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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AXIA INC. SALARIED EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1960

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
POREX CORPORATION

500 BOHANNON ROAD
FAIRBURN, GA 30213

2b Employer Identification Number (EIN)
52-1304561

2c Plan Sponsor's telephone number
770-964-1421

2d Business code (see instructions)
326100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	RODNEY SHOUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	RODNEY SHOUGH
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PORTEX CORPORATION

500 BOHANNON ROAD
FAIRBURN, GA 30213

3b Administrator's EIN
52-1304561

3c Administrator's telephone number
770-964-1421

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**	853
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	320
c	Other retired or separated participants entitled to future benefits	**6c**	453
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	773
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	68
f	Total. Add lines **6d** and **6e**.	**6f**	841
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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
POREX CORPORATION

D Employer Identification Number (EIN)
52-1304561

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

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

1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1050034	93629	017353	841	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
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**	20159785

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(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 line **7e(5)** from line **7d**)			**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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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
POREX CORPORATION

D Employer Identification Number (EIN)
52-1304561

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	19753504
b Actuarial value	**2b**	18871754

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	378	13147772	13147772
b For terminated vested participants	475	7718574	7718574
c For active participants	0	0	0
d Total	853	20866346	20866346

4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.43%
6 Target normal cost	**6**	130000

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

10/09/2015
Date

DARLENE T. BUXTON
Type or print name of actuary

14-06222
Most recent enrollment number

PRIAC
Firm name

860-534-2303
Telephone number (including area code)

P. O. BOX 2975
HARTFORD, CT 06103-2975
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 11.32%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.27 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.44 %
15	Adjusted funding target attainment percentage	15	90.44 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.97 %
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
04/15/2014	313724	0			
07/16/2014	313724	0			
10/15/2014	143686	0			
01/15/2015	257893	0			
09/15/2015	173580	0			
			Totals ► 18(b)	1202607	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 contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1146189

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 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:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
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 subject to 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 contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	130000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1994592	1016189
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1146189

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	1146189
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1146189

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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
POREX CORPORATION

D Employer Identification Number (EIN)
52-1304561

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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	19417	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
AXIA INC. SALARIED EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
52-1304561

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-041	P	172991

a Name of MTIA, CCT, PSA, or 103-12 IE: DRYDEN S&P 500 INDEX

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-123	P	1970666

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH/JENNISON

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-408	P	1726840

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE/LSV ASSET MGMT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-318	P	1698008

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH/WADDELL & REED

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-409	P	654133

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE / INVESCO FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-284	P	646184

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH / PALISADE

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-800	P	904128

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/KENNEDY CAPIT

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

c EIN-PN 06-1050034-257	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 840410

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

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

c EIN-PN 06-1050034-030	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 764719

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH/ARTISAN

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

c EIN-PN 06-1050034-259	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1184674

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

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

c EIN-PN 06-1050034-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1042959

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

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

c EIN-PN 06-1050034-042	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1023255

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU LONG CORPORATE BOND

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

c EIN-PN 06-1050034-714	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 991452

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL TOTAL RETURN BONDSA

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

c EIN-PN 06-1050034-814	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5384674

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE/COHEN & STEERS FD

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

c EIN-PN 06-1050034-305	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1154691

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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
POREX CORPORATION

D Employer Identification Number (EIN)
52-1304561

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)	547	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	145185	20159785
(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)	19013278	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	211873	176924
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	19370883	20336709
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19370883	20336709

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)	1196547	
	(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)		1196547
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		747586
(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)		817141
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2761274
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1663168	
(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)		1663168
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)	132280	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		132280
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1795448
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		965826
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: HANCOCK ASKEW & CO., LLP **(2)** EIN: 52-0662558

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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
POREX CORPORATION

D Employer Identification Number (EIN)
52-1304561

Part I Distributions

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

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

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

EIN(s): 22-1211670

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 1

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

HANCOCK ASKEW & CO LLP
ACCOUNTANTS & ADVISORS

Independent Auditor's Report

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

We were engaged to audit the accompanying financial statements of AXIA Incorporated Salaried Employees' Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 5, which was certified by Prudential Retirement Insurance and Annuity Company (Prudential), U.S. Bank, N.A (U.S. Bank), and Metropolitan Life Insurance Company (MetLife), the certifying entities of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the certifying entities hold the Plan's investments and execute investment transactions. Prudential and MetLife held various Plan investment assets and executed investment transactions for years ended December 31, 2014 and 2013 and U.S. Bank held various Plan investment assets and executed investment transactions for the year ended December 31, 2013, and for the period from January 1, 2014 to August 31, 2014. The Plan administrator has obtained a certification from each certifying entity for the periods above that the information provided to the Plan administrator by them is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedule H, Line 4i - Schedule of Assets (Held at Year-End) and Supplemental Schedule H, Line 4j - Schedule of Reportable Transactions, which are the responsibility of Plan management, are presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the certifying entities, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Respectfully submitted,

Norcross, Georgia
September 1, 2015

AXIA INCORPORATED
SALARIED EMPLOYEES' RETIREMENT PLAN

Financial Statements
and
Independent Auditor's Report
As of and for the Years Ended December 31, 2014 and 2013

AXIA Incorporated Salaried Employees' Retirement Plan

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HANCOCK ASKEW & CO LLP
ACCOUNTANTS & ADVISORS

Independent Auditor's Report

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

We were engaged to audit the accompanying financial statements of AXIA Incorporated Salaried Employees' Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 5, which was certified by Prudential Retirement Insurance and Annuity Company (Prudential), U.S. Bank, N.A (U.S. Bank), and Metropolitan Life Insurance Company (MetLife), the certifying entities of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the certifying entities hold the Plan's investments and execute investment transactions. Prudential and MetLife held various Plan investment assets and executed investment transactions for years ended December 31, 2014 and 2013 and U.S. Bank held various Plan investment assets and executed investment transactions for the year ended December 31, 2013, and for the period from January 1, 2014 to August 31, 2014. The Plan administrator has obtained a certification from each certifying entity for the periods above that the information provided to the Plan administrator by them is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedule H, Line 4i - Schedule of Assets (Held at Year-End) and Supplemental Schedule H, Line 4j - Schedule of Reportable Transactions, which are the responsibility of Plan management, are presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the certifying entities, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Respectfully submitted,

Norcross, Georgia
September 1, 2015

AXIA Incorporated Salaried Employees' Retirement Plan

Statements of Net Assets Available for Benefits

December 31,	**2014**	2013
ASSETS		
Investments, at fair value		
Money market fund	**$ -**	$ 547
Mutual funds	**-**	19,013,278
Pooled separate accounts	**20,159,785**	145,185
Guaranteed interest contract	**176,924**	211,873
Total investments, at fair value	**20,336,709**	19,370,883
Employer contributions receivable	**431,473**	425,413
Net assets available for benefits	**$ 20,768,182**	$ 19,796,296

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

Years ended December 31,		**2014**		2013
ADDITIONS TO NET ASSETS				
Employer contributions	**$**	**1,202,607**	$	1,505,254
Investment income				
Interest and dividend income		**315,532**		379,274
Net appreciation in fair value of investments		**1,249,195**		1,630,921
Total investment income		**1,564,727**		2,010,195
Total additions		**2,767,334**		3,515,449
DEDUCTIONS FROM NET ASSETS				
Benefits paid to participants or beneficiaries		**1,663,168**		1,665,618
Administrative expenses		**132,280**		134,734
Total deductions		**1,795,448**		1,800,352
Net increase		**971,886**		1,715,097
Net assets available for benefits, beginning of year		**19,796,296**		18,081,199
Net assets available for benefits, end of year	**$**	**20,768,182**	$	19,796,296

The accompanying notes are an integral part of these 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 the Plan administrator, were transferred from AXIA Incorporated (AXIA) to Porex Holding Corporation (the Company). 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 non-collective 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), as amended.

Eligibility

Participation in the Plan was automatic for eligible employees who had attained the age of 21 and completed 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 credited service and date of termination. Credited service did not include any Plan year in which the participant worked less than 1,000 hours. Credited service also did not include years of service before participation in the Plan. Credited service which is limited to 30 years and salary increases were frozen as of March 31, 2003.

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 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 100% vested in the Plan after 5 years of service. If the total actuarial value of a participant's retirement or deferred vested benefit is $5,000 or less, the Pension Committee may direct the benefit payment to be paid in a lump-sum amount. All Plan participants are 100% vested at December 31, 2014.

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 3), 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, 2014 and 2013.

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

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance companies. See Note 6 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gain and losses on investments bought and sold as well as held during the year.

2. Summary of Significant Accounting Policies (cont.)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments.

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.

Subsequent Events

The Plan has evaluated subsequent events through the date of this report, the date the financial statements were available to be issued.

3. 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.

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

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

	2014	2013
Actuarial cost method	**- Unit Credit**	- Unit Credit
Discount rate	**- 7.0%**	- 7.0%
Mortality	**- IRS 2014 Static Mortality Table**	- IRS 2013 Static Mortality Table
Retirement	**- Retirement age of 65**	- Retirement age of 65

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, 2014 and 2013, as determined by the Plan's actuary, is as follows:

		2014		2013
Vested benefits				
Participants currently receiving payments	**$**	**12,494,104**	$	12,925,354
Other vested benefits		**7,291,243**		7,083,539
Total vested benefits		**19,785,347**		20,008,893
Non-vested benefits		-		-
Total actuarial present value of accumulated Plan benefits	**$**	**19,785,347**	$	20,008,893

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

The changes in the actuarial present value of accumulated Plan benefits are as follows:

		2014		2013
Actuarial present value of accumulated Plan benefits, January 1	**$**	**20,008,893**	$	20,620,545
Decrease during the year attributable to				
Benefits accumulated and actuarial loss/(gain)		**59,531**		(298,198)
Increase for interest due to the decrease in the discount period		**1,343,312**		1,383,679
Benefits paid		**(1,665,618)**		(1,736,775)
Assumption changes		**39,229**		39,642
Net decrease		**(223,546)**		(611,652)
Actuarial present value of accumulated Plan benefits, January 1 of following year	**$**	**19,785,347**	$	20,008,893

4. 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 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 non-forfeitable 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.

5. Investments (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Prudential Retirement Insurance and Annuity Company (Prudential) and Metropolitan Life Insurance Company (MetLife) held various Plan investment assets and executed investment transactions for years ended December 31, 2014 and 2013. U.S. Bank, N.A. (U.S. Bank) held various Plan's investment assets and executed investment transactions for the year ended December 31, 2013, and for the period January 1, 2014 to August 31, 2014. Accordingly, Prudential and MetLife have provided certifications for the years ended December 31, 2014 and 2013 and U.S. Bank has provided a certification for the period January 1, 2014 to August 31, 2014 and for the year ended December 31, 2013 certifying that the financial information included in the financial statements and supplemental schedules for the periods then ended, as provided to the Plan, is complete and accurate. The information as to investment assets and transactions therein, and investment income included in the accompanying financial statements and supplemental schedules as of December 31, 2014 and 2013, and for the year ended December 31, 2014 is covered by such certifications and has not been audited by independent auditors. At December 31, 2014 and 2013, 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:

		2014		2013
NFJ Small-Cap Value A Fund	**$**	*****	$	1,206,962
American Mutual Fund	**$**	*****	$	1,605,810
Global Real Estate	**$**	*****	$	2,106,550
Total Return Fund	**$**	*****	$	3,494,241
International Bond	**$**	*****	$	1,312,102
Growth Index Fund	**$**	*****	$	4,865,708
Wasatch-Hoisington U.S. Treasury Fund	**$**	*****	$	1,310,294
Small-Cap Growth Fund	**$**	*****	$	1,298,729
Dryden S&P 500 Index	**$**	**1,970,666**	$	*
Large Cap Growth/Jennison	**$**	**1,726,840**	$	*
Large Cap Value/LSV Asset Mgmt	**$**	**1,698,008**	$	*
International Growth/Artisan	**$**	**1,184,674**	$	*
Templeton Foreign Strategy	**$**	**1,042,959**	$	*
Prudential Total Return Bond SA	**$**	**5,384,674**	$	*
Real Estate/Cohen & Steers Fund	**$**	**1,154,692**	$	*

** Investment balance is less than 5%.*

5. Investments (Unaudited) (cont.)

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

		2014		2013
Fair value determined by quoted market price				
Mutual funds	**$**	**723,304**	$	1,630,899
Pooled separate accounts		**525,891**		22
	$	**1,249,195**	$	1,630,921

6. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to the unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology 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.

The asset'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 maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

6. Fair Value Measurements (cont.)

Money Market Fund: Investment in the money market fund was 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: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan were open-end mutual funds that were registered by the Securities and Exchange Commission. The funds were required to publish their daily Net Asset Value (NAV) and transact at that price. The mutual funds held by the Plan were deemed to be actively traded.

Pooled Separate Accounts: Fair value for pooled separate accounts is determined by prices published daily by the account manager, which is the NAV of the accounts.

Guaranteed Interest Contract: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

Investment Assets at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Domestic equity	$ -	$ 8,440,369	$ -	$ 8,440,369
International equity	-	2,992,352	-	2,992,352
Domestic bonds	-	7,399,381	-	7,399,381
Short-term	-	172,991	-	172,991
Real estate	-	1,154,692	-	1,154,692
Total	-	20,159,785	-	20,159,785
Guaranteed investment contract	-	-	176,924	176,924
Totals	$ -	$ 20,159,785	$ 176,924	$ 20,336,709

6. Fair Value Measurements (cont.)

Investment Assets at Fair Value as of December 31, 2013

	Level 1	Level 2	Level 3	Total
Money market fund	$ 547	$ -	$ -	$ 547
Mutual funds				
Equity	12,896,641	-	-	12,896,641
Fixed income	6,116,637	-	-	6,116,637
Total mutual funds	19,013,278	-	-	19,013,278
Pooled separate account	-	145,185	-	145,185
Guaranteed interest contract	-	-	211,873	211,873
Totals	$ 19,013,825	$ 145,185	$ 211,873	$ 19,370,883

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, 2014.

Level 3 Assets - Guaranteed Interest Contract

Year ended December 31,	**2014**
Balance, beginning of year	**$ 211,873**
Interest income	**25,223**
Withdrawals and transfers	**(60,172)**
Balance, end of year	**$ 176,924**

7. Guaranteed Interest Contract

The Guaranteed Interest Contract represents an unallocated group annuity contract with an insurance company to provide a fixed rate of return. This investment is reflected at contract value, which approximates fair value, in both the financial statements and the supplemental schedules, as the contract is 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 years ended December 31, 2014 and 2013. This rate is established at the beginning of each Plan year for contributions received during that year.

8. Risks and Uncertainties

The Plan invests in various investment securities. 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.

9. 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; and therefore believes that the Plan, as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

10. Related Party Transactions

All investments are managed by the certifying entities and, therefore, these transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expense related to Plan operations and investment activity to various service providers. These transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

11. 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:

December 31,	**2014**	2013
Net assets available for benefits per the financial statements	**$ 20,768,182**	$ 19,796,296
Employer contributions receivable	**(431,473)**	(425,413)
Net assets available for benefits per Form 5500	**$ 20,336,709**	$ 19,370,883

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2014 to Schedule H of Form 5500:

Net increase per the financial statements	**$ 971,886**
Less: employer contributions receivable at December 31, 2014	**(431,473)**
Add: employer contributions receivable at December 31, 2013	**425,413**
Net income per Schedule H of Form 5500	**$ 965,826**

AXIA Incorporated Salaried Employees' Retirement Plan
EIN: 52-1304561 Plan No. 001

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

December 31, 2014

(a) *Party-in-Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Pooled separate accounts				
*	Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 Index	**$ 1,842,057**	**$ 1,970,666**
*	Prudential Retirement Insurance and Annuity Company	Large Cap Growth/Jennison	**1,584,425**	**1,726,840**
*	Prudential Retirement Insurance and Annuity Company	Large Cap Value/LSV Asset Mgmt	**1,598,887**	**1,698,008**
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Growth/Waddell & Reed	**605,509**	**654,133**
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Value/Invesco Fund	**607,004**	**646,184**
*	Prudential Retirement Insurance and Annuity Company	Small Cap Growth/Palisade	**805,826**	**904,128**
*	Prudential Retirement Insurance and Annuity Company	Small Cap Value/Kennedy Capit	**813,063**	**840,410**
*	Prudential Retirement Insurance and Annuity Company	EmrgMrktEq/QMA	**818,899**	**764,719**
*	Prudential Retirement Insurance and Annuity Company	International Growth/Artisan	**1,211,557**	**1,184,674**
*	Prudential Retirement Insurance and Annuity Company	Templeton Foreign Strategy	**1,218,101**	**1,042,959**
*	Prudential Retirement Insurance and Annuity Company	Private Placement Fund	**1,034,025**	**1,023,255**
*	Prudential Retirement Insurance and Annuity Company	Pru Long Corporate Bond	**967,139**	**991,452**
*	Prudential Retirement Insurance and Annuity Company	Prudential Total Return Bond SA	**5,332,071**	**5,384,674**
*	Prudential Retirement Insurance and Annuity Company	Prudential Short Term	**172,991**	**172,991**
*	Prudential Retirement Insurance and Annuity Company	Real Estate/Cohen & Steers Fund	**1,030,716**	**1,154,692**
			19,642,270	**20,159,785**
Guaranteed interest contract				
*	Met Life	Guaranteed interest contract #20900N	**176,924**	**176,924**
Totals			**$ 19,819,194**	**$ 20,336,709**

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

AXIA Incorporated Salaried Employees' Retirement Plan
EIN: 52-1304561 Plan No. 001

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2014

(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, 2014						
*Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 Index	$ 1,821,055	$ 1,821,055	$ 1,821,055	$ 1,821,055	$ -
*Prudential Retirement Insurance and Annuity Company	Large Cap Growth/Jennison	$ 1,617,604	$ 1,617,604	$ 1,649,437	$ 1,652,604	$ 3,167
*Prudential Retirement Insurance and Annuity Company	Large Cap Value/LSV Asset Mgmt	$ 1,617,604	$ 1,617,604	$ 1,650,233	$ 1,652,604	$ 2,371
*Prudential Retirement Insurance and Annuity Company	International Growth/Artisan	$ 1,210,703	$ 1,210,703	$ 1,210,703	$ 1,210,703	$ -
*Prudential Retirement Insurance and Annuity Company	Templeton Foreign Strategy	$ 1,210,703	$ 1,210,703	$ 1,210,703	$ 1,210,703	$ -
*Prudential Retirement Insurance and Annuity Company	Private Placement Fund	$ 1,012,253	$ 1,012,253	$ 1,012,253	$ 1,012,253	$ -
*Prudential Retirement Insurance and Annuity Company	Pru Long Corporate Bond	$ 1,012,253	$ 1,012,253	$ 1,080,897	$ 1,082,253	$ 1,356
*Prudential Retirement Insurance and Annuity Company	Prudential Total Return Bond SA	$ 5,453,165	$ 5,453,165	$ 5,651,693	$ 5,653,165	$ 1,472
*Prudential Retirement Insurance and Annuity Company	Prudential Short Term	$ 21,125,837	$ 21,125,837	$ 21,125,837	$ 21,125,837	$ -
*Prudential Retirement Insurance and Annuity Company	Prudential Total Return Bond SA	$ -	$ -	$ 21,098,300	$ 21,098,306	$ 6
*Prudential Retirement Insurance and Annuity Company	Real Estate/Cohen & Steers Fund	$ 1,012,253	$ 1,012,253	$ 1,012,253	$ 1,012,253	$ -

AXIA Incorporated Salaried Employees' Retirement Plan
EIN: 52-1304561 Plan No. 001

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

December 31, 2014

(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, 2014 (cont.)						
Allianz Funds	NFJ Small Cap Value A Fund	$ -	$ 1,222,917	$ 824,539	$ 1,222,917	$ 398,378
American Funds	American Mut Fd R5	$ 8,555	$ 1,660,919	$ 976,065	$ 1,669,474	$ 693,409
U.S. Bank	Daily Income Mmkt Port Fid	$ 20,755,124	$ 20,755,126	$ 41,510,250	$ 41,510,250	$ -
Eagle Funds	Eagle Small Cap Growth Fd R5	$ -	$ 1,262,034	$ 518,077	$ 1,262,034	$ 743,957
PIMCO	Pimco Total Return Fund Inst	$ 1,022,446	$ 4,619,439	$ 5,533,152	$ 5,641,855	$ 108,703
T Rowe Price	T Rowe Price Intl Bond Fund	$ 561,011	$ 1,919,406	$ 2,438,046	$ 2,480,417	$ 42,371
Thornburg	Thornburg Intl Value Fd R5	$ 80,768	$ 972,369	$ 795,348	$ 1,053,137	$ 257,789
Vanguard	Vanguard Emrg Mk Stk Indx IV	$ 121,251	$ 1,064,827	$ 1,015,500	$ 1,186,078	$ 170,578
Vanguard	Vanguard Growth Index Fund	$ 9,277	$ 5,008,297	$ 2,512,788	$ 5,017,574	$ 2,504,786
Voya	Voya Global Real Estate I	$ -	$ 2,032,045	$ 1,221,411	$ 2,032,045	$ 810,634
Wasatch	Wasatch-Hoisington US Treas Fd	$ 497,157	$ 2,036,970	$ 2,398,757	$ 2,534,127	$ 135,370

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 2014 Plan year.

AXIA Incorporated Salaried Employees' Retirement Plan
EIN: 52-1304561 Plan No. 001

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

December 31, 2014

(a) *Party-in-Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Pooled separate accounts				
*	Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 Index	$ 1,842,057	$ 1,970,666
*	Prudential Retirement Insurance and Annuity Company	Large Cap Growth/Jennison	1,584,425	1,726,840
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*	Prudential Retirement Insurance and Annuity Company	Real Estate/Cohen & Steers Fund	1,030,716	1,154,692
			19,642,270	20,159,785
Guaranteed interest contract				
*	Met Life	Guaranteed interest contract #20900N	176,924	176,924
Totals			$ 19,819,194	$ 20,336,709

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

AXIA Incorporated Salaried Employees' Retirement Plan
EIN: 52-1304561 Plan No. 001

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2014

(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, 2014						
*Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 Index	$ 1,821,055	$ 1,821,055	$ 1,821,055	$ 1,821,055	$ -
*Prudential Retirement Insurance and Annuity Company	Large Cap Growth/Jennison	$ 1,617,604	$ 1,617,604	$ 1,649,437	$ 1,652,604	$ 3,167
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*Prudential Retirement Insurance and Annuity Company	International Growth/Artisan	$ 1,210,703	$ 1,210,703	$ 1,210,703	$ 1,210,703	$ -
*Prudential Retirement Insurance and Annuity Company	Templeton Foreign Strategy	$ 1,210,703	$ 1,210,703	$ 1,210,703	$ 1,210,703	$ -
*Prudential Retirement Insurance and Annuity Company	Private Placement Fund	$ 1,012,253	$ 1,012,253	$ 1,012,253	$ 1,012,253	$ -
*Prudential Retirement Insurance and Annuity Company	Pru Long Corporate Bond	$ 1,012,253	$ 1,012,253	$ 1,080,897	$ 1,082,253	$ 1,356
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*Prudential Retirement Insurance and Annuity Company	Prudential Short Term	$ 21,125,837	$ 21,125,837	$ 21,125,837	$ 21,125,837	$ -
*Prudential Retirement Insurance and Annuity Company	Prudential Total Return Bond SA	$ -	$ -	$ 21,098,300	$ 21,098,306	$ 6
*Prudential Retirement Insurance and Annuity Company	Real Estate/Cohen & Steers Fund	$ 1,012,253	$ 1,012,253	$ 1,012,253	$ 1,012,253	$ -

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

December 31, 2014

(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, 2014 (cont.)						
Allianz Funds	NFJ Small Cap Value A Fund	$ -	$ 1,222,917	$ 824,539	$ 1,222,917	$ 398,378
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PIMCO	Pimco Total Return Fund Inst	$ 1,022,446	$ 4,619,439	$ 5,533,152	$ 5,641,855	$ 108,703
T Rowe Price	T Rowe Price Intl Bond Fund	$ 561,011	$ 1,919,406	$ 2,438,046	$ 2,480,417	$ 42,371
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Vanguard	Vanguard Emrg Mk Stk Indx IV	$ 121,251	$ 1,064,827	$ 1,015,500	$ 1,186,078	$ 170,578
Vanguard	Vanguard Growth Index Fund	$ 9,277	$ 5,008,297	$ 2,512,788	$ 5,017,574	$ 2,504,786
Voya	Voya Global Real Estate I	$ -	$ 2,032,045	$ 1,221,411	$ 2,032,045	$ 810,634
Wasatch	Wasatch-Hoisington US Treas Fd	$ 497,157	$ 2,036,970	$ 2,398,757	$ 2,534,127	$ 135,370

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 2014 Plan year.

AXIA Inc. Salaried Employees' Retirement Plan
EIN/PN 52-1304561 / 001
2014 Plan Year

Schedule SB Line 19 - Discounted Employer Contributions

Display of Discounted Contributions

Date	Amount	Discounted to Jan. 1, 2014	Plan Year
4/15/2014	313,724	308,203	2014
7/16/2014	313,724	303,375	2014
10/15/2014	143,686	136,815	2014
1/15/2015	257,893	241,706	2014
9/15/2015	173,580	156,090	2014
Total	1,202,607	1,146,189	

The applicable interest rate is 6.43%. The applicate interest rate for late quarterlies is 11.43%.

AXIA Inc. Salaried Employees' Retirement Plan
EIN/PN 52-1304561 / 001
1/1/2014
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Age	Probability	Number Retiring	Number Remaining	Result
55	5.00%	0.050000	0.950000	2.750000
56	3.00%	0.028500	0.921500	1.596000
57	3.00%	0.027645	0.893855	1.575765
58	5.00%	0.044693	0.849162	2.592180
59	5.00%	0.042458	0.806704	2.505029
60	5.00%	0.040335	0.766369	2.420112
61	10.00%	0.076637	0.689732	4.674850
62	20.00%	0.137946	0.551786	8.552677
63	20.00%	0.110357	0.441429	6.952499
64	20.00%	0.088286	0.353143	5.650285
65	100.00%	0.353143	0.000000	22.954282
				62.223679

SECTION VII ACTUARIAL METHODS

Cost Method

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

Target Normal Cost

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

Funding Target and Funding Shortfall

The Funding Target is the present value of benefits accrued as of the beginning of the plan year and the Funding Shortfall is the excess of the Funding Target over the Actuarial Value of Assets (reduced by the Credit Balance). The initial Funding Shortfall is amortized over seven years.

In subsequent years, the Funding Shortfall less the present value of prior year amortization installments is amortized over seven years, and added to any prior year amortization installments.

In accordance with the Highway and Transportation Funding Act of 2014 (HATFA), segment rates are adjusted as necessary to fall within the specified corridor of the corresponding 25-year average of segment rates for the period ending September 30 of the calendar year preceding the first day of the plan year. The specified corridor is:

Plan Year	Corridor
2012-2017	90% - 110%
2018	85% - 115%
2019	80% - 120%
2020	75% - 125%
2021 and later	70% - 130%

For the 2013 plan year, segment rates may be adjusted by a corridor of 85% - 115% instead of 90% - 110%, in accordance with the plan sponsor's election.

The adjustments to fall within the specified corridor of the 25-year average of segment rates apply for determining the minimum required contribution and related funded percentages. They do not apply for determining the maximum tax deductible contribution or certain other situations.

Sponsor Elections

Discount Rate: Segment rates, with a 4-month lookback

Mortality Table: Prescribed IRS Static Mortality Table – Separate

SECTION VII — ACTUARIAL METHODS

At-Risk Determination

The At-Risk Funding Target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the At-Risk Funding Target and At-Risk Target Normal Cost when a plan is At-Risk in at least two years during the preceding four years. The load increases the At-Risk Funding Target by 4% of the Not At-Risk Funding Target plus $700 per participant, and increases the At-Risk Target Normal Cost by 4% of the Not At-Risk Target Normal Cost.

The Funding Target and Target Normal Cost are calculated by multiplying the Not At-Risk values by 100% minus the Phase-In Percentage, plus the At-Risk values multiplied by the Phase-In Percentage.

Credit Balance

The Credit Balance consists of the Carryover Balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the Prefunding Balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the Minimum Required Contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The Actuarial Value of Assets is reduced by the Credit Balance to determine certain funded percentages and to determine the Funding Shortfall.

Asset Valuation Method

The Actuarial Value of Assets is determined using an annual average of the adjusted Fair Market Value of Assets with the earliest determination 24 months prior to the valuation date. The Fair Market Value of Assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the Fair Market Value of Assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the Fair Market Value of Assets.

The Actuarial Value of Assets is adjusted to be no less than 90% or no more than 110% of the Fair Market Value of Assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an Actuarial Value of Assets slightly below the Fair Market Value of Assets.

The Actuarial Value of Assets for determining the Maximum Tax Deductible Contribution reflects HATFA interest rates for discounting contributions and limiting expected earnings.

The Fair Market Value of Assets used for funds invested in the General Account of an Insurance Company is the stated contract value with a market value adjustment factor. This value is an estimate only and not the precise calculation which would be done at contract discontinuance or to measure the impact of excess withdrawals in any calendar year. It does not constitute a final offer by Prudential or a final experience adjustment.

SECTION VII *ACTUARIAL ASSUMPTIONS*

Below are the actuarial assumptions as of January 1, 2014:

Discount Rate:	**With HATFA**	**Without HATFA**	**ASC 960**
Effective Rate	6.43%	4.28%	7.00%
First Segment – First 5 Years	4.99%	1.37%	N/A
Second Segment – Next 15 Years	6.32 %	4.05%	N/A
Third Segment – After 20 Years	6.99%	5.06%	N/A

Investment Return: 7.00% per annum, compounded annually.

Estimated Expenses: An estimate of the administrative expenses expected to be paid from plan assets. For 2014 this amount is $130,000.

Mortality: Funding: The IRS 2014 Static Mortality Table.

FAS35: The IRS 2014 Static Mortality Table.

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

Age	Termination Rate
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:

Age	Disability Rate
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%

SECTION VII — *ACTUARIAL ASSUMPTIONS*

Retirement Rates:

Age	Retirement Rate
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.

SECTION VII — 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 that date will receive credit for future salary increases.

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 July1, 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

SECTION VII — PLAN PROVISIONS

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	Employees shall receive a benefit equal to (a.) minus (b.) as follows; a. 2% of average monthly salary multiplied by years of credited service 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. Credited Service is limited to 30 years for all participants 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. 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.
Normal Retirement Benefit	Accrued Benefit payable at age 65.
Early Retirement Eligibility	Age 55 and 10 years of Service.
Early Retirement Benefit	Normal retirement benefit Multiplied by an early retirement factor based on the table below. Early Retirement and Maximum Offset allowance factors.

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SECTION VII — PLAN PROVISIONS

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

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.

SECTION VII *PLAN PROVISIONS*

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.

SECTION IV — *SHORTFALL AMORTIZATION*

The prior year amortization values and the development of the amortization for the current plan year are shown below.

Prior Year Amortization Amounts

Plan Year	Installment	Years Remaining	Present Value
2013	$69,485	6	$367,079
2012	(245,955)	5	(1,118,302)
2011	572,099	4	2,130,358
2010	400,482	3	1,145,248
2009	(219,462)	2	(428,493)
2008	548,247	1	548,247
Total	$1,124,896		$2,644,137

Current Year Amortization

1. Exemption from Current Year Amortization	No
2. Funding Shortfall to be Amortized	$1,994,592
3. Present Value of Prior Year Amortization Installments	2,644,137
4. Current Year Amortization Base [2 – 3]	(649,545)
5. Current Year Amortization Installment	($108,707)

Net Shortfall Amortization Installment

6. Current Year Amortization Installment	($108,707)
7. Sum of Prior Year Amortization Installments	1,124,896
8. Net Shortfall Amortization Installment [6 + 7, not less than $0]	$1,016,189

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2014 This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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: POREX CORPORATION

D Employer Identification Number (EIN): 52-1304561

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:			
a Market value	2a		19,753,504
b Actuarial value	2b		18,871,754

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	378	13,147,772	13,147,772
b For terminated vested participants	475	7,718,574	7,718,574
c For active participants	0	0	0
d Total	853	20,866,346	20,866,346

4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.43 %
6 Target normal cost	6		130,000

Statement by Enrolled Actuary

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

SIGN HERE

Darlene T. Buxton DTB
Signature of actuary

10/09/2015
Date

Darlene T. Buxton
Type or print name of actuary

14-06222
Most recent enrollment number

PRIAC
Firm name

(860) 534-2303
Telephone number (including area code)

P. O. Box 2975

HARTFORD CT 06103-2975
Address of the firm

Darlene T. Buxton

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 11.32%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.27%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.44 %
15	Adjusted funding target attainment percentage	15	90.44 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.97 %
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
04/15/2014	313,724	0			
07/16/2014	313,724	0			
10/15/2014	143,686	0			
01/15/2015	257,893	0			
09/15/2015	173,580	0			
			Totals ► 18(b)	1,202,607	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 contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,146,189

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 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
4.99 %	6.32 %	6.99 %	

b Applicable month (enter code)	**21b**	4
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 subject to 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 contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	**31a**		130,000
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1,994,592	1,016,189
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**		1,146,189

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	1,146,189
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,146,189
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

AXIA Inc. Salaried Employees' Retirement Plan
EIN/PN 52-1304561 / 001
2014 Plan Year

Schedule SB Line 19 - Discounted Employer Contributions

Display of Discounted Contributions

Date	Amount	Discounted to Jan. 1, 2014	Plan Year
4/15/2014	313,724	308,203	2014
7/16/2014	313,724	303,375	2014
10/15/2014	143,686	136,815	2014
1/15/2015	257,893	241,706	2014
9/15/2015	173,580	156,090	2014
Total	1,202,607	1,146,189	

The applicable interest rate is 6.43%. The applicate interest rate for late quarterlies is 11.43%.

AXIA Inc. Salaried Employees' Retirement Plan
EIN/PN 52-1304561 / 001
1/1/2014
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Age	Probability	Number Retiring	Number Remaining	Result
55	5.00%	0.050000	0.950000	2.750000
56	3.00%	0.028500	0.921500	1.596000
57	3.00%	0.027645	0.893855	1.575765
58	5.00%	0.044693	0.849162	2.592180
59	5.00%	0.042458	0.806704	2.505029
60	5.00%	0.040335	0.766369	2.420112
61	10.00%	0.076637	0.689732	4.674850
62	20.00%	0.137946	0.551786	8.552677
63	20.00%	0.110357	0.441429	6.952499
64	20.00%	0.088286	0.353143	5.650285
65	100.00%	0.353143	0.000000	22.954282
				62.223679

SECTION VII ACTUARIAL METHODS

Cost Method

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

Target Normal Cost

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

Funding Target and Funding Shortfall

The Funding Target is the present value of benefits accrued as of the beginning of the plan year and the Funding Shortfall is the excess of the Funding Target over the Actuarial Value of Assets (reduced by the Credit Balance). The initial Funding Shortfall is amortized over seven years.

In subsequent years, the Funding Shortfall less the present value of prior year amortization installments is amortized over seven years, and added to any prior year amortization installments.

In accordance with the Highway and Transportation Funding Act of 2014 (HATFA), segment rates are adjusted as necessary to fall within the specified corridor of the corresponding 25-year average of segment rates for the period ending September 30 of the calendar year preceding the first day of the plan year. The specified corridor is:

Plan Year	Corridor
2012-2017	90% - 110%
2018	85% - 115%
2019	80% - 120%
2020	75% - 125%
2021 and later	70% - 130%

For the 2013 plan year, segment rates may be adjusted by a corridor of 85% - 115% instead of 90% - 110%, in accordance with the plan sponsor's election.

The adjustments to fall within the specified corridor of the 25-year average of segment rates apply for determining the minimum required contribution and related funded percentages. They do not apply for determining the maximum tax deductible contribution or certain other situations.

Sponsor Elections

Discount Rate: Segment rates, with a 4-month lookback

Mortality Table: Prescribed IRS Static Mortality Table – Separate

SECTION VII — ACTUARIAL METHODS

At-Risk Determination

The At-Risk Funding Target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the At-Risk Funding Target and At-Risk Target Normal Cost when a plan is At-Risk in at least two years during the preceding four years. The load increases the At-Risk Funding Target by 4% of the Not At-Risk Funding Target plus $700 per participant, and increases the At-Risk Target Normal Cost by 4% of the Not At-Risk Target Normal Cost.

The Funding Target and Target Normal Cost are calculated by multiplying the Not At-Risk values by 100% minus the Phase-In Percentage, plus the At-Risk values multiplied by the Phase-In Percentage.

Credit Balance

The Credit Balance consists of the Carryover Balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the Prefunding Balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the Minimum Required Contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The Actuarial Value of Assets is reduced by the Credit Balance to determine certain funded percentages and to determine the Funding Shortfall.

Asset Valuation Method

The Actuarial Value of Assets is determined using an annual average of the adjusted Fair Market Value of Assets with the earliest determination 24 months prior to the valuation date. The Fair Market Value of Assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the Fair Market Value of Assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the Fair Market Value of Assets.

The Actuarial Value of Assets is adjusted to be no less than 90% or no more than 110% of the Fair Market Value of Assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an Actuarial Value of Assets slightly below the Fair Market Value of Assets.

The Actuarial Value of Assets for determining the Maximum Tax Deductible Contribution reflects HATFA interest rates for discounting contributions and limiting expected earnings.

The Fair Market Value of Assets used for funds invested in the General Account of an Insurance Company is the stated contract value with a market value adjustment factor. This value is an estimate only and not the precise calculation which would be done at contract discontinuance or to measure the impact of excess withdrawals in any calendar year. It does not constitute a final offer by Prudential or a final experience adjustment.

SECTION VII *ACTUARIAL ASSUMPTIONS*

Below are the actuarial assumptions as of January 1, 2014:

Discount Rate:	**With HATFA**	**Without HATFA**	**ASC 960**
Effective Rate	6.43%	4.28%	7.00%
First Segment – First 5 Years	4.99%	1.37%	N/A
Second Segment – Next 15 Years	6.32 %	4.05%	N/A
Third Segment – After 20 Years	6.99%	5.06%	N/A

Investment Return: 7.00% per annum, compounded annually.

Estimated Expenses: An estimate of the administrative expenses expected to be paid from plan assets. For 2014 this amount is $130,000.

Mortality: Funding: The IRS 2014 Static Mortality Table.

FAS35: The IRS 2014 Static Mortality Table.

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

Age	Termination Rate
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:

Age	Disability Rate
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%

SECTION VII — *ACTUARIAL ASSUMPTIONS*

Retirement Rates:

Age	Retirement Rate
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.

SECTION VII — 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 that date will receive credit for future salary increases.

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 July1, 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

SECTION VII — PLAN PROVISIONS

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	Employees shall receive a benefit equal to (a.) minus (b.) as follows; a. 2% of average monthly salary multiplied by years of credited service 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. Credited Service is limited to 30 years for all participants 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. 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.
Normal Retirement Benefit	Accrued Benefit payable at age 65.
Early Retirement Eligibility	Age 55 and 10 years of Service.
Early Retirement Benefit	Normal retirement benefit Multiplied by an early retirement factor based on the table below. Early Retirement and Maximum Offset allowance factors.

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SECTION VII — PLAN PROVISIONS

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

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.

SECTION VII *PLAN PROVISIONS*

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.

SECTION IV — *SHORTFALL AMORTIZATION*

The prior year amortization values and the development of the amortization for the current plan year are shown below.

Prior Year Amortization Amounts

Plan Year	Installment	Years Remaining	Present Value
2013	$69,485	6	$367,079
2012	(245,955)	5	(1,118,302)
2011	572,099	4	2,130,358
2010	400,482	3	1,145,248
2009	(219,462)	2	(428,493)
2008	548,247	1	548,247
Total	$1,124,896		$2,644,137

Current Year Amortization

1. Exemption from Current Year Amortization	No
2. Funding Shortfall to be Amortized	$1,994,592
3. Present Value of Prior Year Amortization Installments	2,644,137
4. Current Year Amortization Base [2 – 3]	(649,545)
5. Current Year Amortization Installment	($108,707)

Net Shortfall Amortization Installment

6. Current Year Amortization Installment	($108,707)
7. Sum of Prior Year Amortization Installments	1,124,896
8. Net Shortfall Amortization Installment [6 + 7, not less than $0]	$1,016,189