 918,419	$ 1,001,486

See independent auditors' report.

AXIA Tool Company Pension Plan for Hourly Paid Employees
EIN: 13-3205251 Plan No. 038

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2009

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of Individual Transactions in Excess of 5% of Plan Assets as of December 31, 2009						
*Highmark Funds	Diversified Money Market Fund	**$ 325,782**	$ -	$ -	**$ 325,782**	$ -
*Highmark Funds	Diversified Money Market Fund	$ -	**$ 314,141**	**$ 314,141**	**$ 314,141**	$ -
ING Funds	Global Real Estate	**$ 57,479**	$ -	$ -	**$ 57,479**	$ -
PIMCO Funds	Total Return Fund	**$ 139,630**	$ -	$ -	**$ 139,630**	$ -
*Prudential Retirement Insurance and Annuity Company	Prudential Short-Term	**$ 114,471**	$ -	$ -	**$ 114,471**	$ -
*Prudential Retirement Insurance and Annuity Company	Prudential Short-Term	$ -	**$ 121,094**	**$ 121,094**	**$ 121,094**	$ -
T. Rowe Price	International Bond	**$ 57,438**	$ -	$ -	**$ 57,438**	$ -
Vanguard	Growth Index Fund	**$ 108,532**	$ -	$ -	**$ 108,532**	$ -
Vanguard	Prime Money Market Fund	$ -	**$ 617,142**	**$ 617,142**	**$ 617,142**	$ -
Wasatch Funds	Wasatch-Holsington U.S. Treasury Fund	**$ 59,538**	$ -	$ -	**$ 59,538**	$ -

See independent auditors' report.

Columns (e) and (f) have not been presented as this information is not applicable.
**A party-in-interest as defined by ERISA.*
There were no category (i) (ii) or (iv) transactions during the 2009 Plan year.