

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 single-employer plan; ☐ a multiple-employer plan; or ☐ 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 ANCHOR HOCKING 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 04/27/2007
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ANCHOR ACQUISITION, LLC 1115 WEST FIFTH AVENUE LANCASTER, OH 43130	2b Employer Identification Number (EIN) 20-8586869 2c Sponsor's telephone number 740-681-6490 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.	10/12/2010	LISA MARIE CARR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ANCHOR ACQUISITION, LLC 1115 WEST FIFTH AVENUE LANCASTER, OH 43130	3b Administrator's EIN 20-8586869 3c Administrator's telephone number 740-681-6490
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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	645
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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	617
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	30
d Subtotal. Add lines 6a , 6b , and 6c	6d	647
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	649
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	549
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	
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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 3D

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 ANCHOR HOCKING 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ANCHOR ACQUISITION, LLC	D Employer Identification Number (EIN) 20-8586869

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

(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 25 37 52 59 60 63 72	NONE	5742	Yes ☒ No ☐	Yes ☐ No ☒	51765	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
JP MORGAN RETIREMENT PLAN SERVICES	52 59 60 63	51765

(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.
GPC SECURITIES, INC. 58-1517899	REVENUES FROM INVESTMENT FUNDS

(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.	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan ANCHOR HOCKING 401(K) PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ANCHOR ACQUISITION, LLC				D Employer Identification Number (EIN) 20-8586869	
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: JPMORGAN STABLE ASSET INCOME					
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK N.A.					
c EIN-PN 20-1978950-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3857378	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or	

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ANCHOR HOCKING 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ANCHOR ACQUISITION, LLC	D Employer Identification Number (EIN) 20-8586869	

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)		
(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)		
(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)	578305	542428
(9) Value of interest in common/collective trusts.....	1c(9)	3110132	3857378
(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)	9943112	12498528
(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	13631549	16898334

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	13631549	16898334
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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)	434461	
(B) Participants	2a(1)(B)	1423629	
(C) Others (including rollovers)	2a(1)(C)	20294	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1878384

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)	42904	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		42904

(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)	231763	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		231763

(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)		67618
(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)		2537182
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4757851

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1485324	
(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)		1485324
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)	5742	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5742
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1491066

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3266785
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: CROWE HORWATH LLP

(2) EIN: 35-0921680

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.).....	☒		657071
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>ANCHOR HOCKING 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANCHOR ACQUISITION, LLC</u>	D Employer Identification Number (EIN) <u>20-8586869</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>06-0974148</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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): _____

ANCHOR HOCKING 401(k) PLAN

FINANCIAL STATEMENTS
December 31, 2009 and 2008

ANCHOR HOCKING 401(k) PLAN

FINANCIAL STATEMENTS
December 31, 2009 and 2008

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REPORT OF INDEPENDENT AUDITORS

Plan Administrator
Anchor Hocking 401(k) Plan
Lancaster, Ohio

We were engaged to audit the financial statements and supplemental schedules of the Anchor Hocking 401(k) Plan ("the Plan") as of December 31, 2009 and the year then ended, as listed in the accompanying contents page. These 2009 financial statements and supplemental schedules are the responsibility of the Plan's management. The statement of net assets available for benefits of the Anchor Hocking 401(k) Plan as of December 31, 2008, was reported on by other auditors whose report dated July 7, 2010, disclaimed an opinion for the same reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedules. 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 certification from the trustee as of December 31, 2009 and for the year then ended that the information 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, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules other than that derived from the information certified by the 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.



Crowe Horwath LLP

Columbus, Ohio
October 11, 2010

ANCHOR HOCKING 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments, at fair value (Note 3)		
Registered investment companies	\$ 12,498,528	\$ 9,943,112
Collective trust fund	3,699,078	2,791,329
Participant loans	<u>542,428</u>	<u>578,305</u>
Total investments	16,740,034	13,312,746
Contributions receivable:		
Participant	45,648	86,322
Employer	<u>14,385</u>	<u>44,472</u>
Total receivables	<u>60,033</u>	<u>130,794</u>
Net assets, reflecting all investments at fair value	16,800,067	13,443,540
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>158,300</u>	<u>318,803</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 16,958,367</u></u>	<u><u>\$ 13,762,343</u></u>

See accompanying notes to financial statements.

ANCHOR HOCKING 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

Additions to net assets attributed to:

Investment Income (Note 3)

Net appreciation in fair value of investments	\$ 2,604,801
Interest and dividends	<u>274,667</u>
Total investment income	2,879,468

Contributions

Employer	404,374
Participant	1,382,955
Rollover	<u>20,294</u>
Total contributions	<u>1,807,623</u>

Total additions 4,687,091

Deductions from net assets attributed to:

Benefits paid to participants	1,485,324
Administrative expenses	<u>5,743</u>
Total deductions	<u>1,491,067</u>

Net increase 3,196,024

Net assets available for benefits

Beginning of year	<u>13,762,343</u>
End of year	<u><u>\$ 16,958,367</u></u>

See accompanying notes to financial statements.

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Anchor Hocking 401(k) Plan (the “Plan”) is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General: The Plan was adopted by the Anchor Holdings, LLC Board of Directors on April 20, 2007. Anchor Holdings, LLC was formed April 20, 2007 through asset contributions from Anchor Hocking Operating Company LLC and Anchor Hocking CG Operating Company LLC. The Plan is a defined contribution plan covering all eligible employees of Anchor Holdings, LLC (the “Company”).

Eligibility: All full-time employees are eligible to make contributions to the Plan. All part-time employees who have completed one year of service are eligible to make contributions to the Plan. An employee covered by a collective bargaining agreement which does not provide for participation in the Plan is an excluded or non-eligible employee. Other excluded employees are leased employees or nonresident aliens with no U.S. source income. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Contributions: Participants may contribute up to 75% of their eligible compensation, as defined in the Plan document, in increments of 1% through pretax (salary reduction) contributions subject to certain limitations under the Internal Revenue Code (“IRC”). The Plan also provides that participants may roll over all or part of a qualified total distribution from another tax-qualified plan.

Prior to February 13, 2009, participant contributions were matched by the Company 100% up to 3% of eligible compensation plus 50% up to the next 2% of eligible compensation. Effective February 13, 2009, the Company’s matching contribution is a discretionary amount.

The Company may make discretionary profit sharing contributions at any time during the year. During the year ended December 31, 2009, the Company made no discretionary contributions.

Participants who attained age 50 by the end of the plan year are eligible to make additional pre-tax “catch-up” contributions in accordance with and subject to the limitations of Section 414(v) of the IRC. Catch-up contributions are eligible for matching contributions from the Company.

The Company has a collective bargaining agreement (“the agreement”) at its Monaca, Pennsylvania (“Monaca”) facility that was effective on October 1, 2009. For the Company’s bargaining unit employees at the Monaca facility, the agreement, in addition to providing for the normal Company contribution, provides for two additional components.

There is a non-elective contribution of 1.0% of defined compensation. Prior to October 1, 2009, the non-elective contribution was .5% of defined compensation. In addition to the non-elective base contributions, the Company provides a variable contribution for the collective bargaining participants based upon the Company’s profitability. For Monaca bargaining unit employees, contributions to eligible participants are calculated from the Company’s annual operating income and credited on a percentage basis based on a sliding scale that increases with the level of operating income.

Participant Accounts: Each participant’s account is credited with the participant’s contributions, the Company’s contributions and Plan earnings or losses and is charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant compensation or account balance, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Vesting: Participants are vested immediately in their contributions and employer contributions plus actual earnings thereon.

Participant Loans: Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. These loans must be paid through payroll deductions over a period of time not to exceed five years, unless the proceeds are used for the purchase of a primary residence. The interest rate for monies borrowed must be a reasonable rate. Interest rates on loans outstanding at December 31, 2009 and 2008 ranged from 3.25% to 8.25%. Principal and interest are paid ratably through monthly payroll deductions. A loan is deemed to be in default if principal and interest is not paid by the end of the calendar quarter following the calendar quarter in which the payment was due.

Payment of Benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a specified period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Administrative Expenses: All administrative expenses are paid by the Plan, except for the audit and legal fees that are paid by the Company.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Risks and Uncertainties: The Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Benefit Payments: Benefits are recorded when paid.

Investments Valuation and Income Recognition: The Plan's investments, excluding participant loans, are reported at fair value. 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

FASB ASC 820 defines fair value as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. FASB ASC 820 establishes a fair value hierarchy which requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements).

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Registered Investment Companies: The fair values of registered investment companies are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Stable Value Fund: The fair values of participation units in the stable value fund are based upon the net asset values of such fund, after adjustments to reflect all fund investments at fair value, including direct and indirect interests in fully benefit-responsive contracts, as reported in the audited financial statements of the fund (level 2 inputs). The fund invests in investment grade fixed income securities with the objective of preserving the value of funds invested, outperform other similar funds and earn consistent, reliable returns. The fund provides for daily redemptions by the Plan at reported net asset value per share, with no advance notification requirements.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Investments, other than participant loans, measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2009 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies			
International Large Cap	\$ 844,604	\$ -	\$ -
Domestic Large Cap	3,203,526	-	-
Domestic Mid Cap	1,031,383	-	-
Domestic Small Cap	1,328,465	-	-
Domestic Bond	412,711	-	-
Retirement 2010	790,042	-	-
Retirement 2015	1,015,526	-	-
Retirement 2020	2,567,588	-	-
Retirement 2030	757,229	-	-
Retirement 2040	443,478	-	-
Retirement Income	103,976	-	-
Collective Trust Fund			
Stable Value Fund	-	3,699,078	-
	<u>\$ 12,498,528</u>	<u>\$ 3,699,078</u>	<u>\$ -</u>

Fair Value Measurements at December 31, 2008 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies	\$ 9,943,112	\$ -	\$ -
Collective Trust Fund	-	2,791,329	-
Participant Loans	-	-	578,305

Participant Loans: As of December 31, 2008, management reported that the fair value of participant loans approximated their amortized cost (level 3 inputs). However, during 2009 management concluded that an estimate of fair value is not reasonably determinable for participant loans, based upon the nature of the loans and their lack of transferability. Participant loans continue to be reported at their amortized cost as of December 31, 2009.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the year ended December 31, 2009, including the reporting classifications for the applicable gains and losses included in the 2009 statement of changes in net assets available for benefits.

	Fair Value Measurements Using <u>Significant Unobservable Inputs (Level 3)</u>
	Participant <u>Loans</u>
Balance, January 1, 2009	\$ 578,305
Transfers in and/or out of Level 3	<u>(578,305)</u>
Balance, December 31, 2009	<u>\$ -</u>

Fully Benefit-Responsive Investment Contracts: Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Contract value represents contributions made to a contract, plus earnings, less participant withdrawals and administrative expenses. Participants in fully benefit-responsive contracts may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan holds an indirect interest in such contracts through its investment in a stable value fund. The statements of net assets available for benefits presents fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statement of changes in net assets available for benefit is prepared on a contract value basis.

NOTE 3 – INVESTMENTS (UNAUDITED INFORMATION)

JP Morgan Chase Bank, N.A., the trustee and custodian of the Plan holds investment assets and executes transactions therein, and substantially all information pertaining to investments included in the financial statements has been certified by them. This information has not been audited by independent accountants.

The following presents the fair values of investments representing 5% or more of the Plan's net assets available for benefits:

	<u>2009</u>	<u>2008</u>
American Funds Growth Fund of America	\$ 1,506,593	\$ 1,161,660
JP Morgan Smart Retirement 2010	790,042**	836,641
JP Morgan Smart Retirement 2015	1,015,526	832,313
JP Morgan Smart Retirement 2020	2,567,588	2,082,962
JP Morgan Stable Asset Income Fund	3,699,078*	2,791,329*

* Contract value of \$3,857,378 and \$3,110,132 at December 31, 2009 and 2008, respectively.

** Fair value of fund is less than 5% of net assets, shown for comparative purposes only.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 3 – INVESTMENTS (UNAUDITED INFORMATION) (Continued)

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,604,801 as follows:

Registered investment companies	\$ 2,537,183
Collective trust funds	<u>67,618</u>
	<u>\$ 2,604,801</u>

Interest and dividend income earned by the Plan was \$274,667 for the year ended December 31, 2009.

NOTE 4 – INCOME TAX STATUS

The Plan sponsor adopted a Non-Standardized Prototype Plan Document. The Internal Revenue Service has not determined or informed the prototype plan sponsor that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator believes the Plan is currently designed and being operated in compliance with applicable requirements of the IRC.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. The Plan invests in registered investment companies and a stable value collective trust fund issued by JPMorgan Chase Bank, N.A. These investments and related investment income represent party-in-interest transactions to the Plan. Participant loans and related interest represent party-in-interest transactions of the plan.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right, at any time, to terminate the Plan by delivering to the Trustee and the administrator written notice of such termination. Upon termination, all unallocated amounts shall be allocated to the accounts of all participants in accordance with the Plan provisions.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following are reconciliations of net assets available per the financial statements to net assets per the Form 5500 and the net increase per the financial statements to the net income per the Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits as presented in these financial statements	\$ 16,958,367	\$ 13,762,343
Employee contributions receivable	(45,648)	(86,322)
Employer contributions receivable	<u>(14,385)</u>	<u>(44,472)</u>
Net assets available for benefits per Form 5500	<u>\$ 16,898,334</u>	<u>\$ 13,631,549</u>
Net increase in net assets available for benefits as presented in these financial statements	\$ 3,196,024	
2008 employee contributions receivable	86,322	
2008 employer contributions receivable	44,472	
2009 employee contributions receivable	(45,648)	
2009 employer contributions receivable	<u>(14,385)</u>	
Net income per the Form 5500	<u>\$ 3,266,785</u>	

NOTE 8 – SUBSEQUENT EVENTS

Effective September 5, 2010, the Plan was amended to reinstate the employer matching contributions.

Effective October 1, 2010, the Plan changed its trustee from JP Morgan Chase Bank, N.A. to Fifth Third Bank.

Plan management has evaluated subsequent events for recognition and disclosure through October 11, 2010, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

ANCHOR HOCKING 401(K) PLAN
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year ended December 31, 2009

Check here if Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
X	\$ 657,071	-	-	-

ANCHOR HOCKING 401(k) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Name of Plan Sponsor:	Anchor Hocking 401(k) Plan
Employer Identification Number:	20-8586869
Three-Digit Plan Number:	001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Date of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<u>Registered Investment Companies</u>				
	Alger	Small Cap Growth	**	\$ 354,391
	American Funds	EuroPacific Growth Fund	**	844,604
	American Funds	Growth Fund of America	**	1,506,593
	Eaton Vance	Large Cap Value	**	691,482
	Franklin	Small Cap Value	**	559,116
	Goldman Sachs	Mid Cap Value	**	378,249
*	JP Morgan	Core Bond	**	412,711
*	JP Morgan	Equity Index	**	449,559
*	JP Morgan	Mid Cap Growth	**	653,134
*	JP Morgan	Small Cap Equity	**	414,958
*	JP Morgan	Smart Retirement 2010	**	790,042
*	JP Morgan	Smart Retirement 2015	**	1,015,526
*	JP Morgan	Smart Retirement 2020	**	2,567,588
*	JP Morgan	Smart Retirement 2030	**	757,229
*	JP Morgan	Smart Retirement 2040	**	443,478
*	JP Morgan	Smart Retirement Income	**	103,976
	Van Kampen	Equity and Income	**	<u>555,892</u>
	Total Registered Investment Companies			12,498,528
<u>Collective Trust Fund</u>				
*	JP Morgan	Stable Asset Income	**	<u>3,857,378</u>
	Total Common Collective Trusts			3,857,378
<u>Other</u>				
*	Participant Loans	Interest rates ranging from 3.25% to 8.25%, due through December 2015		<u>542,428</u>
				\$ 16,898,334

* Represents a party-in-interest

** Participant-directed investments. Cost information is not required to be presented.

ANCHOR HOCKING 401(k) PLAN

FINANCIAL STATEMENTS
December 31, 2009 and 2008

ANCHOR HOCKING 401(k) PLAN

FINANCIAL STATEMENTS
December 31, 2009 and 2008

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REPORT OF INDEPENDENT AUDITORS

Plan Administrator
Anchor Hocking 401(k) Plan
Lancaster, Ohio

We were engaged to audit the financial statements and supplemental schedules of the Anchor Hocking 401(k) Plan ("the Plan") as of December 31, 2009 and the year then ended, as listed in the accompanying contents page. These 2009 financial statements and supplemental schedules are the responsibility of the Plan's management. The statement of net assets available for benefits of the Anchor Hocking 401(k) Plan as of December 31, 2008, was reported on by other auditors whose report dated July 7, 2010, disclaimed an opinion for the same reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedules. 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 certification from the trustee as of December 31, 2009 and for the year then ended that the information 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, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules other than that derived from the information certified by the 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.



Crowe Horwath LLP

Columbus, Ohio
October 11, 2010

ANCHOR HOCKING 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments, at fair value (Note 3)		
Registered investment companies	\$ 12,498,528	\$ 9,943,112
Collective trust fund	3,699,078	2,791,329
Participant loans	<u>542,428</u>	<u>578,305</u>
Total investments	16,740,034	13,312,746
Contributions receivable:		
Participant	45,648	86,322
Employer	<u>14,385</u>	<u>44,472</u>
Total receivables	<u>60,033</u>	<u>130,794</u>
Net assets, reflecting all investments at fair value	16,800,067	13,443,540
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>158,300</u>	<u>318,803</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 16,958,367</u></u>	<u><u>\$ 13,762,343</u></u>

See accompanying notes to financial statements.

ANCHOR HOCKING 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

Additions to net assets attributed to:

Investment Income (Note 3)

Net appreciation in fair value of investments	\$ 2,604,801
Interest and dividends	<u>274,667</u>
Total investment income	2,879,468

Contributions

Employer	404,374
Participant	1,382,955
Rollover	<u>20,294</u>
Total contributions	<u>1,807,623</u>

Total additions 4,687,091

Deductions from net assets attributed to:

Benefits paid to participants	1,485,324
Administrative expenses	<u>5,743</u>
Total deductions	<u>1,491,067</u>

Net increase 3,196,024

Net assets available for benefits

Beginning of year	<u>13,762,343</u>
End of year	<u><u>\$ 16,958,367</u></u>

See accompanying notes to financial statements.

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Anchor Hocking 401(k) Plan (the “Plan”) is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General: The Plan was adopted by the Anchor Holdings, LLC Board of Directors on April 20, 2007. Anchor Holdings, LLC was formed April 20, 2007 through asset contributions from Anchor Hocking Operating Company LLC and Anchor Hocking CG Operating Company LLC. The Plan is a defined contribution plan covering all eligible employees of Anchor Holdings, LLC (the “Company”).

Eligibility: All full-time employees are eligible to make contributions to the Plan. All part-time employees who have completed one year of service are eligible to make contributions to the Plan. An employee covered by a collective bargaining agreement which does not provide for participation in the Plan is an excluded or non-eligible employee. Other excluded employees are leased employees or nonresident aliens with no U.S. source income. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Contributions: Participants may contribute up to 75% of their eligible compensation, as defined in the Plan document, in increments of 1% through pretax (salary reduction) contributions subject to certain limitations under the Internal Revenue Code (“IRC”). The Plan also provides that participants may roll over all or part of a qualified total distribution from another tax-qualified plan.

Prior to February 13, 2009, participant contributions were matched by the Company 100% up to 3% of eligible compensation plus 50% up to the next 2% of eligible compensation. Effective February 13, 2009, the Company’s matching contribution is a discretionary amount.

The Company may make discretionary profit sharing contributions at any time during the year. During the year ended December 31, 2009, the Company made no discretionary contributions.

Participants who attained age 50 by the end of the plan year are eligible to make additional pre-tax “catch-up” contributions in accordance with and subject to the limitations of Section 414(v) of the IRC. Catch-up contributions are eligible for matching contributions from the Company.

The Company has a collective bargaining agreement (“the agreement”) at its Monaca, Pennsylvania (“Monaca”) facility that was effective on October 1, 2009. For the Company’s bargaining unit employees at the Monaca facility, the agreement, in addition to providing for the normal Company contribution, provides for two additional components.

There is a non-elective contribution of 1.0% of defined compensation. Prior to October 1, 2009, the non-elective contribution was .5% of defined compensation. In addition to the non-elective base contributions, the Company provides a variable contribution for the collective bargaining participants based upon the Company’s profitability. For Monaca bargaining unit employees, contributions to eligible participants are calculated from the Company’s annual operating income and credited on a percentage basis based on a sliding scale that increases with the level of operating income.

Participant Accounts: Each participant’s account is credited with the participant’s contributions, the Company’s contributions and Plan earnings or losses and is charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant compensation or account balance, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Vesting: Participants are vested immediately in their contributions and employer contributions plus actual earnings thereon.

Participant Loans: Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. These loans must be paid through payroll deductions over a period of time not to exceed five years, unless the proceeds are used for the purchase of a primary residence. The interest rate for monies borrowed must be a reasonable rate. Interest rates on loans outstanding at December 31, 2009 and 2008 ranged from 3.25% to 8.25%. Principal and interest are paid ratably through monthly payroll deductions. A loan is deemed to be in default if principal and interest is not paid by the end of the calendar quarter following the calendar quarter in which the payment was due.

Payment of Benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a specified period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Administrative Expenses: All administrative expenses are paid by the Plan, except for the audit and legal fees that are paid by the Company.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Risks and Uncertainties: The Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Benefit Payments: Benefits are recorded when paid.

Investments Valuation and Income Recognition: The Plan's investments, excluding participant loans, are reported at fair value. 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

FASB ASC 820 defines fair value as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. FASB ASC 820 establishes a fair value hierarchy which requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements).

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Registered Investment Companies: The fair values of registered investment companies are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Stable Value Fund: The fair values of participation units in the stable value fund are based upon the net asset values of such fund, after adjustments to reflect all fund investments at fair value, including direct and indirect interests in fully benefit-responsive contracts, as reported in the audited financial statements of the fund (level 2 inputs). The fund invests in investment grade fixed income securities with the objective of preserving the value of funds invested, outperform other similar funds and earn consistent, reliable returns. The fund provides for daily redemptions by the Plan at reported net asset value per share, with no advance notification requirements.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Investments, other than participant loans, measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2009 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies			
International Large Cap	\$ 844,604	\$ -	\$ -
Domestic Large Cap	3,203,526	-	-
Domestic Mid Cap	1,031,383	-	-
Domestic Small Cap	1,328,465	-	-
Domestic Bond	412,711	-	-
Retirement 2010	790,042	-	-
Retirement 2015	1,015,526	-	-
Retirement 2020	2,567,588	-	-
Retirement 2030	757,229	-	-
Retirement 2040	443,478	-	-
Retirement Income	103,976	-	-
Collective Trust Fund			
Stable Value Fund	-	3,699,078	-
	<u>\$ 12,498,528</u>	<u>\$ 3,699,078</u>	<u>\$ -</u>

Fair Value Measurements at December 31, 2008 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies	\$ 9,943,112	\$ -	\$ -
Collective Trust Fund	-	2,791,329	-
Participant Loans	-	-	578,305

Participant Loans: As of December 31, 2008, management reported that the fair value of participant loans approximated their amortized cost (level 3 inputs). However, during 2009 management concluded that an estimate of fair value is not reasonably determinable for participant loans, based upon the nature of the loans and their lack of transferability. Participant loans continue to be reported at their amortized cost as of December 31, 2009.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the year ended December 31, 2009, including the reporting classifications for the applicable gains and losses included in the 2009 statement of changes in net assets available for benefits.

	Fair Value Measurements Using <u>Significant Unobservable Inputs (Level 3)</u>
	Participant <u>Loans</u>
Balance, January 1, 2009	\$ 578,305
Transfers in and/or out of Level 3	<u>(578,305)</u>
Balance, December 31, 2009	<u>\$ -</u>

Fully Benefit-Responsive Investment Contracts: Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Contract value represents contributions made to a contract, plus earnings, less participant withdrawals and administrative expenses. Participants in fully benefit-responsive contracts may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan holds an indirect interest in such contracts through its investment in a stable value fund. The statements of net assets available for benefits presents fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statement of changes in net assets available for benefit is prepared on a contract value basis.

NOTE 3 – INVESTMENTS (UNAUDITED INFORMATION)

JP Morgan Chase Bank, N.A., the trustee and custodian of the Plan holds investment assets and executes transactions therein, and substantially all information pertaining to investments included in the financial statements has been certified by them. This information has not been audited by independent accountants.

The following presents the fair values of investments representing 5% or more of the Plan's net assets available for benefits:

	<u>2009</u>	<u>2008</u>
American Funds Growth Fund of America	\$ 1,506,593	\$ 1,161,660
JP Morgan Smart Retirement 2010	790,042**	836,641
JP Morgan Smart Retirement 2015	1,015,526	832,313
JP Morgan Smart Retirement 2020	2,567,588	2,082,962
JP Morgan Stable Asset Income Fund	3,699,078*	2,791,329*

* Contract value of \$3,857,378 and \$3,110,132 at December 31, 2009 and 2008, respectively.

** Fair value of fund is less than 5% of net assets, shown for comparative purposes only.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 3 – INVESTMENTS (UNAUDITED INFORMATION) (Continued)

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,604,801 as follows:

Registered investment companies	\$ 2,537,183
Collective trust funds	<u>67,618</u>
	<u>\$ 2,604,801</u>

Interest and dividend income earned by the Plan was \$274,667 for the year ended December 31, 2009.

NOTE 4 – INCOME TAX STATUS

The Plan sponsor adopted a Non-Standardized Prototype Plan Document. The Internal Revenue Service has not determined or informed the prototype plan sponsor that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator believes the Plan is currently designed and being operated in compliance with applicable requirements of the IRC.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. The Plan invests in registered investment companies and a stable value collective trust fund issued by JPMorgan Chase Bank, N.A. These investments and related investment income represent party-in-interest transactions to the Plan. Participant loans and related interest represent party-in-interest transactions of the plan.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right, at any time, to terminate the Plan by delivering to the Trustee and the administrator written notice of such termination. Upon termination, all unallocated amounts shall be allocated to the accounts of all participants in accordance with the Plan provisions.

(Continued)

ANCHOR HOCKING 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following are reconciliations of net assets available per the financial statements to net assets per the Form 5500 and the net increase per the financial statements to the net income per the Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits as presented in these financial statements	\$ 16,958,367	\$ 13,762,343
Employee contributions receivable	(45,648)	(86,322)
Employer contributions receivable	<u>(14,385)</u>	<u>(44,472)</u>
Net assets available for benefits per Form 5500	<u>\$ 16,898,334</u>	<u>\$ 13,631,549</u>
Net increase in net assets available for benefits as presented in these financial statements	\$ 3,196,024	
2008 employee contributions receivable	86,322	
2008 employer contributions receivable	44,472	
2009 employee contributions receivable	(45,648)	
2009 employer contributions receivable	<u>(14,385)</u>	
Net income per the Form 5500	<u>\$ 3,266,785</u>	

NOTE 8 – SUBSEQUENT EVENTS

Effective September 5, 2010, the Plan was amended to reinstate the employer matching contributions.

Effective October 1, 2010, the Plan changed its trustee from JP Morgan Chase Bank, N.A. to Fifth Third Bank.

Plan management has evaluated subsequent events for recognition and disclosure through October 11, 2010, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

ANCHOR HOCKING 401(K) PLAN
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year ended December 31, 2009

Check here if Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
X	\$ 657,071	-	-	-

ANCHOR HOCKING 401(k) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Name of Plan Sponsor:	Anchor Hocking 401(k) Plan
Employer Identification Number:	20-8586869
Three-Digit Plan Number:	001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Date of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<u>Registered Investment Companies</u>				
	Alger	Small Cap Growth	**	\$ 354,391
	American Funds	EuroPacific Growth Fund	**	844,604
	American Funds	Growth Fund of America	**	1,506,593
	Eaton Vance	Large Cap Value	**	691,482
	Franklin	Small Cap Value	**	559,116
	Goldman Sachs	Mid Cap Value	**	378,249
*	JP Morgan	Core Bond	**	412,711
*	JP Morgan	Equity Index	**	449,559
*	JP Morgan	Mid Cap Growth	**	653,134
*	JP Morgan	Small Cap Equity	**	414,958
*	JP Morgan	Smart Retirement 2010	**	790,042
*	JP Morgan	Smart Retirement 2015	**	1,015,526
*	JP Morgan	Smart Retirement 2020	**	2,567,588
*	JP Morgan	Smart Retirement 2030	**	757,229
*	JP Morgan	Smart Retirement 2040	**	443,478
*	JP Morgan	Smart Retirement Income	**	103,976
	Van Kampen	Equity and Income	**	<u>555,892</u>
	Total Registered Investment Companies			12,498,528
<u>Collective Trust Fund</u>				
*	JP Morgan	Stable Asset Income	**	<u>3,857,378</u>
	Total Common Collective Trusts			3,857,378
<u>Other</u>				
*	Participant Loans	Interest rates ranging from 3.25% to 8.25%, due through December 2015		<u>542,428</u>
				\$ 16,898,334

* Represents a party-in-interest

** Participant-directed investments. Cost information is not required to be presented.