

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR HOURLY EMPLOYEES AT PORT ALLEGANY, PENNSYLVANIA 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) PITTSBURGH CORNING CORPORATION 800 PRESQUE ISLE DRIVE PITTSBURGH, PA 15239	1b Three-digit plan number (PN) ► 004	1c Effective date of plan 08/26/1991	
	2b Employer Identification Number (EIN) 25-0729265	2c Sponsor's telephone number 724-327-6100	
	2d Business code (see instructions) 327210		

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.	07/27/2010	DONALD G. TANNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2010	JOSEPH A. KIRBY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EMPLOYEE WELFARE ADMINISTRATIVE COMMITTEE 800 PRESQUE ISLE DRIVE PITTSBURGH, PA 15239	3b Administrator's EIN 25-1303844 3c Administrator's telephone number 724-327-6100
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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
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5 Total number of participants at the beginning of the plan year	5	182
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	122
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits.....	6c	35
d Subtotal. Add lines 6a , 6b , and 6c	6d	159
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	159
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	158
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR HOURLY EMPLOYEES AT PORT ALLEGANY, PENNSYLVANIA	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 PITTSBURGH CORNING CORPORATION	D Employer Identification Number (EIN) 25-0729265

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52	NONE	1380	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR HOURLY EMPLOYEES AT PORT ALLEGANY, PENNSYLVANIA	B Three-digit plan number (PN) ► 004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PITTSBURGH CORNING CORPORATION	D Employer Identification Number (EIN) 25-0729265

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 23-2186884-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1010409
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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
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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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

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

A Name of plan PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR HOURLY EMPLOYEES AT PORT ALLEGANY, PENNSYLVANIA	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 PITTSBURGH CORNING CORPORATION	D Employer Identification Number (EIN) 25-0729265	

Part I	Asset and Liability Statement
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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)	0	228
(2) Participant contributions	1b(2)	0	379
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	492563	339295
(9) Value of interest in common/collective trusts	1c(9)	1091581	1010409
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6844393	8030566
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8428537	9380877

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8428537	9380877
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6020	
(B) Participants	2a(1)(B)	181319	
(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)		187339

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)	22061	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22061

(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)	118959	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		118959

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		29168
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1341375
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1698902

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	646486	
(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)		646486
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		99071
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)	1005	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1005
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		746562

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		952340
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE

(2) EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR HOURLY EMPLOYEES AT PORT ALLEGANY, PENNSYLVANIA</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PITTSBURGH CORNING CORPORATION</u>	D Employer Identification Number (EIN) <u>25-0729265</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-2186884</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

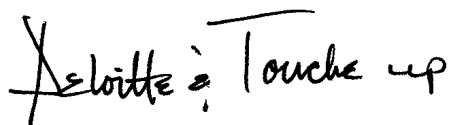
INDEPENDENT AUDITORS' REPORT

To the Trustees of and Participants in
Pittsburgh Corning Corporation
Investment Plan for Hourly Employees
at Port Allegany, Pennsylvania
Pittsburgh, Pennsylvania

We were engaged to audit the financial statements and supplemental schedule of Pittsburgh Corning Corporation Investment Plan for Hourly Employees at Port Allegany, Pennsylvania (the "Plan") as of December 31, 2009 and 2008, and for the years then ended and supplemental schedule as of December 31, 2009, listed in the Table of Contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2009 and 2008, provided to the Plan administrator by the trustee is complete and accurate.

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



June 30, 2010

**PITTSBURGH CORNING CORPORATION
INVESTMENT PLAN FOR HOURLY EMPLOYEES
AT PORT ALLEGANY, PENNSYLVANIA**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009**

Identity of Issue	Investment Type	Current Value
* Vanguard 500 Index Fund	Equity Portfolio	\$1,074,777
* Vanguard International Growth Fund	Equity Portfolio	523,919
* Vanguard LifeStrategy Conservative Growth Fund	Equity Portfolio	19,654
* Vanguard LifeStrategy Growth Fund	Equity Portfolio	78,066
* Vanguard LifeStrategy Income Fund	Equity Portfolio	14,054
* Vanguard LifeStrategy Moderate Growth Fund	Equity Portfolio	230,360
* Vanguard Mid-Cap Index Fund	Equity Portfolio	80,074
* Vanguard Primecap Fund	Equity Portfolio	1,127,478
* Vanguard Prime Money Market Fund	Prime Portfolio — variable	1,971,818
* Vanguard Small-Cap Index Fund	Equity Portfolio	410,460
* Vanguard Total Bond Market Index Fund	Debt Portfolio	464,389
* Vanguard Windsor Fund	Equity Portfolio	1,847,291
* Vanguard Windsor II Fund	Equity Portfolio	<u>188,226</u>
		8,030,566
* Vanguard Retirement Savings Trust	Collective trust invested primarily in investment contracts — variable	1,010,409
* Loans to participants	Prime rate for residential loans; prime rate plus 1% for nonresidential loans with terms from 1–25 years (4%–10.5%)	<u>484,579</u>
TOTAL INVESTMENTS		<u>\$9,525,554</u>

* Party in interest

Note: Cost information is not required for participant-directed investments, and therefore, is not included.

Pittsburgh Corning Corporation Investment Plan for Hourly Employees at Port Allegany, Pennsylvania

Financial Statements as of and for the Years
Ended December 31, 2009 and 2008, Supplemental
Schedule as of December 31, 2009, and
Independent Auditors' Report

Bernal, Mirla
(US - Los
Angeles)

Digitally signed by Bernal, Mirla
(US - Los Angeles)
DN: dc=com, dc=deloitte, dc=us,
ou=Practice Office, ou=Users,
cn=Bernal, Mirla (US - Los
Angeles),
email=mibernal@deloitte.com
Date: 2010.06.30 14:17:16 -07'00'

**PITTSBURGH CORNING CORPORATION
INVESTMENT PLAN FOR HOURLY EMPLOYEES
AT PORT ALLEGANY, PENNSYLVANIA**

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FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008	2
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2009 and 2008	3
Notes to Financial Statements as of and for the Years Ended December 31, 2009 and 2008	4-12
SUPPLEMENTAL SCHEDULE —	13
Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2009	14
NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

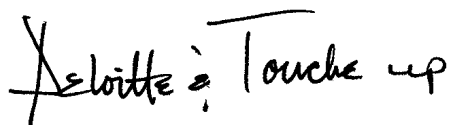
INDEPENDENT AUDITORS' REPORT

To the Trustees of and Participants in
Pittsburgh Corning Corporation
Investment Plan for Hourly Employees
at Port Allegany, Pennsylvania
Pittsburgh, Pennsylvania

We were engaged to audit the financial statements and supplemental schedule of Pittsburgh Corning Corporation Investment Plan for Hourly Employees at Port Allegany, Pennsylvania (the "Plan") as of December 31, 2009 and 2008, and for the years then ended and supplemental schedule as of December 31, 2009, listed in the Table of Contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2009 and 2008, provided to the Plan administrator by the trustee is complete and accurate.

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



June 30, 2010

**PITTSBURGH CORNING CORPORATION
INVESTMENT PLAN FOR HOURLY EMPLOYEES
AT PORT ALLEGANY, PENNSYLVANIA**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2009 AND 2008**

	2009	2008
ASSETS:		
Investments — at fair value (Notes 3, 4, and 5):		
Vanguard Mutual Trust Funds	\$8,030,566	\$6,844,393
Vanguard Retirement Savings Trust	1,032,711	1,077,454
Loans to participants	<u>484,579</u>	<u>542,960</u>
Total investments — at fair value	<u>9,547,856</u>	<u>8,464,807</u>
Contributions receivable:		
Employer	228	
Employee	<u>379</u>	<u> </u>
Total contributions receivable	<u>607</u>	<u>-</u>
TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	9,548,463	8,464,807
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS	<u>(22,302)</u>	<u>14,127</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$9,526,161</u>	<u>\$8,478,934</u>

See notes to financial statements.

**PITTSBURGH CORNING CORPORATION
INVESTMENT PLAN FOR HOURLY EMPLOYEES
AT PORT ALLEGANY, PENNSYLVANIA**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008**

	2009	2008
ADDITIONS:		
Contributions:		
Participant	\$ 181,319	\$ 215,952
Employer	<u>6,020</u>	<u>205,575</u>
Total contributions	<u>187,339</u>	<u>421,527</u>
Investment income:		
Net appreciation (depreciation) in fair value of investments	1,341,374	(2,865,859)
Interest and dividend income	<u>170,188</u>	<u>343,983</u>
Total investment income (loss)	<u>1,511,562</u>	<u>(2,521,876)</u>
Total additions (deductions)	<u>1,698,901</u>	<u>(2,100,349)</u>
DEDUCTIONS:		
Distributions to participants	650,669	749,211
Administrative expenses	<u>1,005</u>	<u>1,375</u>
Total deductions	<u>651,674</u>	<u>750,586</u>
ASSET TRANSFERS TO PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR NONUNION EMPLOYEES	<u> </u>	<u>(125,609)</u>
ASSET TRANSFERS FROM RETIREMENT PLAN FOR HOURLY EMPLOYEES OF PITTSBURGH CORNING CORPORATION	<u> </u>	<u>500,873</u>
INCREASE (DECREASE) IN NET ASSETS	1,047,227	(2,475,671)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>8,478,934</u>	<u>10,954,605</u>
End of year	<u><u>\$9,526,161</u></u>	<u><u>\$ 8,478,934</u></u>

See notes to financial statements.

PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR HOURLY EMPLOYEES AT PORT ALLEGANY, PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

1. DESCRIPTION OF PLAN

The following brief description of the Pittsburgh Corning Corporation Investment Plan for Hourly Employees at Port Allegany, Pennsylvania (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan, adopted effective August 26, 1991, is a defined contribution plan and covers substantially all employees who are represented by the United Steel Workers of America Union and who are employed by Pittsburgh Corning Corporation (the “Corporation”) at its Port Allegany plant on an hourly basis. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

The Employee Welfare Administrative Committee of the Corporation is responsible for the administration of the Plan. Vanguard Fiduciary Trust Company (“Vanguard”) serves as the trustee and record keeper of the Plan. The investment assets of the Plan are held in Vanguard Mutual Trust Funds and Vanguard Retirement Savings Trust (RST), which are maintained in separate accounts.

Contributions — Contributions under the Plan are made by both the participants and the Corporation. Eligible employees may elect to make after-tax contributions and tax-deferred contributions ranging from 1% to 25% of their eligible compensation for the plan years ended December 31, 2009 and 2008, respectively, as defined by the Plan, subject to Internal Revenue Code (IRC) limitations. The IRC limitations for the years 2009 and 2008 are \$16,500 and \$15,500, respectively, for regular contributions and \$5,500 and \$5,000, respectively, for catch-up contributions. The Corporation makes contributions to the Plan for each pay period, which is determined by multiplying each participant’s contribution, up to a maximum of 5% of his or her eligible compensation, by 50%. For each participant who contributes deferred compensation of 1% or more of his eligible compensation to the Plan for any pay period, the Corporation shall also make a bonus contribution equal to 0.5% of such participant’s eligible compensation for such pay period.

As of January 1, 2008, the Corporation enhanced the Plan in conjunction with the termination of the Retirement Plan for Hourly Employees of Pittsburgh Corning Corporation by instituting a 3% safe harbor contribution on behalf of all active union employees. During 2009 and 2008, the Corporation transferred \$0 and \$500,873, respectively, in assets from the terminated Retirement Plan for Hourly Employees of Pittsburgh Corning Corporation to the Plan.

Total employer contributions credited in 2009 and 2008 were \$193,569 and \$224,335, respectively, including \$187,549 and \$18,760 respectively, of the funds transferred into the Plan from the Retirement Plan for Hourly Employees of Pittsburgh Corning Corporation.

Investments — At the option of each participant, employee savings are invested in any of the Vanguard Group Mutual Funds or the RST. At December 31, 2009, the investment options are the Vanguard International Growth Fund, the Vanguard LifeStrategy Growth Fund, the Vanguard LifeStrategy Moderate Growth Fund, the Vanguard LifeStrategy Conservative Growth Fund, the Vanguard LifeStrategy Income Fund, the Vanguard Mid-Cap Index Fund, the Vanguard Prime Money Market

Fund, the Vanguard Windsor Fund, the Vanguard Windsor II Fund, the Vanguard 500 Index Fund, the Vanguard Primecap Fund, the Vanguard Total Bond Market Index Fund, the Vanguard Small-Cap Index Fund, and the Vanguard Retirement Savings Trust.

A participant may cancel contributions by contacting Vanguard. Participants in all of the funds do not own specific securities or other assets in such funds; rather, participants have an interest therein represented by units.

Participant Accounts — Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution and allocations of the Corporation's contributions, as well as Plan earnings, and charged for fund expenses. Allocations are based on participant earnings or account balances, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting — All contributions vest immediately.

Distributions — A participant may elect to withdraw all or part of his or her deferred compensation upon reaching age 59-1/2, termination, or becoming totally and permanently disabled. A participant who has not attained age 59-1/2 may also withdraw all or part of the participant's contributions, not including interest or gains, upon showing of hardship, but will be suspended from the Plan for six months. A participant may also withdraw his or her after-tax employee savings contributions for the current year. A participant can elect to defer his or her distributions upon termination, if total deferred compensation is at least \$5,000, until the end of the year in which age 70-1/2 is attained, at which time the initial withdrawal must occur. Plan participants may elect to receive distributions either in a lump-sum amount or by installment amounts not to exceed 15 years.

Loans — Participants may borrow up to 40% of the value of their individual account balance, subject to a maximum of \$50,000. Personal or educational loans are to be repaid over a maximum of five years or on the date of the participant's termination of employment, whichever occurs first, and bear interest based on the prime rate, plus 1%. Residential loans are to be repaid over a maximum of 25 years or on the date of the participant's termination of employment, whichever occurs first, and bear interest at the prime rate. Repayments are made through payroll deductions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Valuation of Investments — Investments in securities traded on securities exchanges are valued at the latest quoted sales price for such securities. Securities traded in the over-the-counter market and listed securities, for which no sale was reported on that day, are valued at bid quotations. The Plan's

investment in the RST, which is a common collective trust, is considered fully benefit-responsive and is presented at fair value in the statements of net assets available for benefits, as well as an additional line item showing an adjustment of fully benefit-responsive contracts from fair value to contract value. The fair value is calculated by discounting the recorded cash flows of the underlying investments based upon current yields of similar investments with comparable durations. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The statements of changes in net assets available for benefits are presented on a contract value basis for the fully benefit-responsive investment contracts, which is equal to the principal balance plus accrued interest.

Participant loans are valued at the outstanding loan balances.

Net appreciation includes recognized gains and losses on the sale of investments and current-year unrealized appreciation or depreciation. Dividends and interest are recorded as earned.

Expenses — Expenses of the Plan are paid by either the Plan or the Corporation, as provided by the Plan document.

In June 2009, the FASB issued new accounting guidance entitled, The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles, a replacement of FASB Statement No. 162 (ACS or, collectively, the “Codification”). The Codification does not change generally accepted accounting principles but reorganizes the literature; future changes will be communicated in “Accounting Standards Update” (ASU). The Codification became effective for the Company in 2009.

In May 2009, the FASB issued ASC 855 (originally issued as FASB Statement No. 165, *Subsequent Events*), to establish general standards of accounting for and disclosing events that occur after the balance sheet date, but prior to the issuance of financial statements. The guidance requires disclosure on the date through which subsequent events have been evaluated and the basis for that date. For the year ended December 31, 2009, subsequent events have been evaluated through June 30, 2010, the date the financial statements were available to be issued.

In 2009, FASB Staff Position 157-4, *Disclosures Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*, was issued and later codified into ASC 820, which expanded disclosures and required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments.

In September 2009, the FASB issued ASU No. 2009-12, *Fair Value Measurements and Disclosures: Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent)* (“ASU 2009-12”), which amended ASC Subtopic 820-10, *Fair Value Measurements and Disclosures — Overall*. ASU No. 2009-12 is effective for the first reporting period ending after December 15, 2009. ASU No. 2009-12 expands the required disclosures for certain investments with a reported net asset value (NAV). ASU No. 2009-12 permits, as a practical expedient, an entity holding investments in certain entities that calculate net asset value per share or its equivalent for which the fair value is not readily determinable, to measure the fair value of such investments on the basis of that net asset value per share or its equivalent without adjustment. The ASU requires enhanced disclosures about the nature and risks of investments within its scope. Such disclosures include the nature of any restrictions on an investor’s ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investee. The Plan has adopted ASU No. 2009-12 on a prospective basis for the year ended December 31, 2009. Adoption did not have a material impact on the fair value determination and disclosure of applicable investments. The effect of the adoption of the ASU had no impact on the statements of net assets available for benefits and statement of changes in net assets available for benefits.

Recently Issued Accounting Standards — In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (ASU No. 2010-06), which amends ASC 820 (originally issued as FASB Statement No. 157, *Fair Value Measurements*), adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan is currently evaluating the impact ASU No. 2010-06 will have on the disclosures in its financial statements.

3. INVESTMENTS

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008, are as follows:

Description of Investment	Fair Value	
	2009	2008
Vanguard International Growth Fund	\$ 523,919 *	\$ 392,013
Vanguard Prime Money Market Fund	1,971,818	2,175,014
Vanguard Windsor Fund	1,847,291	1,411,398
Vanguard 500 Index Fund	1,074,777	840,053
Vanguard Primecap Fund	1,127,478	845,666
Vanguard Retirement Savings Trust	1,032,711	1,077,454
Vanguard Total Bond Market Index Fund	464,389 ^	442,166

* Exceeds 5% or more of Plan assets in 2009 only

^ Exceeds 5% or more of Plan assets in 2008 only

4. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, established a single authoritative definition of fair value, set a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2009 and 2008.

Investment Type	Fair Value Measurements at December 31, 2009 Using			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Vanguard Mutual Trust Funds:				
Vanguard 500 Index Fund	\$ 1,074,777	\$ -	\$ -	\$ 1,074,777
Vanguard International Growth Fund	523,919			523,919
Vanguard LifeStrategy Conservative Growth Fund	19,654			19,654
Vanguard LifeStrategy Growth Fund	78,066			78,066
Vanguard LifeStrategy Income Fund	14,054			14,054
Vanguard LifeStrategy Moderate Growth Fund	230,360			230,360
Vanguard Mid-Cap Index Fund	80,074			80,074
Vanguard Primecap Fund	1,127,478			1,127,478
Vanguard Prime Money Market Fund	1,971,818			1,971,818
Vanguard Small-Cap Index Fund	410,460			410,460
Vanguard Total Bond Market Index Fund	464,389			464,389
Vanguard Windsor Fund	1,847,291			1,847,291
Vanguard Windsor II Fund	188,226			188,226
Total Vanguard Mutual Trust Funds	8,030,566	-	-	8,030,566
Vanguard Retirement Savings Trust	127,684	904,717	310	1,032,711
Loans to participants		484,579		484,579
Total investments — at fair value	<u>\$ 8,158,250</u>	<u>\$ 1,389,296</u>	<u>\$ 310</u>	<u>\$ 9,547,856</u>

Investment Type	Fair Value Measurements at December 31, 2008 Using			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Vanguard Mutual Trust Funds:				
Vanguard 500 Index Fund	\$ 840,053	\$ -	\$ -	\$ 840,053
Vanguard International Growth Fund	392,013			392,013
Vanguard LifeStrategy Conservative Growth Fund	20,535			20,535
Vanguard LifeStrategy Growth Fund	59,614			59,614
Vanguard LifeStrategy Income Fund	12,012			12,012
Vanguard LifeStrategy Moderate Growth Fund	118,202			118,202
Vanguard Mid-Cap Index Fund	58,391			58,391
Vanguard Primecap Fund	845,666			845,666
Vanguard Prime Money Market Fund	2,175,014			2,175,014
Vanguard Small-Cap Index Fund	315,973			315,973
Vanguard Total Bond Market Index Fund	442,166			442,166
Vanguard Windsor Fund	1,411,398			1,411,398
Vanguard Windsor II Fund	153,356			153,356
Total Vanguard Mutual Trust Funds	6,844,393	-	-	6,844,393
Vanguard Retirement Savings Trust	113,312	964,142		1,077,454
Loans to participants		542,960		542,960
Total investments at fair value	<u>\$ 6,957,705</u>	<u>\$ 1,507,102</u>	<u>\$ -</u>	<u>\$ 8,464,807</u>

5. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by, or derived from, information prepared by Vanguard, the trustee of the Plan, for the years ended December 31, 2009 and 2008, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	2009	2008
Statements of net assets:		
Investments at fair value as determined by quoted market price — Vanguard Mutual Trust Funds	\$8,030,566	\$ 6,844,393
Investments at contract value — Vanguard Retirement Savings Trust invested primarily in investment contracts	1,010,409	1,091,581
Loans to participants	484,579	542,960
Total investments	<u>\$9,525,554</u>	<u>\$ 8,478,934</u>
Statements of changes in net assets:		
Net appreciation (depreciation) in fair value of investments	\$1,341,374	\$ (2,865,859)
Interest and dividend income	170,188	343,983
Total investment income (loss)	<u>\$1,511,562</u>	<u>\$ (2,521,876)</u>

All investment information in Note 3 and in the supplemental schedule has also been certified by the trustee.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Vanguard. Vanguard is the trustee, as defined by the Plan; therefore, these transactions qualify as exempt party-in-interest transactions.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Corporation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, each participant is entitled to all amounts credited to his or her account.

8. FEDERAL INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Corporation by a letter dated May 10, 2002, that the Plan and related trust were designed in accordance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter; however, the Corporation and the Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. INFORMATION CONCERNING PLAN SPONSOR

The Plan sponsor, the Corporation, filed for protection under Chapter 11 of the U.S. Bankruptcy Code on April 16, 2000, and is currently operating under this protection. The Corporation has drafted a reorganization plan and is currently awaiting confirmation of that plan. The Plan sponsor currently intends to continue making matching contributions to the Plan.

10. VOLUNTARY COMPLIANCE MATTER

During 2008, during a routine in-house audit of the Plan's loan procedures, the Plan manager became suspicious of several purported primary residence loans (loans to be used "solely for the purpose of purchasing a primary residence") because the participants had not requested an address change following the issuance of their primary residence loans. The Plan manager then completed an in-depth audit of the Plan's primary residence loan procedures and determined that from 2001 through 2007, 24 loans failed to meet the requirements necessary to qualify as primary residence loans.

Prior to January 2001, the Plan's loan program was administered in house and participants electing a primary residence loan were required to provide adequate documentation indicating that the proceeds from the loan were to be used for the purchase of a primary residence. Beginning in 2001, Vanguard became the Plan's record keeper and trustee and was assigned the responsibility for administering the Plan's loan program. As part of Vanguard's administration, it offered Plan participants the option of selecting an "Express Loan," whereby participants could elect a general purpose loan or a primary residence loan via Vanguard's participant website and without prior approval. Vanguard's "Express Loan" procedures did not require participants to provide primary residence loan documentation, but participants were informed of the restrictions relating to primary residence loans through the on-line loan application process, the loan policy, a legend on the loan check, and the confirmation of loan transaction.

As a result of the discovery of the invalid primary residence loans, the Plan sponsor sought to correct the loan failures through the IRS Voluntary Compliance Program (VCP). As part of the VCP, among other corrective actions, the Plan sponsor altered the loan application process, effective August 4, 2008, to ensure that Plan participants are no longer permitted to apply for primary residence loans through the “Express Loan” application. Instead, the Plan manager will approve such loans only upon receiving acceptable documentation that the loan proceeds will be used for the purchase of a primary residence. On February 5, 2009, the Plan sponsor received an IRS compliance statement with respect to this matter indicating that the IRS, without the imposition of any taxes or penalties or any challenge to the continued tax-favored status of the Plan, accepted the corrective steps taken. On May 1, 2009, the Plan sponsor filed an application under the U.S. Department of Labor’s Voluntary Fiduciary Correction Program, as sponsored by the Employee Benefits Security Administration (“EBSA”) requesting a no-action letter with respect to the Plan. On March 31, 2010, EBSA issued such no-action letter for the Plan.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of the investment in Vanguard Retirement Savings Trust per the financial statements to the Form 5500 as of December 31, 2009 and 2008, is as follows:

	2009	2008
Investment in Vanguard Retirement Savings Trust per the financial statements	\$1,032,711	\$1,077,454
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(22,302)</u>	<u>14,127</u>
Investments in Vanguard Retirement Savings Trust per the Form 5500	<u>\$1,010,409</u>	<u>\$1,091,581</u>

The following is a reconciliation of loans to participants per the financial statements to the Form 5500:

	2009	2008
Loans to participants per the financial statements	\$484,579	\$542,960
Less deemed distributions	<u>(145,284)</u>	<u>(50,397)</u>
Loans to participants per the Form 5500	<u>\$339,295</u>	<u>\$492,563</u>

For the year ended December 31, 2009, the following is a reconciliation of distributions to participants per the financial statements to the Form 5500:

Distributions to participants per the financial statements	\$650,669
Less deemed distributions from participants withdrawing from plan in 2009	<u>4,183</u>
Distributions to participants per the Form 5500	<u>\$646,486</u>

For the year ended December 31, 2009, the following is a reconciliation of total net income per the financial statements to the Form 5500:

Total increase in net assets per the financial statements	\$ 1,047,227
Plus deemed distributions from participants withdrawing from plan in 2009	4,183
Adjustment for deemed distributions in the current year	<u>(99,070)</u>
Total net income per the Form 5500	<u>\$ 952,340</u>

* * * * *

SUPPLEMENTAL SCHEDULE

**PITTSBURGH CORNING CORPORATION
INVESTMENT PLAN FOR HOURLY EMPLOYEES
AT PORT ALLEGANY, PENNSYLVANIA**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009**

Identity of Issue	Investment Type	Current Value
* Vanguard 500 Index Fund	Equity Portfolio	\$1,074,777
* Vanguard International Growth Fund	Equity Portfolio	523,919
* Vanguard LifeStrategy Conservative Growth Fund	Equity Portfolio	19,654
* Vanguard LifeStrategy Growth Fund	Equity Portfolio	78,066
* Vanguard LifeStrategy Income Fund	Equity Portfolio	14,054
* Vanguard LifeStrategy Moderate Growth Fund	Equity Portfolio	230,360
* Vanguard Mid-Cap Index Fund	Equity Portfolio	80,074
* Vanguard Primecap Fund	Equity Portfolio	1,127,478
* Vanguard Prime Money Market Fund	Prime Portfolio — variable	1,971,818
* Vanguard Small-Cap Index Fund	Equity Portfolio	410,460
* Vanguard Total Bond Market Index Fund	Debt Portfolio	464,389
* Vanguard Windsor Fund	Equity Portfolio	1,847,291
* Vanguard Windsor II Fund	Equity Portfolio	<u>188,226</u>
		8,030,566
* Vanguard Retirement Savings Trust	Collective trust invested primarily in investment contracts — variable	1,010,409
* Loans to participants	Prime rate for residential loans; prime rate plus 1% for nonresidential loans with terms from 1–25 years (4%–10.5%)	<u>484,579</u>
TOTAL INVESTMENTS		<u>\$9,525,554</u>

* Party in interest

Note: Cost information is not required for participant-directed investments, and therefore, is not included.