

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 <div style="text-align: center; font-size: 24pt;">2009</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2009</u> and ending <u>09/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>RESTATED EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST OF GLASFORMS, INC.</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>10/01/1984</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GLASFORMS, INC.</u> <u>1226 LINCOLN AVENUE</u> <u>SAN JOSE, CA 95125</u>	2b Employer Identification Number (EIN) <u>94-2498488</u> 2c Sponsor's telephone number <u>408-297-9300</u> 2d Business code (see instructions) <u>327210</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/14/2011</u>	<u>CINDY CHAMBERS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/14/2011</u>	<u>CINDY CHAMBERS</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GLASFORMS, INC. 1226 LINCOLN AVENUE SAN JOSE, CA 95125	3b Administrator's EIN 94-2498488 3c Administrator's telephone number 408-297-9300
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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	310
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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	195
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	87
d Subtotal. Add lines 6a , 6b , and 6c	6d	282
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	283
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	281
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	20

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:
 2I 2O

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 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 10/01/2009 and ending 09/30/2010		
A Name of plan RESTATED EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST OF GLASFORMS, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLASFORMS, INC.	D Employer Identification Number (EIN) 94-2498488	

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)	100000	180000
(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)	8001	60453
(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)	32785	37065
(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)	97913	122417
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	17985	1650
(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)	1767370	1837423
(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	2024054	2239008

Liabilities

g Benefit claims payable	1g		3
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	3

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2024054	2239005
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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)	180000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		180000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
(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)	5619	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5621
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	988	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	60	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1048
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	74339	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		74339
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-2232
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		258776

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	43805	
(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)		43805
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	20	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		43825

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		214951
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: MILLER, KAPLAN, ARASE & COMPANY, LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan <u>RESTATED EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST OF GLASFORMS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLASFORMS, INC.</u>	D Employer Identification Number (EIN) <u>94-2498488</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): _____ 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): _____

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.

FINANCIAL STATEMENTS

SEPTEMBER 30, 2010 AND 2009

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.

I N D E X

	<u>Page No.</u>
INDEPENDENT AUDITORS' REPORT	1
EXHIBIT "A" - Statements of Net Assets Available for Benefits as of September 30, 2010 and 2009	2
EXHIBIT "B" - Statement of Changes in Net Assets Available for Benefits - October 1, 2009 to September 30, 2010	3
NOTES TO FINANCIAL STATEMENTS	4 - 10
 <u>SUPPLEMENTAL SCHEDULES</u>	
SCHEDULE 1 - Schedule of Assets (Held At End of Year) - September 30, 2010	11
SCHEDULE 2 - Schedule of Reportable Transactions - October 1, 2009 to September 30, 2010	12

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Independent Auditors' Report

Trustee and Plan Administrator
Restated Employee Stock Ownership Plan
and Trust of Glasforms, Inc.
1226 Lincoln Avenue
San Jose, California 95125-3025

We have audited the accompanying statements of net assets available for benefits of the Restated Employee Stock Ownership Plan and Trust of Glasforms, Inc. as of September 30, 2010 and 2009 and the related statement of changes in net assets available for benefits for the year ended September 30, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Restated Employee Stock Ownership Plan and Trust of Glasforms, Inc. as of September 30, 2010 and 2009 and the changes in net assets available for benefits for the year ended September 30, 2010, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Miller, Kaplan, Arase & Co., LLP

MILLER, KAPLAN, ARASE & CO., LLP

July 6, 2011

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

<u>ASSETS</u>	<u>September 30, 2010</u>	<u>September 30, 2009</u>
<u>INVESTMENTS</u>		
Money Market Fund	\$ 60,453	\$ 8,001
Mutual Funds	1,650	17,985
Common Stocks	37,065	32,785
Glasforms, Inc. Common Stock	<u>1,837,423</u>	<u>1,767,370</u>
<u>TOTAL INVESTMENTS</u>	<u>1,936,591</u>	<u>1,826,141</u>
<u>RECEIVABLES</u>		
Notes Receivable from Plan Participants	122,417	97,913
Employer Contribution	<u>180,000</u>	<u>100,000</u>
<u>TOTAL RECEIVABLES</u>	<u>302,417</u>	<u>197,913</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 2,239,008</u>	<u>\$ 2,024,054</u>

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
OCTOBER 1, 2009 TO SEPTEMBER 30, 2010

INVESTMENT INCOME

Dividends and Interest	\$ 1,050
Net Appreciation in Fair Value of Investments	<u>72,107</u>

<u>TOTAL INVESTMENT INCOME</u>	<u>73,157</u>
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CONTRIBUTIONS AND OTHER ADDITIONS

Employer Contribution	180,000
Interest on Notes Receivable from Participants	<u>5,619</u>

<u>TOTAL CONTRIBUTIONS AND OTHER ADDITIONS</u>	<u>185,619</u>
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<u>TOTAL ADDITIONS</u>	258,776
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DEDUCTIONS

Withdrawals and Distributions	<u>43,822</u>
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<u>NET INCREASE FOR THE YEAR</u>	214,954
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NET ASSETS AVAILABLE FOR BENEFITS:

<u>BEGINNING OF YEAR</u>	<u>2,024,054</u>
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<u>END OF YEAR</u>	<u>\$ 2,239,008</u>
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RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2010 AND 2009

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Restated Employee Stock Ownership Plan and Trust of Glasforms, Inc. (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more specific provisions.

A. General

The Plan is an employee stock ownership plan (ESOP) established by Glasforms, Inc. (the "Company") in October 1984 to provide benefits to eligible employees. The Plan was amended and restated in its entirety effective January 19, 2009. Subsequent amendments have been made for the Plan to conform to provisions of the Internal Revenue Code (the "Code"). The Plan administrator believes the Plan is designed and operated in conformity with provisions of the Code and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Administration

An officer and majority shareholder of the Company serves as Plan trustee. The Company contracted with a third-party administrator who processes and maintains the records of participant data. RBC Dain Rauscher is the custodian of Plan investment securities other than shares of Glasforms, Inc. common stock ("Glasforms Stock"). Plan investments are managed by the trustee. The Company pays substantially all Plan administrative costs.

C. Eligibility and Participation

The Plan covers all employees of the Company who are not covered by a collective bargaining agreement following completion of one year of service provided they worked at least 1,000 hours during the year. Plan entry dates are March 31 and September 30 upon satisfying eligibility requirements.

D. Contributions

The Company is allowed to make discretionary contributions to the trust as provided in the Plan and approved by the Board of Directors. Contributions may be made in cash or Glasforms Stock and are subject to maximum annual deductible limits under the Code. The Board of Directors authorized a cash contribution of \$180,000 for the Plan year ended September 30, 2010.

Participants are not permitted to contribute to the Plan.

E. Participant Accounts

Each participant's account is credited as of the last day of the Plan year with an allocation of the Company's contribution, if any, and available forfeitures of terminated participants' non-vested accounts. The maximum annual allocation is subject to Code limitations and only participants who are eligible employees of the Company as of the last day of the Plan year will receive an allocation. Allocations of Company contributions and forfeitures are based on each participant's compensation relative to total eligible compensation. Investment earnings are allocated based on the ratio of each participant's beginning of the year account balance to all participants' beginning of the year account balances.

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2010 AND 2009

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

F. Vesting and Forfeitures

Participants vest in their accounts based on total years of service with the Company according to the following schedule:

<u>Years of Service for Vesting</u>	<u>Vesting Schedule</u>
< 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Available forfeitures are allocated to participants annually as additional contributions. Approximately \$19,500 of available forfeitures were allocated to eligible participants for the Plan year ended September 30, 2010.

G. Voting Rights

The Plan holds two classes of Glasforms Stock, Class A voting shares and Class B nonvoting shares. Each participant is allowed to instruct the Plan administrator or trustee as to the manner in which Glasforms Class A voting shares then allocated to the participant's account shall be voted.

H. Benefits

Normal retirement under the Plan is age 55. The Plan provides for benefits to be paid as soon as administratively possible in the event of retirement, death, disability or termination of employment unless a participant or beneficiary elects to defer payment until a later date. Benefits must begin no later than April 1 of the year in which a participant attains age 70½.

The standard form of benefit under the Plan is a joint and survivor annuity. Alternate forms of payment including lump sum distributions are permitted under certain circumstances as defined in the Plan.

The vested portion of a participant's Glasforms Stock account may be distributed in whole shares of Glasforms Stock, cash, or a combination of stock and cash based solely on the election of the participant. The Plan requires the Company to issue a put option to each participant who receives a distribution of Glasforms Stock. The put option gives the participant the right to demand that the Company buy shares at any time during two option periods as described in the Plan.

Shares of Glasforms Stock in the accounts of participants electing to receive distributions in cash are converted at the share price determined on the valuation date immediately preceding the distribution date. During the Plan year ended September 30, 2010 a total of 36 distributions were paid from the Plan in lump sums.

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2010 AND 2009

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

I. Notes Receivable from Participants

The Plan allows participants to borrow not less than \$1,000 and up to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the participant's vested balance. Such loans bear interest at the available market financing rates and must be repaid to the Plan within a five-year period, unless the loan is used to purchase a primary residence in which case the maximum repayment period may be extended. The Plan administrator establishes the specific terms and conditions of such loans. Outstanding loans at September 30, 2010 carry interest rates ranging from 4.00% to 9.25%.

J. Diversification

The Plan offers participants who have attained age 55 and completed 10 or more years of participation in the Plan an option to diversify 25 percent of their investment in Glasforms Stock annually into investments other than Glasforms Stock for five years. In the sixth year, the participant has a one-time option to diversify up to 50 percent of his or her Glasforms Stock.

K. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The accounts of participants affected by a partial or complete termination of the Plan are non-forfeitable and will be determined as of the termination date, which will be treated as the valuation date.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Plan maintains its accounting records on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

B. New Accounting Pronouncement

The Financial Accounting Standards Board (FASB) recently issued ASU 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans – a consensus of the FASB Emerging Issues Task Force, clarifying the classification and measurement guidance on participant loans of a defined contribution pension plan. The ASU requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balance plus accrued unpaid interest. This guidance is a change to the requirement to classify participant loans as investments recognized in accordance with ASC 820, Fair Value Measurements Disclosures. The new guidance is effective for fiscal years ending after December 15, 2010 and must be applied retroactively. Early adoption is permitted. The Plan adopted this new guidance for the Plan year ended September 30, 2010.

C. Estimates

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

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2010 AND 2009

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Risks and Uncertainties

Glasforms Stock comprises approximately 82% and 87% of net assets available for benefits at September 30, 2010 and 2009, respectively, and the stock price is directly affected by the financial position and operating results of the Company. Due to the high concentration of Plan assets invested in Glasforms Stock, changes in value directly affect participant account values and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

E. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 3).

Purchases and sales of investments in securities other than Glasforms Stock are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends income is recorded on the ex-dividend date. Mutual fund capital gains distributions are included in dividend income. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

F. Subsequent Events

Management has evaluated subsequent events through July 6, 2011, the date on which the financial statements were available to be issued. There are no subsequent events which require recognition or additional disclosure in the financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS

Accounting guidance establishes a hierarchy which prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Under the fair value hierarchy Level 1 inputs are based on quoted prices in an active market. Level 2 inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Level 3 inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

Investments in Glasforms Stock include 49,293 shares of Glasforms, Inc Class A voting shares at September 30, 2010 and 2009 and 96,650 Class B nonvoting shares at September 30, 2010 and 2009, reported at estimated fair value based on an independent appraisal as described in Note 6. The Plan holds approximately 7% of the outstanding Class A voting and 94% of the Class B nonvoting shares.

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. Common stocks are valued at the closing price reported on the active market on which the securities are traded. The following tables summarize the Plan's investments at September 30 based on the inputs used to value them:

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2010 AND 2009

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

September 30, 2010				
	Level 1	Level 2	Level 3	Total
Mutual Fund:				
Money Market	\$ 60,453	\$ -	\$ -	\$ 60,453
Specialty	1,650	-	-	1,650
Publicly Traded Stocks:				
International	36,698	-	-	36,698
U.S.	367	-	-	367
Glasforms Stock	-	-	1,837,423	1,837,423
	<u>\$ 99,168</u>	<u>\$ -</u>	<u>\$ 1,837,423</u>	<u>\$ 1,936,591</u>

September 30, 2009				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Money Market	\$ 8,001	\$ -	\$ -	\$ 8,001
International	9,375	-	-	9,375
Other	8,610	-	-	8,610
Publicly Traded Stocks:				
International	32,101	-	-	32,101
U.S.	684	-	-	684
Glasforms Stock	-	-	1,767,370	1,767,370
	<u>\$ 58,771</u>	<u>\$ -</u>	<u>\$ 1,767,370</u>	<u>\$ 1,826,141</u>

The following table reconciles the beginning and ending fair value of the Plan's Level 3 securities:

	Glasforms Stock
Balance, Beginning of Year	\$ 1,767,370
Unrealized Appreciation	<u>70,053</u>
Balance, December 31, 2010	<u>\$ 1,837,423</u>

NOTE 4 - INCOME TAX STATUS

The Plan has been amended since receiving its latest favorable determination letter dated October 15, 2001 from the Internal Revenue Service stating that the form of the Plan meets qualification under the Code. The Company believes that the Plan is operated in accordance with, and continues to qualify under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from Federal income and state franchise taxes.

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. The Plan administrator believes that the Plan has taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. Information returns for years for which the applicable statutes of limitations have not expired are subject to examination by authorities.

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2010 AND 2009

NOTE 5 - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at Plan year end:

<u>Number of Shares</u>	<u>Investment</u>	<u>Estimated Fair Value</u>
<u>September 30, 2010:</u>		
49,293	Glasforms, Inc. Class A Common Stock	\$ 620,600
96,650	Glasforms, Inc. Class B Common Stock	1,216,823
<u>September 30, 2009:</u>		
49,293	Glasforms, Inc. Class A Common Stock	\$ 596,938
96,650	Glasforms, Inc. Class B Common Stock	1,170,432

During the year ended September 30, 2010, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciated) in value as follows:

Investments at Fair Value as Determined by	
Quoted Market Prices:	
Common Stocks	\$ (2,232)
Mutual Funds	4,286
Investments at Estimated Fair Value as	
Determined by Independent Appraisal:	
Glasforms, Inc. Stock	<u>70,053</u>
	<u>\$ 72,107</u>

NOTE 6 - VALUATION OF GLASFORMS, INC. COMMON STOCK

Investments in Glasforms Stock are recorded at estimated fair market value, as determined by the independent appraisal of John D. Shilling, CPA, Inc. at September 30, 2010 and 2009:

<u>Valuation Date</u>	<u>September 30, 2010</u>	<u>September 30, 2009</u>
Number of Shares Outstanding	825,000	830,100
Number of Shares Held by Plan	145,943	145,943
Estimated Value per Share	\$12.59	\$12.11
Estimated Value of Shares Held by Plan	\$1,837,423	\$1,767,370
Valuation Report Date	January 27, 2011	February 13, 2010

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2010 AND 2009

NOTE 6 - VALUATION OF GLASFORMS, INC. COMMON STOCK (Continued)

<u>Valuation Methods Used</u>	<u>September 30, 2010</u>	<u>September 30, 2009</u>
<u>Asset Based Approach -</u> Adjusted Book Value	\$10,112,000	\$9,866,000
<u>Income Based Approach -</u> Discounted Future Cash Flow	\$7,920,000	\$11,110,000
<u>Hybrid of Asset and Income Based Approach:</u> Adjusted Book Value with Capitalized Excess Earnings Method	\$10,554,000	\$10,782,000
Minority Interest Discount	20%	20%
Lack of Marketability Discount	25%	25%

Varying amounts of reliance were placed on different valuation methods. Adjusted book value was accorded the highest weighting. Income and/or cash generating ability was an important factor. Comparable sales were not highly weighted due to a limited number of sales transactions of similar businesses. The market ratios method was not used as this method is useful primarily for valuing publicly traded companies' stock.

NOTE 7 - REPURCHASE LIABILITY

Under the put option (Note 1-H), the Company is ultimately required to repurchase the Glasforms, Inc. Stock of those participants who are eligible to diversify their accounts and of those participants and beneficiaries who request benefit distributions at termination, retirement, death or disability. This repurchase liability is affected by a number of factors, including the frequency of Company contributions to the Plan, the number of shares of Glasforms, Inc. stock contributed by the Company, changes in value of Glasforms, Inc. stock and other Plan investments, ages of the participants, and turnover rates. Whether participants are able to sell Glasforms stock allocated to their accounts at such time as they elect to do so will depend on the sufficiency, at that time, of Plan investments in assets other than Glasforms stock and may also depend on the financial condition of the Company.

SUPPLEMENTAL SCHEDULES

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-2498488; PLAN NO. 001

SEPTEMBER 30, 2010

<u>No. of Shares</u>	<u>Issuer</u>	<u>Cost</u>	<u>Fair Value</u>
<u>Money Market Fund</u>			
60,453	RBC Prime Money Market Fund	\$ 60,453	\$ 60,453
<u>Mutual Fund</u>			
1,000	Rait Financial Trust	30,342	1,650
<u>Common Stocks</u>			
300	BHP Billiton Ltd.	13,069	22,896
200	Diageo PLC	13,916	13,802
7,771	Particle Drilling Technologies	33,160	17
500	Vertex Energy, Inc.	17,128	350
<u>TOTAL - COMMON STOCKS</u>		<u>77,273</u>	<u>37,065</u>
<u>Employer Securities</u>			
49,293	* Glasforms, Inc. Class A Common Stock	153,587	620,600
96,650	* Glasforms, Inc. Class B Common Stock	337,276	1,216,823
<u>TOTAL - EMPLOYER SECURITIES</u>		<u>490,863</u>	<u>1,837,423</u>
<u>Participant Loans</u>			
	* 4%-9.25% Secured Loans	-	122,417
			<u>\$ 2,059,008</u>

* Party-in-interest

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST OF GLASFORMS, INC.

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 94-2498488; PLAN NO. 001

OCTOBER 1, 2009 TO SEPTEMBER 30, 2010

<u>Identity of Party Involved</u>	<u>Description of Assets (include interest rate and maturity in case of a loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Assets</u>	<u>Net Gain or (Loss)</u>
RBC Prime Money Market Fund	Money Market Fund	\$ 158,679	\$ -	\$ 158,679	\$ -
		-	106,454	106,454	-

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

For the plan year beginning	10/01/2009	and ending	09/30/2010
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Name of plan

RESTATED EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST OF GLASFORMS, INC.

Employer Identification Number

94-2498488

Three-digit plan number▶	001
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[illegible]

Schedule H, Line 4j
Schedule of Reportable Transactions

Employer
GLASFORMS, INC.

Employer identification number:
94-2498488

Plan Year **10/01/2009** to **09/30/2010**

Three-digit
plan number▶ **001**

[illegible]