

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 2010 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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 PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR HOURLY EMPLOYEES AT PORT ALLEGANY, PENNSYLVANIA	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">004</td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/26/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	004	1c Effective date of plan <u>08/26/1991</u>	
1b Three-digit plan number (PN) ▶	004				
1c Effective date of plan <u>08/26/1991</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) PITTSBURGH CORNING CORPORATION 800 PRESQUE ISLE DRIVE PITTSBURGH, PA 15239	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>25-0729265</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>724-327-6100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>327210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>25-0729265</u>	2c Sponsor's telephone number <u>724-327-6100</u>	2d Business code (see instructions) <u>327210</u>	
2b Employer Identification Number (EIN) <u>25-0729265</u>					
2c Sponsor's telephone number <u>724-327-6100</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	Filed with authorized/valid electronic signature.	09/09/2011	DONALD G. TANNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/05/2011	JOSEPH A. KIRBY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EMPLOYEE WELFARE ADMINISTRATIVE COMMITTEE 800 PRESQUE ISLE DRIVE PITTSBURGH, PA 15239	3b Administrator's EIN 25-1303844 3c Administrator's telephone number 724-327-6100
--	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	159
---	----------	-----

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	103
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits.....	6c	33
d Subtotal. Add lines 6a , 6b , and 6c	6d	138
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	138
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	136
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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)

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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR HOURLY EMPLOYEES AT PORT ALLEGANY, PENNSYLVANIA		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 PITTSBURGH CORNING CORPORATION		D Employer Identification Number (EIN) 25-0729265

Part I	Service Provider Information (see instructions)
---------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 37 52	NONE	1270	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan PITTSBURGH CORNING CORPORATION INVESTMENT PLAN FOR HOURLY EMPLOYEES AT PORT ALLEGANY, PENNSYLVANIA	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 PITTSBURGH CORNING CORPORATION	D Employer Identification Number (EIN) 25-0729265	

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

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)	228	0
(2) Participant contributions	1b(2)	379	0
(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)	339295	281303
(9) Value of interest in common/collective trusts	1c(9)	1010409	1091305
(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)	8030566	7879923
(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	9380877	9252531

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	9380877	9252531
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	19971	
(B) Participants	2a(1)(B)	171855	
(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)		191826
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)	14933	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14933
(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)	108714	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		108714
(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)		
(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)		29072
(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)		729086
c Other income.....	2c		606
d Total income. Add all income amounts in column (b) and enter total.....	2d		1074237

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1169382	
(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)		1169382
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		32306
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)	895	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		895
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1202583

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-128346
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE

(2) EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

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 2010 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

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

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

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

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

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

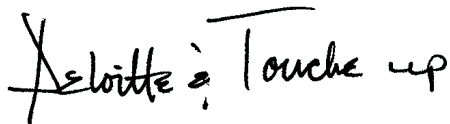
INDEPENDENT AUDITORS' REPORT

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

We were engaged to audit the financial statements and supplemental schedule of Pittsburgh Corning Corporation Investment Plan for Hourly Employees at Port Allegany, Pennsylvania (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, listed in the Table of Contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2010 and 2009, provided to the Plan administrator by the trustee is complete and accurate.

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

A handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is stylized, with the "D" and "T" being particularly large and prominent.

July 26, 2011

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

Financial Statements as of and for the
Years Ended December 31, 2010 and 2009,
Supplemental Schedule as of December 31, 2010, and
Independent Auditors' Report

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

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009	2
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2010 and 2009	3
Notes to Financial Statements as of and for the Years Ended December 31, 2010 and 2009	4–12
SUPPLEMENTAL SCHEDULE —	13
Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2010	14
NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

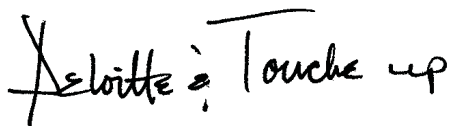
INDEPENDENT AUDITORS' REPORT

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

We were engaged to audit the financial statements and supplemental schedule of Pittsburgh Corning Corporation Investment Plan for Hourly Employees at Port Allegany, Pennsylvania (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, listed in the Table of Contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2010 and 2009, provided to the Plan administrator by the trustee is complete and accurate.

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



July 26, 2011

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2010 AND 2009**

	2010	2009
ASSETS:		
Investments — at fair value (Notes 3, 4, and 5):		
Vanguard Mutual Trust Funds	\$ 7,879,923	\$ 8,030,566
Vanguard Retirement Savings Trust	<u>1,135,845</u>	<u>1,032,711</u>
Total investments at fair value	<u>9,015,768</u>	<u>9,063,277</u>
Receivables:		
Notes receivable from participants	404,233	484,579
Employer contributions		228
Employee contributions		<u>379</u>
Total receivables	<u>404,233</u>	<u>485,186</u>
TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	9,420,001	9,548,463
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS	<u>(44,540)</u>	<u>(22,302)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$9,375,461</u>	<u>\$9,526,161</u>

See notes to financial statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009**

	2010	2009
ADDITIONS:		
Contributions:		
Participant	\$ 171,855	\$ 181,319
Employer	<u>19,971</u>	<u>6,020</u>
Total contributions	<u>191,826</u>	<u>187,339</u>
Investment income:		
Net appreciation in fair value of investments	729,086	1,341,374
Interest and dividend income	<u>152,719</u>	<u>170,188</u>
Total investment income	<u>881,805</u>	<u>1,511,562</u>
Total additions	<u>1,073,631</u>	<u>1,698,901</u>
DEDUCTIONS:		
Distributions to participants	1,224,042	650,669
Administrative expenses	<u>895</u>	<u>1,005</u>
Total deductions	<u>1,224,937</u>	<u>651,674</u>
ASSET TRANSFERS FROM RETIREMENT PLAN FOR HOURLY EMPLOYEES OF PITTSBURGH CORNING CORPORATION	<u>606</u>	<u> </u>
(DECREASE) INCREASE IN NET ASSETS	(150,700)	1,047,227
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>9,526,161</u>	<u>8,478,934</u>
End of year	<u>\$9,375,461</u>	<u>\$9,526,161</u>

See notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

1. DESCRIPTION OF PLAN

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

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

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

Contributions — Contributions under the Plan are made by both the participants and the Corporation. Eligible employees may elect to make after-tax contributions and tax-deferred contributions ranging from 1% to 25% of their eligible compensation for the Plan years ended December 31, 2010 and 2009, respectively, as defined by the Plan, subject to Internal Revenue Code (IRC) limitations. The IRC limitations for the years 2010 and 2009 are \$16,500 for regular contributions and \$5,500 for catch-up contributions. The Corporation makes contributions to the Plan for each pay period, which is determined by multiplying each participant’s contribution, up to a maximum of 5% of his or her eligible compensation, by 50%. For each participant who contributes deferred compensation of 1% or more of his or her eligible compensation to the Plan for any pay period, the Corporation shall also make a bonus contribution equal to 0.5% of such participant’s eligible compensation for such pay period.

As of January 1, 2008, the Corporation enhanced the Plan in conjunction with the termination of the Retirement Plan for Hourly Employees of Pittsburgh Corning Corporation by instituting a 3% safe harbor contribution on behalf of all active union employees. During 2010 and 2009, the Corporation transferred \$606 and \$0, respectively, in assets from the terminated Retirement Plan for Hourly Employees of Pittsburgh Corning Corporation to the Plan.

Total employer contributions credited in 2010 and 2009 were \$181,928 and \$193,569, respectively, including \$161,957 and \$187,549, respectively, of the funds transferred into the Plan from the Retirement Plan for Hourly Employees of Pittsburgh Corning Corporation.

Investments — At the option of each participant, employee savings are invested in any of the Vanguard Group Mutual Funds or the Vanguard Retirement Savings Trust. At December 31, 2010, the investment options were the Vanguard 500 Index Fund, the Vanguard International Growth Fund, the Vanguard Mid-Cap Index Fund, the Vanguard Primecap Fund, the Vanguard Prime Money Market Fund, the Vanguard Small-Cap Index Fund, the Vanguard Target Retirement (2005-2055) Funds, the Vanguard Total Bond Market Index Fund, the Vanguard Windsor Fund, the Vanguard Windsor II Fund, and the Vanguard Retirement Savings Trust. During 2010, the Vanguard LifeStrategy Funds were discontinued as an investment option.

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

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

Vesting — All contributions vest immediately.

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Valuation of Investments — Investments in securities traded on securities exchanges are valued at the latest quoted sales price for such securities. Securities traded in the over-the-counter market and listed securities, for which no sale was reported on that day, are valued at bid quotations. The Plan's investment in the RST, which is a common collective trust, is considered fully benefit-responsive and is presented at fair value in the statements of net assets available for benefits, as well as an additional line item showing an adjustment of fully benefit-responsive contracts from fair value to contract value. The fair value is calculated by discounting the recorded cash flows of the underlying investments based upon current yields of similar investments with comparable durations. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The statements of changes in net assets available for benefits are presented on a contract value basis for the fully benefit-responsive investment contracts, which is equal to the principal balance, plus accrued interest.

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

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

Subsequent Events — For the year ended December 31, 2010, subsequent events were evaluated through July 26, 2011, the date the financial statements were available to be issued.

New Accounting Standards

ASU No. 2010-06, *Fair Value Measurements and Disclosures* — In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures*, which amends Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan prospectively adopted the new guidance in 2010, except for the Level 3 reconciliation disclosures, which are required in 2011. The adoption in 2010 did not materially affect, and the future adoption is not expected to materially affect, the Plan's financial statements.

ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* — In September 2010, the FASB issued ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. The ASU requires that participant loans be classified as notes receivable rather than a plan investment and measured at unpaid principal balance plus accrued but unpaid interest rather than fair value. The Plan retrospectively adopted the new accounting in 2010. The adoption did not have a material effect on the Plan's financial statements.

3. INVESTMENTS

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2010 and 2009, are as follows:

Description of Investment	Fair Value	
	2010	2009
Vanguard 500 Index Fund	\$ 1,131,649	\$ 1,074,777
Vanguard International Growth Fund	595,044	523,919
Vanguard Primecap Fund	1,111,875	1,127,478
Vanguard Prime Money Market Fund	1,600,425	1,971,818
Vanguard Small-Cap Index Fund	474,527	* 410,460
Vanguard Windsor Fund	1,789,320	1,847,291
Vanguard Retirement Savings Trust	1,135,845	1,032,711

* Exceeds 5% or more of Plan assets in 2010 only

4. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, establishes a single authoritative definition of fair value, sets a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. A summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2010 and 2009, set forth by level within the fair value hierarchy, is as follows:

Investment Type	Fair Value Measurements at December 31, 2010, Using			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Vanguard Mutual Trust Funds:				
Vanguard 500 Index Fund	\$ 1,131,649	\$ -	\$ -	\$ 1,131,649
Vanguard International Growth Fund	595,044			595,044
Vanguard Mid-Cap Index Fund	109,944			109,944
Vanguard Primecap Fund	1,111,875			1,111,875
Vanguard Prime Money Market Fund	1,600,425			1,600,425
Vanguard Small-Cap Index Fund	474,527			474,527
Vanguard Target Retirement 2010 Fund	4,479			4,479
Vanguard Target Retirement 2015 Fund	60,931			60,931
Vanguard Target Retirement 2020 Fund	133,307			133,307
Vanguard Target Retirement 2025 Fund	109,862			109,862
Vanguard Target Retirement 2030 Fund	98,259			98,259
Vanguard Target Retirement 2035 Fund	21,469			21,469
Vanguard Target Retirement 2040 Fund	21,451			21,451
Vanguard Total Bond Market Index Fund	405,370			405,370
Vanguard Windsor Fund	1,789,320			1,789,320
Vanguard Windsor II Fund	212,011			212,011
Total Vanguard Mutual Trust Funds	7,879,923	-	-	7,879,923
Vanguard Retirement Savings Trust		1,135,845		1,135,845
Total investments — at fair value	<u>\$ 7,879,923</u>	<u>\$ 1,135,845</u>	<u>\$ -</u>	<u>\$ 9,015,768</u>

Investment Type	Fair Value Measurements at December 31, 2009, Using			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Vanguard Mutual Trust Funds:				
Vanguard 500 Index Fund	\$ 1,074,777	\$ -	\$ -	\$ 1,074,777
Vanguard International Growth Fund	523,919			523,919
Vanguard LifeStrategy Conservative Growth Fund	19,654			19,654
Vanguard LifeStrategy Growth Fund	78,066			78,066
Vanguard LifeStrategy Income Fund	14,054			14,054
Vanguard LifeStrategy Moderate Growth Fund	230,360			230,360
Vanguard Mid-Cap Index Fund	80,074			80,074
Vanguard Primecap Fund	1,127,478			1,127,478
Vanguard Prime Money Market Fund	1,971,818			1,971,818
Vanguard Small-Cap Index Fund	410,460			410,460
Vanguard Total Bond Market Index Fund	464,389			464,389
Vanguard Windsor Fund	1,847,291			1,847,291
Vanguard Windsor II Fund	188,226			188,226
Total Vanguard Mutual Trust Funds	8,030,566	-	-	8,030,566
Vanguard Retirement Savings Trust	127,684	904,717	310	1,032,711
Total investments — at fair value	\$ 8,158,250	\$ 904,717	\$ 310	\$ 9,063,277

5. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan as of and for the years ended December 31, 2010 and 2009, included in the Plan's financial statements and supplemental schedule, that was prepared by, or derived from, information prepared by Vanguard, the trustee of the Plan, for the years ended December 31, 2010 and 2009, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	2010	2009
Statements of net assets:		
Investments at fair value as determined by quoted market price — Vanguard Mutual Trust Funds	\$ 7,879,923	\$ 8,030,566
Investments at contract value — Vanguard Retirement Savings Trust invested primarily in investment contracts	1,091,305	1,010,409
Notes receivable from participants	404,233	484,579
Statements of changes in net assets:		
Net appreciation in fair value of investments	\$ 729,086	\$ 1,341,374
Interest and dividend income	152,719	170,188

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

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

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

7. PLAN TERMINATION

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

8. FEDERAL INCOME TAX STATUS

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

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2007.

9. INFORMATION CONCERNING PLAN SPONSOR

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

10. VOLUNTARY COMPLIANCE MATTER

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

Prior to January 2001, the Plan's loan program was administered in house and participants electing a primary residence loan were required to provide adequate documentation indicating that the proceeds from the loan were to be used for the purchase of a primary residence. Beginning in 2001, Vanguard became the Plan's record keeper and trustee and was assigned the responsibility for administering the Plan's loan program. As part of Vanguard's administration, it offered Plan participants the option of

selecting an “Express Loan,” whereby participants could elect a general-purpose loan or a primary residence loan via Vanguard’s participant website and without prior approval. Vanguard’s “Express Loan” procedures did not require participants to provide primary residence loan documentation, but participants were informed of the restrictions relating to primary residence loans through the on-line loan application process, the loan policy, a legend on the loan check, and the confirmation of loan transaction.

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

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of the investment in Vanguard Retirement Savings Trust per the financial statements to the Form 5500 as of December 31, 2010 and 2009, is as follows:

	2010	2009
Investment in Vanguard Retirement Savings Trust per the financial statements	\$ 1,135,845	\$ 1,032,711
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(44,540)</u>	<u>(22,302)</u>
Investments in Vanguard Retirement Savings Trust per the Form 5500	<u>\$ 1,091,305</u>	<u>\$ 1,010,409</u>

A reconciliation of notes receivable from participants per the financial statements to the Form 5500 as of December 31, 2010 and 2009, is as follows:

	2010	2009
Notes receivable from participants per the financial statements	\$ 404,233	\$ 484,579
Less deemed distributions	<u>(122,930)</u>	<u>(145,284)</u>
Loans to participants per the Form 5500	<u>\$ 281,303</u>	<u>\$ 339,295</u>

A reconciliation of distributions to participants per the financial statements to the Form 5500 for the year ended December 31, 2010, is as follows:

Distributions to participants per the financial statements	\$ 1,224,042
Less deemed distributions from participants withdrawing from Plan in 2010	<u>54,660</u>
Distributions to participants per the Form 5500	<u>\$ 1,169,382</u>

A reconciliation of total net loss per the financial statements to the Form 5500 for the year ended December 31, 2010, is as follows:

Total decrease in net assets per the financial statements	\$ (150,700)
Plus deemed distributions from participants withdrawing from Plan in 2010	54,660
Adjustment for deemed distributions in the current year	<u>(32,306)</u>
Total decrease in net assets per the Form 5500	<u>\$ (128,346)</u>

* * * * *

SUPPLEMENTAL SCHEDULE

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010**

Identity of Issue	Investment Type	Current Value
* Vanguard 500 Index Fund	Registered Investment Company	\$ 1,131,649
* Vanguard International Growth Fund	Registered Investment Company	595,044
* Vanguard Mid-Cap Index Fund	Registered Investment Company	109,944
* Vanguard Prime Money Market Fund	Registered Investment Company	1,111,875
* Vanguard Primecap Fund	Registered Investment Company	1,600,425
* Vanguard Small-Cap Index Fund	Registered Investment Company	474,527
* Vanguard Target Retirement 2010 Fund	Registered Investment Company	4,479
* Vanguard Target Retirement 2015 Fund	Registered Investment Company	60,931
* Vanguard Target Retirement 2020 Fund	Registered Investment Company	133,307
* Vanguard Target Retirement 2025 Fund	Registered Investment Company	109,862
* Vanguard Target Retirement 2030 Fund	Registered Investment Company	98,259
* Vanguard Target Retirement 2035 Fund	Registered Investment Company	21,469
* Vanguard Target Retirement 2040 Fund	Registered Investment Company	21,451
* Vanguard Total Bond Market Index Fund	Registered Investment Company	405,370
* Vanguard Windsor Fund	Registered Investment Company	1,789,320
* Vanguard Windsor II Fund	Registered Investment Company	212,011
		<u>7,879,923</u>
* Vanguard Retirement Savings Trust	Collective trust invested primarily in investment contracts — variable	1,091,305
* Loans to participants	Prime rate for residential loans; prime rate plus 1% for nonresidential loans with terms from 1 to 25 years (4%–10.5%)	<u>404,233</u>
TOTAL INVESTMENTS		<u>\$9,375,461</u>

* Party in interest

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

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010**

Identity of Issue	Investment Type	Current Value
* Vanguard 500 Index Fund	Registered Investment Company	\$ 1,131,649
* Vanguard International Growth Fund	Registered Investment Company	595,044
* Vanguard Mid-Cap Index Fund	Registered Investment Company	109,944
* Vanguard Prime Money Market Fund	Registered Investment Company	1,111,875
* Vanguard Primecap Fund	Registered Investment Company	1,600,425
* Vanguard Small-Cap Index Fund	Registered Investment Company	474,527
* Vanguard Target Retirement 2010 Fund	Registered Investment Company	4,479
* Vanguard Target Retirement 2015 Fund	Registered Investment Company	60,931
* Vanguard Target Retirement 2020 Fund	Registered Investment Company	133,307
* Vanguard Target Retirement 2025 Fund	Registered Investment Company	109,862
* Vanguard Target Retirement 2030 Fund	Registered Investment Company	98,259
* Vanguard Target Retirement 2035 Fund	Registered Investment Company	21,469
* Vanguard Target Retirement 2040 Fund	Registered Investment Company	21,451
* Vanguard Total Bond Market Index Fund	Registered Investment Company	405,370
* Vanguard Windsor Fund	Registered Investment Company	1,789,320
* Vanguard Windsor II Fund	Registered Investment Company	212,011
		<u>7,879,923</u>
* Vanguard Retirement Savings Trust	Collective trust invested primarily in investment contracts — variable	1,091,305
* Loans to participants	Prime rate for residential loans; prime rate plus 1% for nonresidential loans with terms from 1 to 25 years (4%–10.5%)	<u>404,233</u>
TOTAL INVESTMENTS		<u>\$9,375,461</u>

* Party in interest

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