

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>AXIA INC. SALARIED EMPLOYEES' RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1960</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>AXIA INCORPORATED</u> <u>AMES TAPING TOOLS</u> <u>DULUTH, GA 30096</u> <u>3350 BRECKINRIDGE BLVD. #100</u> <u>DULUTH, GA 30096</u>	2b Employer Identification Number (EIN) <u>13-3205251</u> 2c Sponsor's telephone number <u>800-621-1009</u> 2d Business code (see instructions) <u>332900</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2010</u>	<u>SUSAN BOULWARE</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

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**

911

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**

76

b Retired or separated participants receiving benefits.....**6b**

283

c Other retired or separated participants entitled to future benefits.....**6c**

495

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

854

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

52

f Total. Add lines **6d** and **6e**.....**6f**

906

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**

1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

b General Schedules

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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 INC. SALARIED EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
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.
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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	017353	906	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	339277

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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
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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 <u>AXIA INC. SALARIED EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AXIA INCORPORATED</u>	D Employer Identification Number (EIN) <u>13-3205251</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>14793976</u>
b	Actuarial value 2b <u>16273374</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>333</u> <u>9266603</u>
b	For terminated vested participants 3b <u>437</u> <u>6855394</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>7996</u>
(2)	Vested benefits 3c(2) <u>1651593</u>
(3)	Total active 3c(3) <u>143</u> <u>1659589</u>
d	Total 3d <u>913</u> <u>17781586</u>
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 <u>8.20</u> %
6	Target normal cost 6 <u>143270</u>

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	<u>09/29/2010</u>
Signature of actuary	Date
<u>DARLENE T. BUXTON</u>	<u>08-06222</u>
Type or print name of actuary	Most recent enrollment number
<u>PRIAC</u>	<u>860-534-2303</u>
Firm name	Telephone number (including area code)
<u>P. O. BOX 2975</u> <u>HARTFORD, CT 06103-2975</u>	
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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-25.59</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		150
b Interest on (a) using prior year's effective rate of <u>6.09</u> %		9
c Total available at beginning of current plan year to add to prefunding balance		159
d Portion of (c) to be added to prefunding balance.....		159
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	159

Part III Funding percentages		
14 Funding target attainment percentage.....	14	91.52 %
15 Adjusted funding target attainment percentage.....	15	91.52 %
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	86.08 %
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	152139				
07/15/2009	152139				
10/14/2009	152139				
01/15/2010	152139				
			Totals ►	18(b)	608556
				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	577809
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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	(4) 4th
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 62
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	143270
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1508370	328785
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	472055
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	472055
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	577809
38 Interest-adjusted excess contributions for current year (see instructions).....	38	105754
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 INC. SALARIED EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AXIA INCORPORATED	D Employer Identification Number (EIN) 13-3205251	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INS & ANNUITY
06-1050034

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

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

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

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	15884	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	7559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COBB RETIREMENT SOLUTIONS, LLC

90-0282112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	26132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIGGS AND VESELKA CO

74-1769118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AXIA INC. SALARIED EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 AXIA INCORPORATED	D Employer Identification Number (EIN) 13-3205251	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12643166	3165704
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	471346	
(10) Value of interest in pooled separate accounts.....	1c(10)	282900	339277
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1167920	11650688
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		379205
(15) Other	1c(15)	15190	54302

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14580522	15589176

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14580522	15589176
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	699829	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		699829
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	128841	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		128841
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	208314	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		208314
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1607608	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1607608
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		53818
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2698410

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1568382	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1568382
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	121374	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		121374
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1689756

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1008654
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: HANCOCK ASKEW & CO, LLP

(2) EIN: 58-0662558

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 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)

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.
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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 <u>AXIA INC. SALARIED EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AXIA INCORPORATED</u>	D Employer Identification Number (EIN) <u>13-3205251</u>

Part I	Distributions
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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	<u>0</u>
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): <u>22-1211670</u>		
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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 Incorporated Salaried Employees' Retirement Plan
Fairburn, Georgia

We were engaged to audit the accompanying financial statements and supplemental schedules of AXIA Incorporated Salaried Employees' Retirement Plan (the Plan) 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. LLP

Atlanta, Georgia
September 28, 2010
100 Riverview Drive
Savannah, GA 31404
T 912-234-8243
F 912-236-4414

www.hancockaskew.com

1870 The Exchange SE
Suite 235
Atlanta, GA 30339
T 678-387-3960
F 678-387-3964

AXIA Incorporated Salaried Employees' Retirement Plan
EIN/PN: 13-3205251 001
Attachment to 2009 Schedule SB (Form 5500)
Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	5.0%	0.050000	0.950000	2.750000
56	3.0%	0.028500	0.921500	1.596000
57	3.0%	0.027645	0.893855	1.575765
58	5.0%	0.044693	0.849162	2.592180
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61	10.0%	0.076637	0.689732	4.674850
62	20.0%	0.137946	0.551786	8.552677
63	20.0%	0.110357	0.441429	6.952499
64	20.0%	0.088286	0.353143	5.650285
65	100.0%	0.353143	0.000000	22.954282
				62.223679

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:

Investment Return:

Funding: The effective rate is based on the full yield curve for the month of October.

Long term investment return (for FAS35) 8.00%

Estimated Expenses: An estimate of the administrative expenses expected to be paid from plan assets. For 2009 this amount is \$110,000.

Mortality

Funding: The 2008+ IRS Dynamic Mortality Table.

FAS35:

Non-Disabled Lives:

Disabled Lives:

The 1994 US GAM Static Male/Female Mortality Table
Mortality table specified in Revenue Ruling 98-7.

Termination:

The probabilities that Participants at the ages indicated will terminate before reaching the assumed retirement age are:

<u>Age</u>	<u>Termination Rate</u>
25	25.00%
30	20.30%
35	16.70%
40	13.40%
45	9.15%
50	6.80%
55	4.40%
60	0.00%

Disability:

The probabilities that Participants at the ages indicated will become disabled before reaching the assumed retirement age are:

<u>Age</u>	<u>Disability Rate</u>
25	0.10%
30	0.11%
35	0.12%
40	0.15%
45	0.22%
50	0.33%
55	0.58%
60	1.18%
65	0.00%

Retirement Rates:

<u>Age</u>	<u>Retirement Rate</u>
55	5%
56-57	3%
58-60	5%
61	10%
62-64	20%
65	100%

Salary Scale:

Salaries are assumed to increase at an annual rate of 4.50%.

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.

PLAN PROVISIONS

Earnings

Earnings mean Total Compensation received from the Employer including severance pay, value of stock options, stock appreciation rights, insurance benefits, reimbursed moving expenses and other similar benefits. In any year in which a full time employee does not work the number of hours that constitute a normal full-time work schedule, earnings is annualized.

Final Average Earnings

Average Monthly Earnings is 1/12 of the Average Earnings for the five highest consecutive years within the past fifteen years.

Final Average Earnings 1/12 of the Average Earnings for the three consecutive years, ending with the plan year of terminations. Earnings are limited to the Social Security taxable Wage base.

As of March 31, 2003, the plan was amended to freeze salary increases; however, any participant who is active as of December 31, 2003, and who is age 60, or age 50 with 5 years of service as of this date will receive credit for any future services.

Service

Last period of employment starting with (a) initial employment after January 1, 1976, (b) date as specified in prior plan if hired before January 1, 1976, (c) re-employment after termination prior to January 1, 1976, (d) reemployment after break in service after January 1, 1976, whichever is later, and ending upon the break in service date.

For employees hired after January 1, 1986

1. Service, which is used for benefit eligibility purposes, does not include any plan year in which an employee works less than 1000 hours. Years of service prior to the plan year in which an employee attains age 18 on or after January 1, 1985 or the employee attained age 22 before January 1, 1985 are excluded.
2. Credited Service which is used for benefit computation purposes, does not include years of service before participation and is adjusted for years on which the employee works less than the full-time work schedule. Credited service for an employee of Fischboin Company Division will not begin prior to July 1, 1979. Credited service for an employee of the Marco Paper Products Company includes service after August 20, 1971. Credited service for an employee of Nostaway Division of the Beaver Dam, Kentucky location includes service after July 31, 1988. Credited service for an employee of Jensen Tools, Inc. includes services after January 2, 1974.
3. Credited Service for Benefit computation was frozen as of March 31, 2003.

Maximum credited service is 30

PLAN PROVISIONS (CONT.)

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 Formula	<p>Employees shall receive a benefit equal to a. minus b. as follows;</p> <p>a. 2% of average monthly salary multiplied by years of credited service</p> <p>b. The lesser of (i), (ii) and (iii) as follows: (i) 1.667% of Social Security multiplied by credited service; (ii) .65% of the smaller of Final Average Compensation or Covered Compensation multiplied by credited service; and (iii) 1% of average monthly compensation multiplied by credited service.</p> <p>Credited Service is limited to 30 years for all participants</p> <p>Social Security is determined using the Social Security Law in effect at the time of termination and assuming earnings continue at the same rate until the later of age 55 or age at termination.</p> <p>Covered Compensation is the average of the Social Security Wage bases in the 35 years ending in the year the employee is eligible for full social security retirement benefits assuming level future wage bases after termination.</p>
Normal Retirement Benefit	Accrued Benefit payable at age 65.
Early Retirement Eligibility	Age 55 and 10 years of Service.
Early Retirement Benefit	<p>Normal retirement benefit Multiplied by an early retirement factor based on the table below.</p> <p>Early Retirement and Maximum Offset allowance factors.</p>

Age	Maximum Offset Allowance Factor	Early Retirement Factor
55	0.00325	0.650
56	0.00347	0.686
57	0.00368	0.720
58	0.00390	0.755
59	0.00412	0.790
60	0.00433	0.825
61	0.00477	0.860
62	0.00520	0.895
63	0.00563	0.930
64	0.00807	0.965

PLAN PROVISIONS (CONT.)

Early Retirement Benefit (Cont')

Social Security Supplement – an employee with credited service prior to January 1, 1994, retiring under the early retirement provisions, is eligible for a temporary supplemental benefit payable until age 65 equal to the amount determined in (b.) 'Under the Accrued Benefit Formula', with average monthly salary, Final Average Earnings, Covered Compensation, Social Security and Credited Service all determined as of December 31, 1993. If the participant was a super highly compensated employee as of December 31, 1988, the amount determined in (b.) is calculated as of December 31, 1988.

Deferred Vested Benefit

Eligible after 5 years of Service

Accrued Monthly Benefit payable at age 65. If a participant eligible for early retirement decides to commence early, the early retirement benefit will be equal to the accrued benefit multiplied by the early retirement factor below based on age.

Age	Early Retirement Factor	Age	Early Retirement Factor
55	0.500	60	0.667
56	0.533	61	0.733
57	0.567	62	0.800
58	0.600	63	0.867
59	0.633	64	0.933

Disability Retirement Benefit

Eligible after 10 years of Service

Accrued Monthly Benefit determined as with the normal retirement benefit but using credited service which includes period during which the participant is disabled.

Vesting Schedule

100% vested after 5 years

Preretirement Spouse Benefit

If a participant who has completed five years of service dies prior to his/her benefit commencement date, such participant, if he/she was married to his spouse for the entire year prior to his/her death, is eligible for 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 pension had been determined as described above, and had been payable in the form of a 50% Joint and Survivor Annuity.

AXIA Incorporated Salaried Employees' Retirement Plan
EIN/PN: 13-3205251 001
Attachment to 2009 Schedule SB (Form 5500)
Line 24 & Line 25 - Schedule of Changes

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 \$110,000 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 Incorporated Salaried Employees' Retirement Plan
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AXIA Incorporated Salaried Employees' Retirement Plan

EIN/PN: 13-3205251 001

Attachment to 2009 Schedule SB (Form 5500)

Line 26 - Schedule of Active Participant Data

Schedule of Active Participants

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE

Number of Active Employees as of January 1, 2009 -- Distribution by Age and Service

Attained Age	Years of Credited Service										Total
	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25											
25-29		2									2
30-34	2	13	1								16
35-39	4	11	5								20
40-44	4	19	3								26
45-49	3	17	5	3	3						31
50-54	2	6	3	8		2					21
55-59	2	5	3	5							15
60-64	1	4		4				1			10
65-69	1	1									2
70 +											
Total	19	78	20	20	3	2		1			143

AXIA Incorporated Salaried Employees' Retirement Plan

EIN/PN: 13-3205251 001

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

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
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

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2008	548,247	4.998889	2,740,626
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
	\$548,247		\$2,740,626

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$1,508,370
2. Present Value of Prior Year Amortization Installments	2,740,626
3. Current Year Amortization Base (1 - 2)	(1,232,256)
4. Shortfall Amortization Factor	5.614893
5. Current Year Amortization Installment (3 divided by 4)	(219,462)
6. Sum of Prior Year Amortization Installments	548,247
7. Net Shortfall Amortization Charge (5 + 6)	\$328,785

¹The Funding Shortfall to be amortized is calculated as (\$17,781,585 * 1.00) - \$16,273,215

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 INC. SALARIED EMPLOYEES' RETIREMENT PLAN

B Three-digit
plan number (PN) ▶

001

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: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:

	2a	
a Market value.....	14,793,976	
b Actuarial value.....	16,273,374	

3 Funding target/participant count breakdown

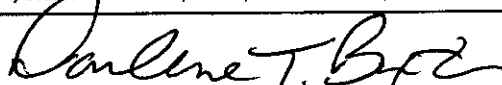
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 333	9,266,603
b For terminated vested participants.....	3b 437	6,855,394
c For active participants:		
(1) Non-vested benefits.....	3c(1)	7,996
(2) Vested benefits.....	3c(2)	1,651,593
(3) Total active.....	3c(3) 143	1,659,589
d Total.....	3d 913	17,781,586

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

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
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.....		

5 Effective interest rate..... **5** 8.20 %**6** Target normal cost..... **6** 143,270**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

Darlene T. Buxton

Type or print name of actuary

PRIAC

Firm name

P. O. Box 2975

HARTFORD

Address of the firm

CT 06103-2975

9/29/2010

Date

08-06222

Most recent enrollment number

(860) 534-2303

Telephone number (including area code)

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>(25.59)%</u>		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		150
b Interest on (a) using prior year's effective rate of <u>6.09 %</u>		9
c Total available at beginning of current plan year to add to prefunding balance		159
d Portion of (c) to be added to prefunding balance		159
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	0	159

Part III Funding percentages

14 Funding target attainment percentage	14	91.52 %
15 Adjusted funding target attainment percentage	15	91.52 %
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	86.08 %
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	152,139				
07/15/2009	152,139				
10/14/2009	152,139				
01/15/2010	152,139				
Totals ▶			18(b)	608,556	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	577,809

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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 62
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	143,270
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,508,370	328,785
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	472,055
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	472,055
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	577,809
38 Interest-adjusted excess contributions for current year (see instructions)	38	105,754
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 Incorporated Salaried Employees' Retirement Plan
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<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	5.0%	0.050000	0.950000	2.750000
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57	3.0%	0.027645	0.893855	1.575765
58	5.0%	0.044693	0.849162	2.592180
59	5.0%	0.042458	0.806704	2.505029
60	5.0%	0.040335	0.766369	2.420112
61	10.0%	0.076637	0.689732	4.674850
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63	20.0%	0.110357	0.441429	6.952499
64	20.0%	0.088286	0.353143	5.650285
65	100.0%	0.353143	0.000000	22.954282
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AXIA Incorporated Salaried Employees' Retirement Plan
EIN/PN: 13-3205251 001
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Line 24 & Line 25 - Schedule of Changes

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 \$110,000 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 Incorporated Salaried Employees' Retirement Plan
EIN/PN: 13-3205251 001
Attachment to 2009 Schedule SB (Form 5500)
Line 26 - Schedule of Active Participant Data

Schedule of Active Participants

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE

Number of Active Employees as of January 1, 2009 -- Distribution by Age and Service

Attained Age	Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
25-29		2									2
30-34	2	13	1								16
35-39	4	11	5								20
40-44	4	19	3								26
45-49	3	17	5	3	3						31
50-54	2	6	3	8		2					21
55-59	2	5	3	5							15
60-64	1	4		4				1			10
65-69	1	1									2
70 +											
Total	19	78	20	20	3	2		1			143

AXIA Incorporated Salaried Employees' Retirement Plan

EIN/PN: 13-3205251 001

Attachment to 2009 Schedule SB (Form 5500)

Line 32 - Schedule of Amortization Bases

Schedule of Amortization Bases

SECTION IV**MINIMUM CONTRIBUTION AMORTIZATION**

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

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
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

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2008	548,247	4.998889	2,740,626
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
	\$548,247		\$2,740,626

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$1,508,370
2. Present Value of Prior Year Amortization Installments	2,740,626
3. Current Year Amortization Base (1 - 2)	(1,232,256)
4. Shortfall Amortization Factor	5.614893
5. Current Year Amortization Installment (3 divided by 4)	(219,462)
6. Sum of Prior Year Amortization Installments	548,247
7. Net Shortfall Amortization Charge (5 + 6)	\$328,785

¹The Funding Shortfall to be amortized is calculated as (\$17,781,585 * 1.00) - \$16,273,215

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:

Investment Return:

Funding:

The effective rate is based on the full yield curve for the month of October.

Long term investment return (for FAS35) 8.00%

Estimated Expenses:

An estimate of the administrative expenses expected to be paid from plan assets. For 2009 this amount is \$110,000.

Mortality

Funding:

The 2008+ IRS Dynamic Mortality Table.

FAS35:

Non-Disabled Lives:

Disabled Lives:

The 1994 US GAM Static Male/Female Mortality Table
Mortality table specified in Revenue Ruling 98-7.

Termination:

The probabilities that Participants at the ages indicated will terminate before reaching the assumed retirement age are:

<u>Age</u>	<u>Termination Rate</u>
25	25.00%
30	20.30%
35	16.70%
40	13.40%
45	9.15%
50	6.80%
55	4.40%
60	0.00%

Disability:

The probabilities that Participants at the ages indicated will become disabled before reaching the assumed retirement age are:

<u>Age</u>	<u>Disability Rate</u>
25	0.10%
30	0.11%
35	0.12%
40	0.15%
45	0.22%
50	0.33%
55	0.58%
60	1.18%
65	0.00%

Retirement Rates:

<u>Age</u>	<u>Retirement Rate</u>
55	5%
56-57	3%
58-60	5%
61	10%
62-64	20%
65	100%

Salary Scale:

Salaries are assumed to increase at an annual rate of 4.50%.

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.

PLAN PROVISIONS

Earnings

Earnings mean Total Compensation received from the Employer including severance pay, value of stock options, stock appreciation rights, insurance benefits, reimbursed moving expenses and other similar benefits. In any year in which a full time employee does not work the number of hours that constitute a normal full-time work schedule, earnings is annualized.

Final Average Earnings

Average Monthly Earnings is 1/12 of the Average Earnings for the five highest consecutive years within the past fifteen years.

Final Average Earnings 1/12 of the Average Earnings for the three consecutive years, ending with the plan year of terminations. Earnings are limited to the Social Security taxable Wage base.

As of March 31, 2003, the plan was amended to freeze salary increases; however, any participant who is active as of December 31, 2003, and who is age 60, or age 50 with 5 years of service as of this date will receive credit for any future services.

Service

Last period of employment starting with (a) initial employment after January 1, 1976, (b) date as specified in prior plan if hired before January 1, 1976, (c) re-employment after termination prior to January 1, 1976, (d) reemployment after break in service after January 1, 1976, whichever is later, and ending upon the break in service date.

For employees hired after January 1, 1986

1. Service, which is used for benefit eligibility purposes, does not include any plan year in which an employee works less than 1000 hours. Years of service prior to the plan year in which an employee attains age 18 on or after January 1, 1985 or the employee attained age 22 before January 1, 1985 are excluded.
2. Credited Service which is used for benefit computation purposes, does not include years of service before participation and is adjusted for years on which the employee works less than the full-time work schedule. Credited service for an employee of Fischboin Company Division will not begin prior to July 1, 1979. Credited service for an employee of the Marco Paper Products Company includes service after August 20, 1971. Credited service for an employee of Nostaway Division of the Beaver Dam, Kentucky location includes service after July 31, 1988. Credited service for an employee of Jensen Tools, Inc. includes services after January 2, 1974.
3. Credited Service for Benefit computation was frozen as of March 31, 2003.

Maximum credited service is 30

PLAN PROVISIONS (CONT.)

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 Formula	<p>Employees shall receive a benefit equal to a. minus b. as follows;</p> <p>a. 2% of average monthly salary multiplied by years of credited service</p> <p>b. The lesser of (i), (ii) and (iii) as follows: (i) 1.667% of Social Security multiplied by credited service; (ii) .65% of the smaller of Final Average Compensation or Covered Compensation multiplied by credited service; and (iii) 1% of average monthly compensation multiplied by credited service.</p> <p>Credited Service is limited to 30 years for all participants</p> <p>Social Security is determined using the Social Security Law in effect at the time of termination and assuming earnings continue at the same rate until the later of age 55 or age at termination.</p> <p>Covered Compensation is the average of the Social Security Wage bases in the 35 years ending in the year the employee is eligible for full social security retirement benefits assuming level future wage bases after termination.</p>
Normal Retirement Benefit	Accrued Benefit payable at age 65.
Early Retirement Eligibility	Age 55 and 10 years of Service.
Early Retirement Benefit	<p>Normal retirement benefit Multiplied by an early retirement factor based on the table below.</p> <p>Early Retirement and Maximum Offset allowance factors.</p>

Age	Maximum Offset Allowance Factor	Early Retirement Factor
55	0.00325	0.650
56	0.00347	0.686
57	0.00368	0.720
58	0.00390	0.755
59	0.00412	0.790
60	0.00433	0.825
61	0.00477	0.860
62	0.00520	0.895
63	0.00563	0.930
64	0.00807	0.965

PLAN PROVISIONS (CONT.)

Early Retirement Benefit (Cont')

Social Security Supplement – an employee with credited service prior to January 1, 1994, retiring under the early retirement provisions, is eligible for a temporary supplemental benefit payable until age 65 equal to the amount determined in (b.) 'Under the Accrued Benefit Formula', with average monthly salary, Final Average Earnings, Covered Compensation, Social Security and Credited Service all determined as of December 31, 1993. If the participant was a super highly compensated employee as of December 31, 1988, the amount determined in (b.) is calculated as of December 31, 1988.

Deferred Vested Benefit

Eligible after 5 years of Service

Accrued Monthly Benefit payable at age 65. If a participant eligible for early retirement decides to commence early, the early retirement benefit will be equal to the accrued benefit multiplied by the early retirement factor below based on age.

Age	Early Retirement Factor	Age	Early Retirement Factor
55	0.500	60	0.667
56	0.533	61	0.733
57	0.567	62	0.800
58	0.600	63	0.867
59	0.633	64	0.933

Disability Retirement Benefit

Eligible after 10 years of Service

Accrued Monthly Benefit determined as with the normal retirement benefit but using credited service which includes period during which the participant is disabled.

Vesting Schedule

100% vested after 5 years

Preretirement Spouse Benefit

If a participant who has completed five years of service dies prior to his/her benefit commencement date, such participant, if he/she was married to his spouse for the entire year prior to his/her death, is eligible for 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 pension had been determined as described above, and had been payable in the form of a 50% Joint and Survivor Annuity.

**AXIA INCORPORATED
SALARIED EMPLOYEES'
RETIREMENT PLAN**

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

AXIA Incorporated Salaried Employees' Retirement Plan

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HANCOCK ASKEW & CO LLP
ACCOUNTANTS & ADVISORS

Independent Auditors' Report

The Administrative Committee
AXIA Incorporated Salaried Employees' Retirement Plan
Fairburn, Georgia

We were engaged to audit the accompanying financial statements and supplemental schedules of AXIA Incorporated Salaried Employees' Retirement Plan (the Plan) 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,

Atlanta, Georgia
September 28, 2010
100 Riverview Drive
Savannah, GA 31404
T 912-234-8243
F 912-236-4414

www.hancockaskew.com

1870 The Exchange SE
Suite 235
Atlanta, GA 30339
T 678-387-3960
F 678-387-3964

AXIA Incorporated Salaried Employees' Retirement Plan

Statements of Net Assets Available for Benefits

December 31,	2009		2008
ASSETS			
Investments, at fair value			
Money market fund	\$	3,165,704	\$ 12,643,166
Mutual funds		11,650,688	1,167,920
Pooled separate account		339,277	282,900
Guaranteed investment contract		379,205	471,346
Total investments, at fair value		15,534,874	14,565,332
Receivables			
Employer contributions		152,139	242,586
Accrued investment income		54,302	15,190
Total receivables		206,441	257,776
Net assets available for benefits	\$	15,741,315	\$ 14,823,108

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

AXIA Incorporated Salaried Employees' Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2009	2008
ADDITIONS TO NET ASSETS		
Employer contributions	\$ 609,382	\$ 653,361
Investment income		
Interest and dividend income	337,155	238,053
Net appreciation in fair value of investments	1,661,426	-
Net investment income	1,998,581	238,053
Total additions	2,607,963	891,414
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants or beneficiaries	1,568,382	1,572,282
Administrative expenses	121,374	179,163
Net depreciation in fair value of investments	-	4,596,786
Total deductions	1,689,756	6,348,231
Net increase (decrease)	918,207	(5,456,817)
Net assets available for benefits, beginning of year	14,823,108	20,279,925
Net assets available for benefits, end of year	\$ 15,741,315	\$ 14,823,108

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

AXIA Incorporated Salaried Employees' Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the AXIA Incorporated Salaried Employees' Retirement Plan (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 Plan's sponsorship and fiduciary responsibilities 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 noncollective bargaining unit employees of AXIA. Other employers included in the Plan are Ames Taping Tool Systems, Co., Ames Taping Tool Systems, Inc., TapeTech Tool Company, Inc., Nestaway (spun-off August 31, 2005), Fischbein Company (spun-off August 31, 2005), Mid America Machine, Corp. (spun-off August 31, 2005), Nestaway Division, Clinton, North Carolina (spun-off August 31, 2005), Nestaway Division, McKenzie, Tennessee (spun-off August 31, 2005), and Flexible Materials Handling (spun-off August 31, 2005).

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 for eligible employees who had attained the age of twenty-one (21) and completed one (1) year of service as of March 31, 2003, when the Plan was closed to new entrants.

Pension Benefits

The amount of retirement benefits to be received depends upon the participant's years of service and date of termination. Service did not include any Plan year in which the participant worked less than one thousand (1,000) hours. Credited service also did not include years of service before participation in the Plan. Credited service was frozen as of March 31, 2003 and is limited to thirty (30) years for all participants. Salary considered by the Plan was a participant's total compensation. As of March 31, 2003, the Plan was amended to freeze salary increases.

AXIA Incorporated Salaried Employees' Retirement Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Pension Benefits (cont.)

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. Normal retirement benefits start at age sixty-five (65). The Plan contains provisions for early retirement benefits, total and permanent disability benefits, death benefits, surviving spouse benefits, refund benefits, and deferred vested benefits, all of which may affect the calculation of the amount of the participant's benefit payments.

Plan participants became one hundred percent (100%) vested in the Plan after five (5) years of service. If the total actuarial value of a participant's retirement or deferred vested benefit is \$5,000 or less, the Administrative Committee may direct the benefit payment to be paid in a lump-sum amount.

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.

AXIA Incorporated Salaried Employees' Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

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.

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	\$ 1,753,567	\$ (4,517,042)
Fair value determined by the custodian:		
Guaranteed investment contract	(92,141)	(79,744)
	\$ 1,661,426	\$ (4,596,786)

AXIA Incorporated Salaried Employees' Retirement Plan

Notes to Financial Statements

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	\$	3,055,821	\$ 12,643,166
American Mutual Fund	\$	852,987	\$ *
Global Real Estate	\$	1,301,788	\$ *
Total Return Fund	\$	2,530,274	\$ *
International Bond	\$	1,054,787	\$ *
Growth Index Fund	\$	2,416,491	\$ *
Wasatch-Holsington U.S. Treasury Fund	\$	868,823	\$ *

* 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.

AXIA Incorporated Salaried Employees' Retirement Plan

Notes to Financial Statements

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	\$ 3,165,704	\$ -	\$ -	\$ 3,165,704
Mutual funds	11,650,688	-	-	11,650,688
Pooled separate account	-	339,277	-	339,277
Guaranteed investment contract	-	-	379,205	379,205
Totals	\$ 14,816,392	\$ 339,277	\$ 379,205	\$ 15,534,874

Investments Assets at Fair Value as of December 31, 2008

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 12,643,166	\$ -	\$ -	\$ 12,643,166
Mutual funds	1,167,920	-	-	1,167,920
Pooled separate account	-	282,900	-	282,900
Guaranteed investment contract	-	-	471,346	471,346
Totals	\$ 13,811,086	\$ 282,900	\$ 471,346	\$ 14,565,332

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	\$ 471,346
Interest income	32,041
Withdrawals and transfers	(124,182)
Balance, end of year	\$ 379,205

AXIA Incorporated Salaried Employees' Retirement Plan

Notes to Financial Statements

- 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 August 27, 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 Plan has been amended since receiving the determination letter. However, 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

AXIA Incorporated Salaried Employees' Retirement Plan

Notes to Financial Statements

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	\$ 9,449,408	\$ 11,670,844
Other vested benefits	8,262,099	7,617,545
Total vested benefits	17,711,507	19,288,389
Nonvested benefits	54,225	165,800
Total actuarial present value of accumulated Plan benefits	\$ 17,765,732	\$ 19,454,189

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	\$ 19,454,189	\$ 18,111,295
(Decrease) increase during the year attributable to:		
Actuarial (gains) losses and other	(1,610,829)	622,744
Increase for interest due to the decrease in the discount period	1,494,654	1,471,994
Assumption changes	-	868,630
Benefits paid	(1,572,282)	(1,620,474)
Net (decrease) increase	(1,688,457)	1,342,894
Actuarial present value of accumulated Plan benefits, January 1 of following year	\$ 17,765,732	\$ 19,454,189

AXIA Incorporated Salaried Employees' Retirement Plan

Notes to Financial Statements

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 and supplemental schedules.

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.

AXIA Incorporated Salaried Employees' Retirement Plan

Notes to 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	\$ 15,741,315	\$ 14,823,108
Employer contributions receivable	(152,139)	(242,586)
Net assets available for benefits per Form 5500	\$ 15,589,176	\$ 14,580,522

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	\$ 609,382
Add: employer contributions receivable at December 31, 2008	242,586
Less: employer contributions receivable at December 31, 2009	(152,139)
Total employer contributions per Schedule H of Form 5500	\$ 699,829

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 Incorporated Salaried Employees' Retirement Plan
EIN: 13-3205251 Plan No. 001

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 American Mutual Fund	\$ 339,277	\$ 339,277
	American Funds	Small Cap Growth Fund	703,509	852,987
	Eagle Family of Funds	Diversified Money Market Fund	489,077	651,253
*	Highmark Funds	Global Real Estate	109,883	109,883
	ING Funds	Guaranteed Investment Contract #20900N	958,798	1,301,788
	Met Life		379,205	379,205
	PIMCO Funds and Allianz Funds	NFJ Small-Cap Value A	504,035	594,867
	PIMCO Funds	Total Return Fund	2,463,227	2,530,274
	T. Rowe Price	International Bond	1,003,829	1,054,787
	Thornburg Investment Management	International Value Fund	524,736	627,653
	Vanguard	Emerging Markets Stock Index	629,058	751,765
	Vanguard	Growth Index Fund	2,052,198	2,416,491
	Vanguard	Prime Money Market Fund	3,055,821	3,055,821
	Wasatch Funds	Wasatch-Holsington U.S. Treasury Fund	954,949	868,823
Totals			\$ 14,167,602	\$ 15,534,874

See independent auditors' report.

AXIA Incorporated Salaried Employees' Retirement Plan
EIN: 13-3205251 Plan No. 001

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	\$ 5,176,189	\$ -	\$ -	\$ 5,176,189	\$ -
*Highmark Funds	Diversified Money Market Fund	\$ -	\$ 5,066,307	\$ 5,066,307	\$ 5,066,307	\$ -
ING Funds	Global Real Estate	\$ 878,528	\$ -	\$ -	\$ 878,528	\$ -
PIMCO Funds	Total Return Fund	\$ 2,134,793	\$ -	\$ -	\$ 2,134,793	\$ -
*Prudential Retirement Insurance and Annuity Company	Prudential Short-Term	\$ 2,024,946	\$ -	\$ -	\$ 2,024,946	\$ -
*Prudential Retirement Insurance and Annuity Company	Prudential Short-Term	\$ -	\$ 1,968,753	\$ 1,968,739	\$ 1,968,739	\$ 14
T. Rowe Price	International Bond	\$ 877,873	\$ -	\$ -	\$ 877,873	\$ -
Vanguard	Growth Index Fund	\$ 1,658,718	\$ -	\$ -	\$ 1,658,718	\$ -
Vanguard	Prime Money Market Fund	\$ -	\$ 9,784,101	\$ 9,784,101	\$ 9,784,101	\$ -
Wasatch Funds	Wasatch-Holsington U.S. Treasury Fund	\$ 910,464	\$ -	\$ -	\$ 910,464	\$ -

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.

AXIA Incorporated Salaried Employees' Retirement Plan
EIN: 13-3205251 Plan No. 001

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 American Mutual Fund	\$ 339,277	\$ 339,277
	American Funds	American Mutual Fund	703,509	852,987
	Eagle Family of Funds	Small Cap Growth Fund	489,077	651,253
*	Highmark Funds	Diversified Money Market Fund	109,883	109,883
	ING Funds	Global Real Estate	958,798	1,301,788
	Met Life	Guaranteed Investment Contract #20900N	379,205	379,205
	PIMCO Funds and Allianz Funds	NFJ Small-Cap Value A	504,035	594,867
	PIMCO Funds	Total Return Fund	2,463,227	2,530,274
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	Thornburg Investment Management	International Value Fund	524,736	627,653
	Vanguard	Emerging Markets Stock Index	629,058	751,765
	Vanguard	Growth Index Fund	2,052,198	2,416,491
	Vanguard	Prime Money Market Fund	3,055,821	3,055,821
	Wasatch Funds	Wasatch-Holsington U.S. Treasury Fund	954,949	868,823
Totals			\$ 14,167,602	\$ 15,534,874

See independent auditors' report.

AXIA Incorporated Salaried Employees' Retirement Plan
EIN: 13-3205251 Plan No. 001

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	\$ 5,176,189	\$ -	\$ -	\$ 5,176,189	\$ -
*Highmark Funds	Diversified Money Market Fund	\$ -	\$ 5,066,307	\$ 5,066,307	\$ 5,066,307	\$ -
ING Funds	Global Real Estate	\$ 878,528	\$ -	\$ -	\$ 878,528	\$ -
PIMCO Funds	Total Return Fund	\$ 2,134,793	\$ -	\$ -	\$ 2,134,793	\$ -
*Prudential Retirement Insurance and Annuity Company	Prudential Short-Term	\$ 2,024,946	\$ -	\$ -	\$ 2,024,946	\$ -
*Prudential Retirement Insurance and Annuity Company	Prudential Short-Term	\$ -	\$ 1,968,753	\$ 1,968,739	\$ 1,968,739	\$ 14
T. Rowe Price	International Bond	\$ 877,873	\$ -	\$ -	\$ 877,873	\$ -
Vanguard	Growth Index Fund	\$ 1,658,718	\$ -	\$ -	\$ 1,658,718	\$ -
Vanguard	Prime Money Market Fund	\$ -	\$ 9,784,101	\$ 9,784,101	\$ 9,784,101	\$ -
Wasatch Funds	Wasatch-Holsington	\$ -	\$ -	\$ -	\$ -	\$ -
	U.S. Treasury Fund	\$ 910,464	\$ -	\$ -	\$ 910,464	\$ -

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.