Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EAST BALT., INC. EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1981

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
EAST BALT., INC.

1801 WEST 31ST PLACE
CHICAGO, IL 60608

2b Employer Identification Number (EIN)
36-3155088

2c Sponsor's telephone number
773-376-4444

2d Business code (see instructions)
311800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	SUSAN PAVISH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

EAST BALT., INC.

1801 WEST 31ST PLACE
CHICAGO, IL 60608

3b Administrator's EIN
36-3155088

3c Administrator's telephone number
773-376-4444

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**	189
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**	106
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	137
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	137
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1G 3H

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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
EAST BALT., INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EAST BALT., INC.

D Employer Identification Number (EIN)
36-3155088

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		19029828
b	Actuarial value	**2b**		20932810
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	26	761706
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		426076
	(2) Vested benefits	**3c(2)**		19244442
	(3) Total active	**3c(3)**	163	19670518
d	Total	**3d**	189	20432224
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.12 %
6	Target normal cost	**6**		1774656

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/08/2010
Date

JOSEPH W. GEBHARDT, EA
Type or print name of actuary

08-04399
Most recent enrollment number

BLAZEK & GEBHARDT RET. SVCS., INC.
Firm name

410-561-3600
Telephone number (including area code)

20 E. TIMONIUM RD.
SUITE 201
TIMONIUM, MD 21093
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2741835	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	2741835	0
10	Interest on item 9 using prior year's actual return of -22.09 %	-605671	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		504987
b	Interest on (a) using prior year's effective rate of 6.18 %		31208
c	Total available at beginning of current plan year to add to prefunding balance		536195
d	Portion of (c) to be added to prefunding balance		536195
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	2136164	536195

Part III Funding percentages

14	Funding target attainment percentage	14	89.37 %
15	Adjusted funding target attainment percentage	15	102.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/27/2009	200000	0	07/29/2009	390775	0
02/25/2009	260000	0	08/19/2009	40000	0
03/25/2009	260000	0	09/29/2009	325000	0
04/29/2009	331311	0	10/27/2009	287272	0
05/27/2009	260000	0	11/24/2009	294250	0
06/26/2009	233000	0	08/31/2010	3410000	0
			Totals ► 18(b)	6291608	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5886157

20 Quarterly contributions and liquidity shortfalls:

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

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

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	[ ] Yes	[X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	1774656

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	1774656

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	1774656
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	5886157
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	4111501
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	

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

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

A Name of plan
EAST BALT., INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST BALT., INC.

D Employer Identification Number (EIN)
36-3155088

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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 ☐

(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

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(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: CHARLES MCKENZIE	**b** EIN: 36-3132823	
c Position: ENROLLED ACTUARY		
d Address: HOWARD SIMON AND ASSOCIATES, INC. 304 SAUNDERS ROAD RIVERWOODS, IL 60015-3858	**e** Telephone: 847-945-0340	

Explanation: EAST BALT., INC., DECIDED TO CHANGE ACTUARIAL/ADMINISTRATIVE SERVICE PROVIDERS DUE TO PLAN DESIGN ALTERNATIVES OFFERED BY, AND A DESIRE TO WORK WITH, THE SUCCESSOR FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
EAST BALT., INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST BALT., INC.

D Employer Identification Number (EIN)
36-3155088

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2000000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	909439	866259
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18120389	17570987
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	19029828	20437246
Liabilities			
g Benefit claims payable	1g	0	20072
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	20072
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	19029828	20417174

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)	6291608	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6291608
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	4997	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4997
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	696201	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		696201
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
	(B) Other	2b(5)(B)	2789397	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2789397
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		9782203
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8388540	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8388540
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	25	
	(4) Other	2i(4)	6292	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6317
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8394857
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1387346
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BLACKMAN KALLICK BARTELSTEIN, LLP **(2)** EIN: 36-3468829

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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
EAST BALT., INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST BALT., INC.

D Employer Identification Number (EIN)
36-3155088

Part I Distributions

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

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

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

EIN(s): 36-3889187

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** 56

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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**

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):

---

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):

East Balt., Inc.
Employees' Pension Plan

Financial Statements for the
Years Ended December 31, 2009 and 2008

Blackman Kallick, LLP
10 South Riverside Plaza
9th Floor
Chicago, IL 60606

East Balt., Inc. Employees' Pension Plan

Years Ended December 31, 2009 and 2008

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Blackman Kallick

Blackman Kallick, LLP
10 South Riverside Plaza, 9th Floor
Chicago, IL 60606

Phone 312-207-1040

Independent Auditor's Report

Board of Trustees
East Balt., Inc.
Employees' Pension Plan
Chicago, Illinois

We were engaged to audit the financial statements of **East Balt., Inc. Employees' Pension Plan** as of December 31, 2009 and 2008, and for the years then ended, and supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedules 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 4, which was certified by Schwab Institutional, the custodian of the plan as of December 31, 2009 and 2008, and for the years then ended, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008, and for the years then ended, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

Blackman Kallick, LLP

October 8, 2010

East Balt., Inc. Employees' Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair value	$ 17,570,987	$ 18,120,389
Contributions receivable	2,000,000	-
Cash and cash equivalents - Money market fund	866,259	909,439
Total Assets	20,437,246	19,029,828
Liabilities - Tax withholding payable	20,072	-
Net Assets Available for Benefits (Exhibit B)	**$ 20,417,174**	**$ 19,029,828**

The accompanying notes are an integral part of the financial statements.

East Balt., Inc. Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2009 and 2008

	2009	2008
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	$ 2,789,397	$ (6,546,100)
Interest and dividends	701,198	1,111,985
Total Investment Income (Loss)	3,490,595	(5,434,115)
Employer Contributions	6,291,608	2,588,483
Deductions from Net Assets Attributed to		
Benefits paid to participants	8,388,540	2,859,069
Other expenses	6,317	-
Total Deductions	8,394,857	2,859,069
Net Increase (Decrease)	1,387,346	(5,704,701)
Net Assets Available for Benefits		
Beginning of year	19,029,828	24,734,529
End of year (Exhibit A)	**$ 20,417,174**	**$ 19,029,828**

The accompanying notes are an integral part of the financial statements.

Note 1 - Description of Plan

The following description of East Balt., Inc. Employees' Pension Plan (the plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The plan is a defined benefit pension plan covering substantially all nonunion, full-time employees of East Balt., Inc. (the plan sponsor) who are at least 21 years of age and completed one year of service. The plan's eligibility provisions were amended in 2009. Based on the new provisions, no employees hired after September 15, 2009 will be eligible to enter the plan.

The plan provides for pension and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In 2009, the plan sponsor closed East Balt. Bakery of Florida, Inc. Benefit distributions were paid to those former employees who were eligible plan participants. Benefit payments to these individuals totaled approximately $6.5 million in 2009.

Pension Benefits

A participant is eligible for benefit payments at age 65. The plan permits early retirement at age 62. Married participants will receive their pension benefit in the form of a joint and survivor annuity, and single participants will receive their pension benefit in the form of a life annuity unless another form of payment is elected by the participant. Monthly benefit payments are determined by the application of a benefit ratio to a participant's average monthly salary for the five consecutive calendar years yielding the highest average.

Death and Disability Benefits

When an active employee dies, his or her spouse, if the proper elections were made, will receive a joint and survivor monthly annuity of a specific percentage of the deceased employee's monthly benefits. A surviving spouse will begin to receive annuity payments at the time the deceased employee would have reached the early retirement age of 62. Active employees, who become disabled, as defined by the plan, receive the full value of their accrued benefit as soon as practical in the plan year in which the disability was determined.

Note 1 - Description of Plan (Continued)

Vesting

A participant's accrued benefit is valued annually, and the participant is vested according to the following schedule:

Years of Service	Vested %
1	0
2	0
3	20
4	40
5	60
6	80
7	100

Administration of the Plan

A majority of the plan's investment and administrative expenses are paid by East Balt., Inc., the plan's sponsor.

Subsequent Events

The plan administrator has evaluated subsequent events through October 8, 2010, the date the financial statements were available to be issued.

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting.

Management of the Trust Fund

All of the plan's assets are held in investments managed by DiMeo Schneider & Associates, L.L.C. The custodian of the plan is Schwab Institutional. All information relating to the value of the plan's assets and related investment income and expenses, was obtained from reports submitted by the custodian. These reports were certified by the custodian as being complete and accurate.

Note 2 - Summary of Significant Accounting Policies (Continued)

Investments

All plan investments are carried at fair value. See Note 3 for more information regarding fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payments of Benefits

Benefits are recorded when paid.

Management Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAPUSA) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Note 3 - Fair Value Measurements

GAAPUSA defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the principal market or, in the absence of a principal market, the most advantageous market accessible to the reporting entity as of the measurement date. Under GAAPUSA, the principal market is the market in which the reporting entity would sell the asset or transfer the liability with the greatest volume and level of activity. The most advantageous market, which may be a hypothetical market, is the market in which the reporting entity would sell the asset or transfer the liability with the price that maximizes the amount that would be received for the asset or minimizes the amount that would be paid to transfer the liability, considering transaction costs in the respective market.

GAAPUSA describes three approaches to measuring fair value: the market approach, the income approach and the cost approach. Each approach includes multiple valuation techniques. GAAPUSA does not prescribe which valuation technique should be used when measuring fair value, but does establish a fair value hierarchy that prioritizes the inputs used in applying the various techniques based on the degree to which such inputs are observable to market participants. Inputs broadly refer to the assumptions that market participants use to make pricing decisions, including assumptions about risk.

Note 3 - Fair Value Measurements (Continued)

The plan's investments are classified in one of the following three categories based upon the inputs used to determine their respective fair values.

- Level 1 - Quoted prices (unadjusted) for identical assets or liabilities in active markets as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.

- Level 2 - Observable market-based inputs or unobservable inputs that are corroborated by market data. These inputs may include quoted prices for similar assets or liabilities in active markets as well as quoted prices for identical or similar assets or liabilities in active markets.

- Level 3 - Unobservable inputs that cannot be corroborated by market data. These inputs reflect management's best estimate of fair value using its own assumptions about the assumptions a market participant would use in pricing the asset or liability.

When the inputs used to value an investment fall into more than one level, the investment is classified in its entirety based on the lowest level input that is significant to that investment's fair value measurement. Management's assessment of the significance of a particular input to the fair value measurement requires judgment and is dependent on factors specific to the investment. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

As of December 31, 2009 and 2008, the following valuation methodologies have been used to value the plan's investments:

- Registered investment companies (mutual funds) - Valued at the reported NAV of the shares held by the plan at year-end.

- Cash and cash equivalents - Money market fund - Valued at an NAV of $1 as reported by the fund manager.

Note 3 - Fair Value Measurements (Continued)

The following table summarizes by level within the fair value hierarchy the plan's investments accounted for at fair value on a recurring basis as of December 31, 2009 and 2008:

	2009			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies				
Large Cap Funds	$ 2,453,121	$ -	$ -	$ 2,453,121
Small Cap Funds	1,619,057	-	-	1,619,057
International Funds	3,298,952	-	-	3,298,952
Real Estate Fund	580,326	-	-	580,326
Commodity Fund	918,912	-	-	918,912
Bond Funds	8,700,619	-	-	8,700,619
Cash and Cash Equivalents -				
Money Market Fund	866,259	-	-	866,259
	$ 18,437,246	**$ -**	**$ -**	**$ 18,437,246**

	2008			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies				
Large Cap Funds	$ 2,987,602	$ -	$ -	$ 2,987,602
Small Cap Funds	1,556,091	-	-	1,556,091
International Funds	2,373,265	-	-	2,373,265
Real Estate Fund	458,508	-	-	458,508
Bond Funds	10,744,923	-	-	10,744,923
Cash and Cash Equivalents -				
Money Market Fund	909,439	-	-	909,439
	$ 19,029,828	**$ -**	**$ -**	**$ 19,029,828**

Note 3 - Fair Value Measurements (Continued)

The plan's investments are exposed to risks such as interest rate, credit and overall market volatility. Due to these risk factors, it is reasonably possible that changes in the value of investments will occur in the near term and could materially affect the amounts reported in the financial statements.

Note 4 - Investments

The plan's investments were held by Schwab Institutional as of December 31, 2009 and 2008. The following table presents the fair values of those investments. Investments that represent 5% or more of the plan's net assets as of December 31, 2009 or 2008 are identified separately.

	2009	2008
Artio International Equity Fund (62,559 and 59,666 units as of December 31, 2009 and 2008, respectively)	$ 1,724,754	$ 1,433,769
Dodge & Cox Income Fund (309,258 and 478,560 units as of December 31, 2009 and 2008, respectively)	4,007,982	5,642,219
Dodge & Cox Stock Fund (9,086 and 13,164 units as of December 31, 2009 and 2008, respectively)	873,501	979,009
Harbor Capital Appreciation Fund (26,690 and 45,528 units as of December 31, 2009 and 2008, respectively)	879,956	1,060,800
Lazard Emerging Markets Fund (67,426 and 61,606 units as of December 31, 2009 and 2008, respectively)	1,232,545	680,750
PIMCO Foreign Bond Fund (87,275 and 121,990 units as of December 31, 2009 and 2008, respectively)	872,746	1,107,671
PIMCO Real Return Bond Fund (271,224 and 330,262 units as of December 31, 2009 and 2008, respectively)	2,926,502	3,120,978
Vanguard 500 Index Admiral Fund (8,250 and 13,808 units as of December 31, 2009 and 2008, respectively)	699,664	947,793
Other	4,353,337	3,147,400
	$ 17,570,987	**$ 18,120,389**

For the years ended December 31, 2009 and 2008, the plan's mutual fund investments (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciated) in fair value by $2,789,397 and ($6,546,100), respectively.

Note 4 - Investments (Continued)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the plan's custodian has certified as to the completeness and accuracy of the plan's investments reflected in the statements of net assets available for benefits as of December 31, 2009 and 2008, and the related investment activity reflected in the statements of changes in net assets available for benefits for the years then ended, as well as the investment information included in the schedule of assets held at end of year as of December 31, 2009, and the schedule of reportable transactions for the year ended December 31, 2009, as indicated above and in total.

Note 5 - Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the plan's provisions, to services rendered by the employees to the valuation date.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the plan are based on a participant's average monthly salary for the five consecutive calendar years yielding the highest average.

Benefits payable under all eligible circumstances, retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Blazek & Gebhardt Retirement Services, Inc. and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2010 and 2009 were retirement at age 65 and a mortality assumption based on the 1994 Group Annuity Reserving Table. The 2010 and 2009 valuations include an assumed rate of return on investments of 7% and an annual increase in salary scale of 3% for both years.

Note 5 - Accumulated Plan Benefits (Continued)

The foregoing actuarial assumptions are based on the presumption that the plan will continue. Were the plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated plan benefit information for each plan year as of January 1, 2010 and 2009, respectively, is as follows:

	2010	2009
Actuarial present value of accumulated plan benefits		
Vested	$ 18,722,000	$ 20,647,866
Nonvested	291,215	486,641
	$ 19,013,215	**$ 21,134,507**
Actuarial present value of accumulated Plan benefits at beginning of year	$ 21,134,507	$ 20,304,774
(Decrease) Increase during the year attributed to		
Increase in interest due to the decrease in the discount rate	1,185,817	1,307,112
Benefits paid to participants	(8,388,540)	(2,859,069)
Benefits accumulated	5,081,431	2,381,690
Net (Decrease) Increase	(2,121,292)	829,733
Actuarial present value of accumulated Plan benefits at end of year	**$ 19,013,215**	**$ 21,134,507**

Note 6 - Funding Policy

The plan sponsor has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan members based on computations made by a consulting actuary. The plan sponsor has met the minimum funding requirements of ERISA in 2009 and 2008.

Note 7 - Plan Termination

Although the plan sponsor has not expressed any intention to do so, the sponsor has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions set forth in ERISA.

In the event the plan terminates, its net assets will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

(a) Benefits that became payable three or more years before the effective date of the plan termination or that could have become payable at the beginning of such three-year period. The amount is limited to the lowest benefit payable during those three years. The amount is further limited to the lowest benefit that would be payable under the plan provisions in effect at any time during the five years preceding plan termination.

(b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency, up to the applicable limitations as discussed below.

(c) All other vested benefits payable under the plan not covered by priorities (a) and (b) above in the following preference:

    1. To any participant who had retired under the normal retirement or early retirement provisions of the plan or who was eligible to retire under these provisions.

    2. To any participant entitled to a deferred vested pension as defined or who would have been eligible for a deferred vested pension.

(d) The remaining assets are to be allocated to provide the benefit accrued under the plan according to the respective actuarial value of each participant's accrued benefit.

Certain benefits under the plan are insured by the PBGC if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's benefits. However, the amount of benefit protection from the PBGC is subject to certain limitations. Vested benefits under the plan are guaranteed at the level in effect on the date of the plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For some annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Should the plan terminate at some future time, whether or not all participants receive their benefits will depend on the sufficiency, at that time, of the plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Note 8 - Income Tax Status

The plan obtained its latest determination letter on January 21, 2004, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

Note 9 - Party-in-Interest Transactions

Certain money market funds held by the plan are managed by Schwab Institutional. Schwab Institutional is the custodian of the plan and, therefore, transactions relating to these investments qualify as party-in-interest transactions.

East Balt., Inc. Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets Held at End of Year

December 31, 2009

E.I.N. 36-3155088 Plan Number 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost of Asset	(e) Current Value
		Cash and Cash Equivalents		
*	Schwab Institutional	Money Market Fund	$ 866,259	$ 866,259
		Registered Investment Companies		
	Artio	International Equity Fund	1,734,764	1,724,754
	Cohen & Steers	International Fund	584,349	341,653
	Credit Suisse	Commodity Fund	871,355	918,912
	Dodge & Cox	Income Fund	3,872,255	4,007,982
		Stock Fund	1,031,610	873,501
	Dreyfus	Premier Small Cap Fund	861,075	801,192
	First American	Real Estate Securities Fund	800,578	580,326
	Harbor	Capital Appreciation Fund	723,690	879,956
	Jennison	Small Company Fund	925,342	817,865
	Lazard	Emerging Markets Fund	1,496,068	1,232,545
	PIMCO	Foreign Bond Fund	876,337	872,746
		High Yield Bond Fund	944,337	893,389
		Real Return Bond Fund	2,904,790	2,926,502
	Vanguard	500 Index Admiral Fund	707,978	699,664
				$ 18,437,246

*Party-in-interest

See independent auditor's report regarding supplemental information.

East Balt., Inc. Employees' Pension Plan

Schedule H, line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2009

E.I.N. 36-3155088 Plan Number 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Schwab Institutional	**Money Market Funds**					
	Purchase	$ 5,770,000	$ -	$ 5,770,000	$ 5,770,000	$ -
	Purchase	1,050,000	-	1,050,000	1,050,000	-
	All Purchases	10,279,998	-	10,279,998	10,279,998	-
	Sale	-	936,285	936,285	936,285	-
	Sale	-	1,085,000	1,085,000	1,085,000	-
	Sale	-	1,481,150	1,481,150	1,481,150	-
	All Sales	-	10,003,632	10,003,632	10,003,632	-
Dodge and Cox	**Income Fund**					
	All Purchases	969,781	-	969,781	969,781	-
	Sale	-	2,810,000	3,021,778	2,810,000	(211,778)
	All Sales	-	2,897,662	3,107,514	2,897,662	(209,852)
PIMCO	**Real Return Fund**					
	All Purchases	1,100,966	-	1,100,966	1,100,966	-
	Sale	-	1,490,000	1,753,327	1,490,000	(263,327)
	All Sales	-	1,555,000	1,821,252	1,555,000	(266,252)

See independent auditor's report regarding supplemental information.

Schedule SB, line 26 -
Schedule of Active Participant Data

East Balt., Inc. Employees' Pension Plan

36-3155088/001

For the plan year 1/1/2009 through 12/31/2009

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29		7	4							
30 to 34		6	4				1			
35 to 39		4	1	4	2					
40 to 44		8	6	12	8					
45 to 49		4	6	3	7					
50 to 54		5	3	3	17					
55 to 59		4	1	3	10					
60 to 64		3	2		17					
65 to 69				1	1					
70 & up					1					

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods
East Balt., Inc. Employees' Pension Plan
36-3155088 / 001
For the plan year 1/1/2009 through 12/31/2009

Valuation Date: 1/1/2009

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Highest 5 consecutive years of service

Form of Payment - Assumed form of payment for funding is 20% Life Annuity and 80% lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding yield curve and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates - Yield curve for month preceding the Second Month Prior to Val Date as permitted under IRC 430(h)(2)(D)

Yield Curve Rate	Year	Rate %
Half Yr Rate	1/2	5.45
Five Yr Rate	5	8.18
Twenty Yr Rate	20	8.16

Pre-Retirement -

Mortality Table -	None
Turnover/Disability -	None
Salary Scale -	2.5%
Expense Load -	None
Ancillary Ben Load -	None

Post-Retirement -

Mortality Table -	09A - 2009 Funding Target - Annuitant - IRC 430(h)(3)(A)
Cost of Living -	None
Lump Sum -	G94 - 1994 Group Annuity Reserving Proj 2002 (unisex) at 7% or 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Average value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Plan Name: East Balt., Inc. Employees' Pension Plan
EIN / PN: 36-3155088 / 001
Schedule SB, line 19 - Discounted Employer Contributions

		Prior Year Amounts			Current Year Amounts				
Date	Contribution	Amount	Interest Rate	Adjusted Amount	Late Quarterly Amount	Interest Rate	Other	Interest Rate	Adjusted Amount
1/6/2009	50,000						50,000	8.12%	49,947
1/16/2009	50,000						50,000	8.12%	49,840
1/27/2009	100,000						100,000	8.12%	99,445
2/3/2009	65,000						65,000	8.12%	64,543
2/10/2009	65,000						65,000	8.12%	64,446
2/17/2009	65,000						65,000	8.12%	64,350
2/25/2009	65,000						65,000	8.12%	64,240
3/3/2009	65,000						65,000	8.12%	64,157
3/10/2009	65,000						65,000	8.12%	64,061
3/18/2009	65,000						65,000	8.12%	63,952
3/25/2009	65,000						65,000	8.12%	63,856
4/1/2009	65,000						65,000	8.12%	63,761
4/8/2009	65,000						65,000	8.12%	63,665
4/10/2009	6,312						6,312	8.12%	6,180
4/14/2009	65,000						65,000	8.12%	63,584
4/21/2009	65,000						65,000	8.12%	63,489
4/29/2009	65,000						65,000	8.12%	63,380
5/5/2009	65,000						65,000	8.12%	63,299
5/12/2009	65,000						65,000	8.12%	63,204
5/21/2009	65,000						65,000	8.12%	63,082
5/27/2009	65,000						65,000	8.12%	63,002
6/24/2009	65,000						65,000	8.12%	62,625
6/26/2009	168,000						168,000	8.12%	161,793
7/2/2009	65,000						65,000	8.12%	62,518
Total	1,609,312	-			-		1,609,312		1,576,419

Plan Name: East Balt., Inc. Employees' Pension Plan
EIN / PN: 36-3155088 / 001
Schedule SB, line 19 - Discounted Employer Contributions

		Prior Year Amounts			Current Year Amounts				
Date	Contribution	Amount	Interest Rate	Adjusted Amount	Late Quarterly Amount	Interest Rate	Other	Interest Rate	Adjusted Amount
7/7/2009	65,000						65,000	8.12%	62,451
7/15/2009	56,775						56,775	8.12%	54,456
7/20/2009	75,000						75,000	8.12%	71,859
7/29/2009	129,000						129,000	8.12%	123,360
8/19/2009	40,000						40,000	8.12%	38,080
9/2/2009	65,000						65,000	8.12%	61,695
9/10/2009	65,000						65,000	8.12%	61,589
9/17/2009	65,000						65,000	8.12%	61,497
9/24/2009	65,000						65,000	8.12%	61,405
9/29/2009	65,000						65,000	8.12%	61,339
10/9/2009	65,000						65,000	8.12%	61,208
10/13/2009	65,000						65,000	8.12%	61,156
10/20/2009	77,272						77,272	8.12%	72,593
10/22/2009	15,000						15,000	8.12%	14,086
10/27/2009	65,000						65,000	8.12%	60,973
11/4/2009	65,000						65,000	8.12%	60,869
11/12/2009	65,000						65,000	8.12%	60,765
11/17/2009	65,000						65,000	8.12%	60,700
11/24/2009	99,250						99,250	8.12%	92,545
12/2/2009	90,000						90,000	8.12%	83,777
12/11/2009	90,000						90,000	8.12%	83,616
12/16/2009	90,000						90,000	8.12%	83,526
12/23/2009	90,000						90,000	8.12%	83,401
12/29/2009	1,050,000						1,050,000	8.12%	971,767
Total	2,682,297	-			-		2,682,297		2,508,713

Plan Name: East Balt., Inc. Employees' Pension Plan
EIN / PN: 36-3155088 / 001
Schedule SB, line 19 - Discounted Employer Contributions

		Prior Year Amounts			Current Year Amounts				
Date	Contribution	Amount	Interest Rate	Adjusted Amount	Late Quarterly Amount	Interest Rate	Other	Interest Rate	Adjusted Amount
1/6/2010	110,072						110,072	8.12%	101,697
1/12/2010	90,000						90,000	8.12%	83,045
1/21/2010	50,000						50,000	8.12%	46,048
1/28/2010	50,000						50,000	8.12%	45,979
2/2/2010	50,000						50,000	8.12%	45,929
2/12/2010	50,000						50,000	8.12%	45,831
2/17/2010	50,000						50,000	8.12%	45,782
2/26/2010	50,000						50,000	8.12%	45,694
3/4/2010	53,600						53,600	8.12%	48,921
3/12/2010	90,000						90,000	8.12%	82,004
3/16/2010	21,336						21,336	8.12%	19,424
4/20/2010	90,000						90,000	8.12%	81,323
4/27/2010	90,000						90,000	8.12%	81,201
5/6/2010	90,000						90,000	8.12%	81,045
5/11/2010	90,000						90,000	8.12%	80,958
5/20/2010	90,000						90,000	8.12%	80,802
5/26/2010	153,158						153,158	8.12%	137,330
6/1/2010	90,000						90,000	8.12%	80,595
6/9/2010	90,000						90,000	8.12%	80,457
6/15/2010	6,336						6,336	8.12%	5,657
Total	1,454,501	-			-		1,454,502		1,319,722

Plan Name: East Balt., Inc. Employees' Pension Plan
EIN / PN: 36-3155088 / 001
Schedule SB, line 19 - Discounted Employer Contributions

		Prior Year Amounts			Current Year Amounts				
Date	Contribution	Amount	Interest Rate	Adjusted Amount	Late Quarterly Amount	Interest Rate	Other	Interest Rate	Adjusted Amount
7/20/2010	90,000						90,000	8.12%	79,755
7/29/2010	90,000						90,000	8.12%	79,602
8/3/2010	90,000						90,000	8.12%	79,517
8/17/2010	180,000						180,000	8.12%	158,558
8/31/2010	90,000						90,000	8.12%	79,042
8/31/2010	5,499						5,499	8.12%	4,829
Total	545,499	-			-		545,499		481,303

Schedule SB, line 25 – Change in Method
East Balt., Inc. Employees' Pension Plan
36-3155088 / 001
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

The interest assumption was changed from the non-transitional segment rates for the valuation month to the full yield curve for the third month prior to the valuation month.

The asset valuation method was changed from market value of assets to 24 month asset averaging, limited to 110% of market value of assets

East Balt., Inc. Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets Held at End of Year

December 31, 2009

E.I.N. 36-3155088 Plan Number 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost of Asset	(e) Current Value
		Cash and Cash Equivalents		
*	Schwab Institutional	Money Market Fund	$ 866,259	$ 866,259
		Registered Investment Companies		
	Artio	International Equity Fund	1,734,764	1,724,754
	Cohen & Steers	International Fund	584,349	341,653
	Credit Suisse	Commodity Fund	871,355	918,912
	Dodge & Cox	Income Fund	3,872,255	4,007,982
		Stock Fund	1,031,610	873,501
	Dreyfus	Premier Small Cap Fund	861,075	801,192
	First American	Real Estate Securities Fund	800,578	580,326
	Harbor	Capital Appreciation Fund	723,690	879,956
	Jennison	Small Company Fund	925,342	817,865
	Lazard	Emerging Markets Fund	1,496,068	1,232,545
	PIMCO	Foreign Bond Fund	876,337	872,746
		High Yield Bond Fund	944,337	893,389
		Real Return Bond Fund	2,904,790	2,926,502
	Vanguard	500 Index Admiral Fund	707,978	699,664
				$ 18,437,246

*Party-in-interest

See independent auditor's report regarding supplemental information.

East Balt., Inc. Employees' Pension Plan

Schedule H, line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2009

E.I.N. 36-3155088 Plan Number 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Schwab Institutional	**Money Market Funds**					
	Purchase	$ 5,770,000	$ -	$ 5,770,000	$ 5,770,000	$ -
	Purchase	1,050,000	-	1,050,000	1,050,000	-
	All Purchases	10,279,998	-	10,279,998	10,279,998	-
	Sale	-	936,285	936,285	936,285	-
	Sale	-	1,085,000	1,085,000	1,085,000	-
	Sale	-	1,481,150	1,481,150	1,481,150	-
	All Sales	-	10,003,632	10,003,632	10,003,632	-
Dodge and Cox	**Income Fund**					
	All Purchases	969,781	-	969,781	969,781	-
	Sale	-	2,810,000	3,021,778	2,810,000	(211,778)
	All Sales	-	2,897,662	3,107,514	2,897,662	(209,852)
PIMCO	**Real Return Fund**					
	All Purchases	1,100,966	-	1,100,966	1,100,966	-
	Sale	-	1,490,000	1,753,327	1,490,000	(263,327)
	All Sales	-	1,555,000	1,821,252	1,555,000	(266,252)

See independent auditor's report regarding supplemental information.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	2009 This Form is Open to Public Inspection

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

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	B Three-digit plan number (PN) ►
East Balt., Inc. Employees' Pension Plan	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ	**D** Employer Identification Number (EIN)
East Balt., Inc.	36-3155088

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B **F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:			
a Market value	2a		19,029,828
b Actuarial value	2b		20,932,810
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	26	761,706
c For active participants:			
(1) Non-vested benefits	3c(1)		426,076
(2) Vested benefits	3c(2)		19,244,442
(3) Total active	3c(3)	163	19,670,518
d Total	3d	189	20,432,224
4 If the plan is at-risk, check the box and complete lines a and b [ ]			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		8.12
6 Target normal cost	6		1,774,656

Statement by Enrolled Actuary

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

SIGN HERE	
JW Gebhardt	10-8-10
Signature of actuary	Date
Joseph W. Gebhardt, EA	08-04399
Type or print name of actuary	Most recent enrollment number
Blazek & Gebhardt Ret. Svcs., Inc.	(410) 561-3600
Firm name	Telephone number (including area code)
20 E. Timonium Rd. Suite 201 US Timonium MD 21093	
Address of the firm	

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

2009 Schedule SB Attachment
East Balt., Inc. Employees' Pension Plan

EIN 36-3155088 / PN 001
Plan Year Ending 12/31/09

Plan Valuation. The valuation of the plan was performed by Blazek & Gebhardt Retirement Services, Inc.

Employee and Asset Data. All employee, employer-sponsor, and Plan asset data used in the Plan valuation, including Employer contribution dates and amounts, have been furnished to Blazek & Gebhardt by the Plan Sponsor, Administrator, Trustee, and/or representatives of these parties. Blazek & Gebhardt and the enrolled actuary have relied upon the Plan Sponsor, Administrator, Trustee, and/or their representatives, for the accuracy of all data.

Part V : Summary of Plan Provisions. See attachment. Benefit options include life and qualified joint and survivor annuities, and lump sums. Changes in Plan Provisions since the prior valuation: None.

Part V: Statement of Actuarial Assumptions/Methods. See attachment. Additional assumptions include:
Expected benefit commencement age: Normal Retirement Age.
Expected form of benefit payment: Lump sum equivalent of the normal form of benefit

Line 22: Description of Weighted Average Retirement Age. See attachment.

Line 24: Change in non-prescribed Actuarial Assumptions. None.

Line 25: Change in Method. The Interest assumption was changed to the full yield curve for October 2008. The asset valuation method was changed to a 24 month average, limited to 110% of market value of assets. See attachment.

Line 32: Schedule of Amortization Bases. N/A.

Statement by Enrolled Actuary:
I have reviewed the actuarial valuation of the Plan and the accompanying statements. To the best of my knowledge, the information supplied in Schedule SB and on accompanying statements, schedules and attachments is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the Plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the Plan.

JWGebhardt

10-8-10
Date

Joseph W. Gebhardt, EA, ACOPA, MAAA, MSPA
Enrolled Actuary # 08-4399
Blazek & Gebhardt Retirement Services, Inc.
20 E. Timonium Road Suite 201
Timonium, MD 21093
(410) 561-3600

Schedule SB, Part V
Summary of Plan Provisions
East Balt., Inc. Employees' Pension Plan
36-3155088 / 001
For the plan year 1/1/2009 through 12/31/2009

Employer: East Balt., Inc.
Type of Entity - C-Corporation
EIN: 36-3155088 TIN: Plan #: 001

Dates: Effective - 5/1/1981 Year end - 12/31/2009 Valuation -1/1/2009

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:
Normal - Attainment of age 65
Early - Attainment of age 62

Average Compensation: Highest 5 consecutive years of service
Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Percent of average monthly compensation per year of service based upon participant classification.

Classification	Percent of AMC	Maximum Years of Service
	2.5	20
	0.5	35

Minimum Benefit - None
Maximum Benefit - None

Accrued Benefit - Unit credit based on service. Service prior to 1/1/1994 is excluded.

Minimum Benefit - None
Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000
Maximum 401(a)(17) compensation -$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Vesting Schedule:

Years	Percent
0-2	0%
3	20%
4	40%
5	60%
6	80%
7	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions
East Balt., Inc. Employees' Pension Plan
36-3155088 / 001
For the plan year 1/1/2009 through 12/31/2009

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	4.41
	Segment 2	6 - 20	4.57
	Segment 3	> 20	4.27

Mortality Table - 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	7%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002 (unisex)
Post-Retirement -	Interest -	7%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002 (unisex)

Schedule SB, line 22 -
Description of Weighted Average Retirement Age

East Balt., Inc. Employees' Pension Plan

36-3155088 / 001

For the plan year 1/1/2009 through 12/31/2009

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.