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 11/01/2009 and ending 10/31/2010

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
ITO, INC DBA KIKKA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1998

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

431 S ISIS AVENUE
INGLEWOOD, CA 90301

2b Employer Identification Number (EIN) 95-4051909

2c Sponsor's telephone number 310-410-4202

2d Business code (see instructions) 722300

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.	08/03/2011	PAULUS LUKAS
	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") ITO, INC 431 S ISIS AVENUE INGLEWOOD, CA 90301	**3b** Administrator's EIN 95-4051909 **3c** Administrator's telephone number 310-410-4202

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**	938
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**	999
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	13
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1012
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	1012
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	252
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 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) X	Trust	**(3)** X	Trust
(4)	General assets of the sponsor	**(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		**b General Schedules**	
(1) X	**R** (Retirement Plan Information)	**(1)** X	**H** (Financial Information)
(2)	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	**I** (Financial Information – Small Plan)
		(3) ___	**A** (Insurance Information)
		(4) X	**C** (Service Provider Information)
(3)	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	**D** (DFE/Participating Plan Information)
		(6)	**G** (Financial Transaction Schedules)

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 11/01/2009 and ending 10/31/2010

A Name of plan
ITO, INC DBA KIKKA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4051909

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).. . . . . [X] 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

ROYAL ALLIANCE

707 EAST 4TH PLACE, SUITE A
LOS ANGELES, CA 90013

(b) Enter name and EIN or address of person who provided you disclosure 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)

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 60 64 99	RECORD KEEPER	3555	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ROYAL ALLIANCE

707 EAST 4TH PLACE, SUITE A
LOS ANGELES, CA 90013

(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?
33 63	BROKERAGE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
ASCENSUS	15 60	0

(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.
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NEW YORK, NY 10281	SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB T/A REVENUE BY FUND

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ROYAL ALLIANCE	33 63	0

(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.
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NEW YORK, NY 10281	SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND

(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:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 11/01/2009 and ending 10/31/2010

A Name of plan
ITO, INC DBA KIKKA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4051909

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)	6070	8554
(2) Participant contributions	1b(2)	13237	18277
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	763121	925186
(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)	16954	31525
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1566770	1967904
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	2366152	2951446
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2366146	2951446

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)	155955	
	(B) Participants	2a(1)(B)	338087	
	(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)		494042
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1995	
	(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)	2892	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4887
	(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)	16332	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		16332
	(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)		
(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)		234391
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		749652
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	145291	
(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)		145291
f Corrective distributions (see instructions)	2f		15512
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3555	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3555
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		164358
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		585294
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)** [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: MAYES & MAILLY **(2)** EIN: 33-0527446

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		250000
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		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.	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 11/01/2009 and ending 10/31/2010

A Name of plan
ITO, INC DBA KIKKA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4051909

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): 45-0404698

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 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):

ITO INC. DBA KIKKA 401(K) PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS
October 31, 2010

ITO INC. DBA KIKKA 401(K) PLAN

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Mayes & Mailly
Certified Public Accountants

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REPORT OF INDEPENDENT ACCOUNTANT'S

Plan Administrator
ITO Inc. DBA Kikka 401(k) Plan
Inglewood, California

We were engaged to audit the financial statements (Modified Cash Basis) of ITO Inc. DBA Kikka 401(k) Plan as of October 31, 2010 and 2009, and for the year ended October 31, 2010 and the supplemental schedules as listed in the accompanying table of contents. 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 OFI Trust Company, Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the year ended October 31, 2010 that the information provided to the plan administrator by the Trustee is complete and accurate.

As described in Note 2, these financial statements were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information we did not audit, the scope of our work was not sufficient to enable us to express, and we do not, express an opinion on the accompanying financial statements and supplemental schedules. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements. 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 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.

Mayes & Mailly

Irvine, California
July 27, 2011

ITO Inc. DBA Kikka 401(k) Plan
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS (MODIFIED CASH BASIS)
OCTOBER 31, 2010 AND 2009

	October 31, 2010	2009
ASSETS:		
Participant Directed Investments - at Fair Value	$ 2,893,089	$ 2,329,891
Receivables:		
Contributions Receivable	26,831	19,307
Notes Receivable From Participants	31,525	16,954
	58,356	36,261
Total Assets	$ 2,951,445	$ 2,366,152
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 2,951,445	$ 2,366,152

The accompanying notes are an integral part of these financial statements

ITO Inc. DBA Kikka 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS (MODIFIED CASH BASIS)
FOR THE YEAR ENDED OCTOBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net appreciation in fair value of investments	$	234,391
Interest		1,995
Dividends		16,332
		252,718
Interest income from notes receivable from participants		2,892
		255,610
Contributions:		
Employer		155,955
Participants		338,085
		494,040
TOTAL ADDITIONS		749,650
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		160,802
Administration fees		3,555
TOTAL DEDUCTIONS		164,357
Increase in net assets available for plan benefits		585,293
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Balance November 1, 2009		2,366,152
Balance October 31, 2010	$	2,951,445

The accompanying notes are an integral part of these financial statements

ITO INC. DBA KIKKA 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
October 31, 2010

1) DESCRIPTION OF THE PLAN

The following brief description of the ITO Inc. dba Kikka (the "Company") 401(k) 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 contribution 401(K) salary reduction and profit sharing plan sponsored by ITO, Inc. DBA Kikka (the "Sponsor") for the purpose of accumulating funds to provide retirement benefits to all eligible employees of the Sponsor. The Plan became effective October 1, 1998 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

All employees over 21 years of age become eligible to participate in the Plan on the first day of the Plan Year quarter after completing one year of eligibility service.

Salary Deferral Contributions (401K)

Participants may elect to have a portion of their salary contributed to the Plan. Income tax on any amount contributed is deferred until it is withdrawn. Participants are permitted to contribute up to 15% of their salary subject to a calendar year limit which is annually determined by the Internal Revenue Service. The Sponsor will contribute to the Plan in amounts equal to 50% of the amount of the salary reduction elected by the participants and will not be in excess of 10% of the participants compensation. In addition, the Sponsor may contribute a discretionary amount determined each year by the sponsor. Forfeitures of non-vested balances will be allocated among the participants or used to pay expenses associated with administering the Plan in accordance with allocation formulas as defined in the adoption agreement. For the year ended October 31, 2010, there were no forfeitures. During the year ended October 31, 2010 the sponsor contributed approximately $156,000 to the plan.

Participant Accounts

Each participants account is credited with the participants contribution and allocation of (a) The Company's contributions and, (b) Plan earnings, and charged with an allocation of

Continued

1) DESCRIPTION OF THE PLAN, Continued

Participant Accounts, Continued

administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided for the participant's vested account.

Investment Elections

Participation in the Plan is voluntary and contributions to the Plan may be allocated by the participant among several investment options within seventeen fund groups. Participation is evidenced by shares of ownership in the value of each of the respective fund group's underlying assets. The primary fund groups are as follows:

Rising Dividends (Formerly Quest Value Fund, Inc.) – invests in companies that are identified as well established, believed to be undervalued by the market and are expected to experience dividend growth. Allocation of the fund comprises companies in the following sectors; financial, capital goods, consumer staples, technology and consumer cyclical.

Capital Appreciation Fund – invests in companies with above average growth potential, earnings momentum, potential earnings surprises and stocks that have low valuations relative to their future growth prospects. Allocation of the fund comprises companies in the following sectors; financial, capital goods, consumer staples, technology and consumer cyclical

Champion Income Fund – primarily invests in high yield, lower grade, fixed income securities.

Capital Income Fund – invests in equity and debt securities that are expected to generate income.

Global Fund – invests in foreign and US markets seeking capital appreciation. The fund invests mainly in common stocks of the U.S. and foreign countries, including countries with developed or emerging markets. It emphasizes investments in developed markets such as U.S./Canada, Western European countries and Japan.

Continued

1) DESCRIPTION OF THE PLAN, Continued

Investment Elections, Continued

International Growth Fund – invests in growth companies domiciled outside the U.S. or who have their primary operations outside the U.S. The fund invests in developed as well as emerging markets through out the world.

Main Street Growth & Income Fund – a diversified portfolio which is predominantly a large –cap blend fund but has the ability to invest in companies of all sizes – small, medium and large.

Global Opportunities Fund – invests in stocks and bonds world wide looking for trends that propel global growth such as technological change, corporate restructuring and securities to help moderate short-term stock market fluctuations. Asset allocation consists of U.S. equities, foreign equities, U.S. and foreign bonds

Midcap Fund – seeks capital appreciation by investing in companies with above average earnings and revenue growth and the sustainability of companies meeting or exceeding growth rates. Sector allocation is comprised of technology, capital goods, consumer, communication, utility and other.

Equity Fund – seeks high total return and invests in domestic medium-and large-capitalization companies and in companies located outside the United States.

Transition 2010A, 2015A, 2020A and 2030A – Seeks a total return until 2010, 2015, 2020 and 2030, respectively, and then seeks income and secondarily capital growth. The fund normally invests in a diversified portfolio of Oppenheimer mutual funds that represent various classes and sectors that will change over time as the date in a given fund's name gets closer. It is expected to maintain some equity exposure.

Port Series Active – seeks long term growth of capital with a secondary objective of current income. Invest in U.S. equity securities, fixed income , assets in a tactical allocation component, assets in international equity, and other classes such as cash, real estate securities.

Port Series Equity - seeks long term growth of capital by investing in assets in U.S and international equity.

Continued

1) DESCRIPTION OF THE PLAN, Continued

Investment Elections, Continued

Port Series Conservative A – The investment seeks current income with a secondary objective of long-term growth of capital. The fund invests 70% of assets in fixed income, 15% in U.S. equity, and 5% in international equity. The remaining 10% is invested in other asset classes, such as, cash, cash equivalents, commodities, and real estate securities.

Port Series Moderate A – The investment seeks long-term capital growth and current income. The fund invests 45% of assets in fixed income, 35% in U.S. equity, and 10% in international equity, and 10% in other asset classes, such as, cash and real estate securities.

Port Series Active Allocation A – This investment seeks long term growth and current income. The fund normally invests in U.S. Equity securities, fixed income securities, and assets in tactical allocation along with other classes such as cash and real estate securities.

Select Value A - The investment seeks capital appreciation over the long-term. The fund invests in common stock of small, medium and large capitalization U.S. companies that are undervalued. The fund may not hold any stocks within one or more of these capitalization ranges, and it may invest up to 35% of its total assets in equity securities of foreign issuers.

Notes Receivable From Participants

Loans are available to all participants of the Plan. Loans can be collateralized by no more than 50% of the participants vested balance or $50,000. All loans will bear a reasonable rate of interest at rates a bank or other professional lender would charge for making a loan in a similar circumstance. The total amount borrowed by a participant is deducted pro-rata from each of their investment fund(s) based upon the account balances. Repayments of principle and interest are transferred from a participant's loan account to the investment fund(s) to which the participant is currently directing their contributions. At October 31, 2010 there were $31,525 of outstanding participant loans.

Continued

1) DESCRIPTION OF THE PLAN, Continued

Vesting

Participants are 100% vested in their salary contribution and investment income from these contributions. Participants become fully vested in the Sponsor's contributions, including investment income, after 6 years of service. Participants separating from the Plan for any reason prior to completion of 6 years of service are 20% vested in that portion of their individual accounts after 2 years of service, increasing 20% per year for each of the next 4 years.

Benefit Payments

Benefit payments for vested amounts are paid to participants or their beneficiaries in a manner requested by the participant or beneficiary as soon as practicable after the participant's termination of employment, disability, retirement or death, as governed by the Plan agreement. Under certain conditions, as defined in the Plan Agreement, the Plan also permits in service and qualifying hardship withdrawals from a participant's account while the participant is actively employed by the Sponsor. For the year ended October 31, 2010 benefit payments amounted to approximately $161,500, including corrective distributions of approximately of $16,000.

2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the modified cash basis of accounting. Contributions by the sponsor and participant contributions are recognized as income for amounts that are attributable to the current plan year but funded in the subsequent plan year. Withdrawals from the Plan for employee distributions and Plan expenses are recognized when paid. Accordingly these financial statements are not intended to be presented in conformity with accounting principles generally accepted in the United States of America.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Continued

2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan. Certain expenses incurred in the administration of the Plan are paid directly by the Company.

Subsequent Events

For the year ended October 31, 2010, the Plan has evaluated sequent events for potential recognition and disclosure through July 27, 2011 the date the financial statements were available to be issued.

Investment Valuation

Investments in registered investment companies are considered Level I investments and are valued at the net asset value of shares held by the fund(s) at year end (Note 4).

3) FEDERAL INCOME TAXES

The Plan has obtained a determination letter, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, was in accordance with the applicable requirements and sections of the Internal Revenue Code. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken uncertain tax positions that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator believes and has concluded that as of October 31, 2010, there were 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 in progress.

Continued

4) INVESTMENTS (Unaudited)

The investments in the funds are presented at fair value, based on the quoted market prices of the underlying securities within each fund at October 31, 2010 and 2009. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Plan provides that contributions to the Plan will be invested in certain individual programs as directed by each participant. Net assets, as certified to by the Trustee at October 31, 2010, and the changes in net assets by investment program for the year then ended are as follows:

Investment Program	Balances October 31, 2009	Contributions	Net Earnings	Fees & Other	Exchanges	Withdrawals	Balances October 31, 2010	
Champion Income Fund	22,622	12,321	4,713	(305)	6,963	(2,648)	43,666	
Rising Dividends	151,763	25,435	20,582	(1,793)	(19,813)	(4,973)	171,201	*
Capital Income Fund	80,145	16,121	10,075	(27)	-18097	(267)	87,950	
Capital Appreciation	395,465	56,300	53,629	(1,453)	(9,645)	(13,363)	480,933	*
Global Fund	137,083	29,174	24,571		(19,794)	(3,570)	167,464	*
Main Street Growth & Income Fund	361,292	41,745	65,677	(3,034)	(14,125)	(11,389)	440,166	*
International Growth Fund	203,674	32,089	28,122	(32)	(15,398)	(2,135)	246,320	*
Global Opprotunities Fund	79,738	24,602	21,866	(543)	20,512	(10,057)	136,118	
Equity Fund	52,053	17,199	7,268	1	(3,221)	-	73,300	
Portfolio Series - Equity Inv.	617	3,138	(280)	1	8,002	-	11,478	
Conservative Investor Fund A	4,907	2,214	757	-	110	(260)	7,728	
Cash Reserves	763,121	198,421	1,840	(8,026)	66,446	(96,616)	925,186	*
Moderate Investor Fund A	2,922	2,080	542	-	-	(263)	5,281	
Select Value	20,953	6,971	1,916	-	(20,569)	-	9,271	
Discovery Fund A	9,049	8,103	6,105	(22)	22,310	-	45,545	
Active Allocation Fund A	25	-	4	-	-	-	29	
Life Cycle Transition 2015A	40,125	8,627	4,652	-	(2,625)	(15,261)	35,518	
Life Cycle Transition 2010A	492	364	65	(1)	(437)	-	483	
Life Cycle Transition 2030A	764	717	119	-	(560)	-	1,040	
Life Cycle Transition 2020A	3,081	895	495	-	(59)	-	4,412	
	2,329,891	486,516	252,718	(15,234)	-	(160,802)	2,893,089	
Participant Loans	16,954	-	2,892	11,679	-	-	31,525	
Assets Held for Investment	2,346,845	486,516	255,610	(3,555)	-	(160,802)	2,924,614	
Contributions Receivable	19,307	7,524	-	-	-	-	26,831	
Total Assets	2,366,152	494,040	255,610	(3,555)	-	(160,802)	2,951,445	

Represents investments greater than 5% of the Plans net assets

Continued

5) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

6) RISK AND UNCERTAINTIES

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rates, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonable possible that change in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

7) SUBSEQUENT EVENTS

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

ITO INC. DBA KIKKA 401(K) PLAN

SUPPLEMENTAL SCHEDULES

October 31, 2010

ITO, Inc. DBA Kikka 401(k) Plan
Schedule I
Item 4i - Schedule of Assets Held For Investment Purposes
October 31, 2010
Plan 001
EIN 95-4051909

(a)	(b) Issue, borrower, Lessor or Similar Party	(C) Description of Investment	(d) Cost	(e) Current Value	
	Oppenheimer	Champion Income Fund	N/A	43,666	
	Oppenheimer	Rising Dividends	N/A	171,201	*
	Oppenheimer	Capital Income Fund	N/A	87,950	
	Oppenheimer	Capital Appreciation Fund	N/A	480,933	*
	Oppenheimer	Global Fund	N/A	167,464	*
	Oppenheimer	Main Street Growth Income Fund	N/A	440,166	*
	Oppenheimer	International Growth Fund	N/A	246,320	*
	Oppenheimer	Global Opportunities Fund	N/A	136,118	
	Oppenheimer	Equities Fund	N/A	73,300	
	Oppenheimer	Portfolio Series - Equity Inv.	N/A	11,478	
	Oppenheimer	Conservative Investor Fund A	N/A	7,728	
	Oppenheimer	Moderate Investor Fund A	N/A	5,281	
	Oppenheimer	Select Value	N/A	9,271	
	Oppenheimer	Discovery Fund A	N/A	45,545	
	Oppenheimer	Active Allocation Fund A	N/A	29	
	Oppenheimer	Life Cycle Transition 2015A	N/A	35,518	
	Oppenheimer	Life Cycle Transition 2010A	N/A	483	
	Oppenheimer	Life Cycle Transition 2030A	N/A	1,040	
	Oppenheimer	Life Cycle Transition 2020A	N/A	4,412	
	Oppenheimer	Cash Reserves	N/A	925,186	*
	Oppenheimer	Participant Loans at 12%	N/A	31,525	
				2,924,614	

* Represents investments greater than 5% of the Plans net assets

ITO Inc, DBA Kikka 401 (k) Plan
Schedule II
Item 4j - Schedule of Reportable Transactions
October 31, 2010
Plan 001
(EIN 95-4501909)

(a)	(b)	(C)	(d)	(f)	(g)	(h)	(I)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)

NONE

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: ITO, INC. DBA KIKKA 401K PLAN

Plan Number: 710525

Broker Dealer: Royal Alliance

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer	Formula used to determine other compensation to Broker Dealer
OPGIX	Oppenheimer Global Opportunities Fund A	12.17 dollars per fund position	25 basis points	N/A
MSIGX	Oppenheimer Main Street Fund A	12.17 dollars per fund position	25 basis points	N/A
OAAAX	Oppenheimer Active Allocation Fd A	12.17 dollars per fund position	25 basis points	N/A
OAAIX	Oppenheimer Portfolio Series: Equity Inv	12.17 dollars per fund position	25 basis points	N/A
OACIX	Oppenheimer Conservative Investor Fd A	12.17 dollars per fund position	25 basis points	N/A
OAMIX	Oppenheimer Moderate Investor Fd A	12.17 dollars per fund position	25 basis points	N/A
OARDX	Oppenheimer Rising Dividends Fund A	12.17 dollars per fund position	25 basis points	N/A
OEQAX	Oppenheimer Equity Fund A	12.17 dollars per fund position	25 basis points	N/A
CRSXX	Oppenheimer Cash Reserves A	12.17 dollars per fund position	N/A	N/A
OPCHX	Oppenheimer Champion Income Fund A	12.17 dollars per fund position	25 basis points	N/A
OTWAX	Oppenheimer LifeCycle Transition 2020 A	12.17 dollars per fund position	25 basis points	N/A
OPOCX	Oppenheimer Discovery Fund A	12.17 dollars per fund position	25 basis points	N/A
OPPAX	Oppenheimer Global Fund A	12.17 dollars per fund position	25 basis points	N/A
OPPEX	Oppenheimer Capital Income Fund A	12.17 dollars per fund position	23 basis points	N/A
OPTFX	Oppenheimer Capital Appreciation A	12.17 dollars per fund position	25 basis points	N/A
OSVAX	Oppenheimer Select Value A	12.17 dollars per fund position	25 basis points	N/A
OTFAX	Oppenheimer LifeCycle Transition 2015 A	12.17 dollars per fund position	25 basis points	N/A
OTHAX	Oppenheimer LifeCycle Transition 2030 A	12.17 dollars per fund position	25 basis points	N/A
OTTAX	Oppenheimer LifeCycle Transition 2010 A	12.17 dollars per fund position	25 basis points	N/A
OIGAX	Oppenheimer International Growth Fund A	12.17 dollars per fund position	25 basis points	N/A

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ITO, INC dba KIKKA 401(K) PLAN **EIN:** 95-4051909
Plan Sponsor's Name ITO, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Champion Income Fund A	0	43,666
	Oppenheimer	Oppenheimer Global Opportunities Fund A	0	136,117
	Oppenheimer	Oppenheimer Rising Dividends Fund A	0	171,201
	Oppenheimer	Oppenheimer Capital Income Fund A	0	87,950
	Oppenheimer	Oppenheimer Capital Appreciation A	0	480,933
	Oppenheimer	Oppenheimer Global Fund A	0	167,464
	Oppenheimer	Oppenheimer Equity Fund A	0	73,300

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Main Street Fund A	0	440,165
	Oppenheimer	Oppenheimer Cash Reserves A	0	925,186
	Oppenheimer	Oppenheimer Intl Growth Fund A	0	246,323
	Oppenheimer	Oppenheimer Port Series: Active Alloc A	0	29
	Oppenheimer	Oppenheimer Portfolio Series: Equity Inv	0	11,478
	Oppenheimer	Oppenheimer Port Series: Conserv Inv A	0	7,728
	Oppenheimer	Oppenheimer Port Series: Moderate Inv A	0	5,281

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Select Value A	0	9,271
	Oppenheimer	Oppenheimer Transition 2015 A	0	35,518
	Oppenheimer	Oppenheimer Transition 2030 A	0	1,040
	Oppenheimer	Oppenheimer Transition 2010 A	0	483
	Oppenheimer	Oppenheimer Transition 2020 A	0	4,412
	Oppenheimer	Oppenheimer Discovery Fund A	0	45,545
	Participants Loan Account	Various Rates & Maturities	0	31,525