Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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;
- [X] 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
WONTON FOOD, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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

220 MOORE ST
BROOKLYN, NY 11206-3708

2b Employer Identification Number (EIN) 11-2835078

2c Sponsor's telephone number 718-628-6868

2d Business code (see instructions) 311900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	DONALD LAU
	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")
WONTON FOOD, INC.

220 MOORE ST
BROOKLYN, NY 11206-3708

3b Administrator's EIN
11-2835078

3c Administrator's telephone number
718-628-6868

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**	393
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**	419
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	429
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	429
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	108
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	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)		**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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
WONTON FOOD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2835078

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	91668114	108	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4174	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HE ZHAN
1633 BROADWAY, 3RD FLOOR
NEW YORK, NY 10019-6708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4174			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST OPTION

b	Balance at the end of the previous year			7b	1686265
c	Additions: (1) Contributions deposited during the year	7c(1)	371343		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	49329		
	(4) Transferred from separate account	7c(4)	59286		
	(5) Other (specify below)	7c(5)	259		
	▶ LOAN REPAYMENT				
	(6) Total additions			7c(6)	480217
d	Total of balance and additions (add **b** and **c(6)**)			7d	2166482
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	43075		
	(2) Administration charge made by carrier	7e(2)	144		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	1450		
	▶ LOAN/EXCESS DISTRIB				
	(5) Total deductions			7e(5)	44669
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	2121813

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
WONTON FOOD, INC. 401(K) PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
WONTON FOOD, INC.	11-2835078

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)

AXA EQUITABLE LIFE INSURANCE CO.

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 28 59 60 62 63 67	INSURANCE CARRIER	249	Yes [X] No [ ]	Yes [X] No [ ]	45850	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
WONTON FOOD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WONTON FOOD, INC.

D Employer Identification Number (EIN)
11-2835078

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 65

b Name of sponsor of entity listed in (a): AXA EQUITABLE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5570651-065	P	2269678

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
WONTON FOOD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2835078

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	4459
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1852546	2269677
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1686265	2121813
(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	3538811	4395949
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	3538811	4395949

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)	157602	
(B) Participants	2a(1)(B)	505282	
(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)		662884
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	180	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		180
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		227832
(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)		49329
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		940225
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	80540	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	2298	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		82838
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	249	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		249
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		83087
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		857138
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: MIU & CO. (2) EIN: 13-3924175

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		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

2010

This Form is Open to Public Inspection.

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

A Name of plan
WONTON FOOD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2835078

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): 20-3627707

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):

MIU & CO.
Certified Public Accountants

109 LAFAYETTE STREET
NEW YORK, N. Y. 10013
TEL (212) 966-9001
FAX: (212) 966-0118
EMAIL: MIUANDCOCPA@AOL.COM

Wonton Food, Inc. 401(K) Plan
220-222 Moore Street
Brooklyn, NY 11206

September 29, 2011

We have audited the accompanying statement of net assets available for benefits of the Wonton Food, Inc. 401(K) Plan as of December 31, 2010 and 2009 and the related statement of changes in net assets available for benefits and the statement of reconciliation of employer and participants contributions for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits at December 31, 2010 and 2009 and the changes in its net assets available for benefits for the years then ended, in conformity with generally accepted accounting principles.

The fund information in the statement of net assets available for benefits and the statement of changes in net assets available for benefits is presented for purposes of additional analysis rather than to present the net assets available for benefits and changes in net assets available for benefits of each fund. The fund information has been subjected to the auditing procedures applied in our audits of the financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

Miu - Co.

MIU & CO.
Certified Public Accountants

MIU & CO. *Certified Public Accountants*

109 LAFAYETTE STREET
NEW YORK, N. Y. 10013
TEL (212) 966-9001
FAX: (212) 966-0118
EMAIL: MIUANDCOCPA@AOL.COM

WONTON FOOD, INC. 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2010	December 31, 2009
ASSETS:		
Investments:		
EQ/Money Market	$ 130,041	$ 100,530
Guaranteed Interest Option	2,121,814	1,686,266
EQ/Quality Bond Plus	125,023	111,505
EQ/Equity 500 Index	227,758	178,814
EQ Fidelity Advisor Balance Fund	40,806	29,923
EQ Fidelity Advisor Equity Income Fund	51,509	39,358
EQ Fidelity Advisor Overseas Fund	133,188	100,625
EQ Franklin Income Fund	211,514	161,391
EQ Invesco Small Cap Growth Fund	327,158	247,520
EQ Invesco Basic Value Fund	167,980	155,583
EQ Janus Growth and Income Fund	447,245	379,712
EQ Federated Max-Cap Index Fund	5,705	1,965
EQ Franklin Growth Allocation Fund	30,619	22,797
EQ Fidelity Advisor Stock Select All Cap	36,408	22,859
EQ/Alliance Bernstein Small Cap Growth Fund	66,824	38,281
EQ/Large Cap Growth Index	28,802	16,398
EQ Mutual Shares Fund	30,248	19,853
Target 2025 Allocation	41,540	29,981
Target 2015 Allocation	24,388	10,783
Target 2035 Allocation	40,031	30,323
Target 2045 Allocation	14,544	10,227
EQ Janus Research Core S	-	17,133
EQ/Global Multi-Sector Equity	88,346	126,984
Total Investments	4,391,491	3,538,811
NET ASSETS AVAILABLE FOR BENEFITS - AT MARKET	$4,391,491	$3,538,811

SEE ACCOUNTANTS' AUDIT REPORT
AND NOTES TO FINANCIAL STATEMENTS

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WONTON FOOD, INC. 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31, 2010	DECEMBER 31, 2009
Additions to net assets attributed to:		
Interest and dividend income	$ 49,329	$ 42,363
Realized and unrealized gain	227,832	378,452
Contributions:		
Participants	505,282	469,774
Employers	157,602	142,392
Total contributions	662,884	612,166
Redemptions	(2,297)	(3,159)
Rollovers and Other	-	5,686
Total additions (subtractions)	937,748	1,035,508
Deduction from net assets attributed to:		
Withdrawals	(80,540)	(302,538)
Administration and loan fees	(249)	(187)
Participants loan (excluding interest expense of $180)	1,721	1,585
Loan Repayment	(6,000)	-
Mistake of Fact	(2,037)	-
Forfeitures	2,037	-
Net increase (Decrease) in net assets available for benefits	852,680	734,368
Net assets available for benefits, beginning of year	3,538,811	2,804,443
Net assets available for benefits, end of year - at market	$4,391,491	$3,538,811

SEE ACCOUNTANTS' AUDIT REPORT
AND NOTES TO FINANCIAL STATEMENTS

WONTON FOOD, INC. 401 (K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010

AXA EQUITABLE LIFE AS PLAN TRUSTEE

	EQ/Money Market	Guaranteed Interest Option	EQ / Quality Bond Plus	EQ / Equity 500 Index	EQ Fidelity Advisor Balance Fund	EQ Fidelity Advisor Equity Income Fund	EQ Fidelity Advisor Overseas Fund	EQ Franklin Income Fund	EQ Invesco Small Cap Growth Fund	EQ Invesco Basic Value Fund	EQ Janus Growth & Income Fund	EQ Federated Max- Cap Index Fund
Additions to net assets attributed to:												
Net appreciation (reduction) in fair value of investments -												
Interest and dividend income	$ -	$ 49,329	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Realized & unrealized gain (loss)	(984)	-	5,919	27,175	4,035	5,331	14,219	21,344	63,982	9,199	31,538	611
Other realized gain (loss)												
Contributions:												
Participants	25,479	282,744	5,266	20,893	5,117	4,987	13,556	24,699	13,303	7,623	37,214	195
Employers	5,430	88,599	1,793	6,555	1,915	1,925	5,031	7,252	4,196	2,204	10,977	114
Redemptions	(2,297)	-	-	-	-	-	-	-	-	-	-	-
Internal Transfer of funds	-	59,286	1,783	91	-	-	-	-	3,764	2,032	4,370	2,877
Total contributions	28,613	430,629	8,843	27,538	7,032	6,913	18,587	31,951	21,263	11,858	52,560	3,186
Total additions (subtractions)	27,629	479,959	14,762	54,713	11,067	12,243	32,806	53,295	85,245	21,057	84,098	3,798
Deduction from net assets attributed to:												
Withdrawals/ Distributions	(153)	(43,075)	(744)	(5,093)	-	-	-	(3,129)	(5,201)	(7,716)	(15,338)	(57)
Administration and loan fees	(1)	(145)	(12)	(12)	-	-	-	(1)	(20)	(25)	(33)	-
Loan Issues	-	259	431	-	-	-	-	-	344	344	344	-
Loan Repayment	-	(1,163)	(918)	(480)	-	-	-	-	(730)	(1,263)	(1,447)	-
Mistake of Fact	-	(288)	-	(184)	(184)	(92)	(243)	(43)	-	-	(91)	-
Forfeitures	2,037	-	-	-	-	-	-	-	-	-	-	-
Net increase(decrease) in net assets available for benefits	29,511	435,548	13,518	48,944	10,883	12,151	32,563	50,123	79,638	12,397	67,533	3,740
Net assets available for benefits, beginning of year	100,530	1,686,266	111,505	178,814	29,923	39,358	100,625	161,391	247,520	155,583	379,712	1,965
Net assets available for benefits, end of year	$130,041	$2,121,769	$125,023	$227,758	$40,806	$51,509	$133,188	$211,514	$327,158	$167,980	$447,245	$5,705

SEE ACCOUNTANTS' AUDIT REPORT
AND NOTES TO FINANCIAL STATEMENTS

WONTON FOOD, INC. 401 (K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010

Continued:

	AXA EQUITABLE LIFE AS PLAN TRUSTEE											
	EQ Franklin Growth Allocation Fund	EQ Fidelity Advisor Stock Select All Cap	EQ / Alliance Bernsterin Small Cap Growth Fund	EQ / Large Cap Growth Index	EQ Mutual Shares Fund	Target 2025 Allocation	Target 2015 Allocation	Target 2035 Allocation	Target 2045 Allocation	EQ Janus Research Core S	EQ/ Global Multi-Sector Equity	Total
Additions to net assets attributed to:												
Net appreciation (reduction) in fair value of investments -												
Interest and dividend income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 49,329
Realized & unrealized gain (loss)	3,383	4,554	9,833	3,477	2,625	3,916	1,793	4,082	1,547	826	9,426	227,832
Other realized gain (loss)												-
Contributions:												-
Participants	3,537	6,344	11,014	3,397	2,817	5,631	8,248	3,957	2,154	3,415	13,694	505,282
Employers	934	2,033	2,659	1,617	1,302	2,013	3,564	1,668	616	1,056	4,149	157,602
Redemptions	-	-	-	-	-	-	-	-	-	-	-	(2,297)
Internal Transfer of funds	-	711	5,221	3,913	3,836	-	-	-	-	(22,247)	(65,638)	-
Total contributions	4,471	9,087	18,895	8,927	7,955	7,644	11,812	5,625	2,770	(17,777)	(47,795)	660,587
Total additions (subtractions)	7,854	13,641	28,728	12,404	10,580	11,559	13,605	9,708	4,317	(16,951)	(38,369)	937,748
Deduction from net assets attributed to:												
Withdrawals/ Distributions	(32)	-	-	-	-	-	-	-	-	-	-	(80,540)
Administration and loan fees	-	-	-	-	-	-	-	-	-	-	-	(249)
Loan Issues	-	-	-	-	-	-	-	-	-	-	-	1,721
Loan Repayment	-	-	-	-	-	-	-	-	-	-	-	(6,000)
Mistake of Fact	-	(92)	(185)	-	(185)	-	-	-	-	(182)	(269)	(100)
Forfeitures	-	-	-	-	-	-	-	-	-	-	-	2,037
Net increase(decrease) in net assets available for benefits	7,822	13,549	28,543	12,404	10,395	11,559	13,605	9,708	4,317	(17,133)	(38,638)	852,681
Net assets available for benefits, beginning of year	22,797	22,859	38,281	16,398	19,853	29,981	10,783	30,323	10,227	17,133	126,984	3,538,811
Net assets available for benefits, end of year	$30,619	$36,408	$66,824	$28,802	$30,248	$41,540	$24,388	$40,031	$14,543	$ -	$ 88,346	$4,391,491

SEE ACCOUNTANTS' AUDIT REPORT
AND NOTES TO FINANCIAL STATEMENTS

WONTON FOOD, INC. 401 (K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

	AXA EQUITABLE LIFE AS PLAN TRUSTEE												
	EQ/Money Market	Guaranteed Interest Option	EQ / Quality Bond Plus	EQ / Equity 500 Index	EQ Fidelity Advisor Balance Fund	EQ Fidelity Advisor Equity Income Fund	EQ Fidelity Advisor Overseas Fund	EQ Franklin Income Fund	EQ AIM Small Cap Growth Fund	EQ AIM Basic Value Fund	EQ Janus Growth & Income Fund	EQ Janus Adviser Fund	EQ Federated Max-Cap Index Fund
Additions to net assets attributed to:													
Net appreciation (reduction) in fair value of investments -													
Interest and dividend income	$ -	$ 42,363	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Realized & unrealized gain (loss)	(969)	-	5,125	31,603	5,460	6,934	23,306	40,830	59,654	49,116	92,625	753	1,598
Other realized gain (loss)													
Contributions:													
Participants	10,474	296,835	4,955	17,339	4,247	4,146	7,421	22,888	10,686	5,803	35,292	1,096	66
Employers	4,557	87,274	1,636	5,660	1,759	1,601	2,961	6,065	3,606	1,971	9,729	390	40
Redemptions	(3,159)	-	-	-	-	-	-	-	-	-	-	-	-
Rollovers & Other	5,686	-	-	-	-	-	-	-	-	-	-	-	-
Internal Transfer of funds	(16,908)	(96,744)	(18,608)	5,807	430	139	26,067	723	11,216	6,265	(14,117)	(11,310)	-
Total contributions	650	287,366	(12,016)	28,806	6,435	5,886	36,449	29,675	25,508	14,038	30,904	(9,824)	106
Total subtractions	(319)	329,729	(6,892)	60,409	11,894	12,819	59,755	70,505	85,162	63,154	123,529	(9,071)	1,705
Deduction from net assets attributed to:													
Withdrawals/ Distributions	(70,164)	(127,847)	(12,285)	(11,742)	(174)	(3)	(618)	(20,864)	(14,560)	(13,511)	(11,146)	(37)	(6,845)
Administration and loan fees	(50)	(87)	(7)	(6)	-	-	-	(7)	(8)	(8)	(9)	-	(2)
Loan issues	-	951	-	-	-	-	-	-	159	159	317	-	-
Forfeitures	262	(262)	-	-	-	-	-	-	-	-	-	-	-
Net increase(decrease) in net assets available for benefits	(70,271)	202,484	(19,184)	48,661	11,721	12,816	59,138	49,634	70,753	49,794	112,691	(9,108)	(5,143)
Net assets available for benefits, beginning of year	170,801	1,483,782	130,689	130,153	18,202	26,542	41,487	111,757	176,767	105,789	267,021	9,108	7,108
Net assets available for benefits, end of year	$100,530	$1,686,266	$111,505	$178,814	$29,923	$39,358	$100,625	$161,391	$247,520	$155,583	$379,712	$ -	$1,965

SEE ACCOUNTANTS' AUDIT REPORT
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WONTON FOOD, INC. 401 (K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

Continued:

	AXA EQUITABLE LIFE AS PLAN TRUSTEE											
	EQ Franklin Templeton Growth Target Fund	EQ Fidelity Advisor Dynamic Capital Appreciation	EQ / Alliance Bernsterin Small Cap Growth Fund	EQ / Large Cap Growth Index	EQ Mutual Shares Equity Fund	Target 2025 Allocation	Target 2015 Allocation	Target 2035 Allocation	Target 2045 Allocation	EQ Janus Research Core S	EQ/ Global Multi-Sector Equity	Total
Additions to net assets attributed to:												
Net appreciation (reduction) in fair value of investments -												-
Interest and dividend income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 42,363
Realized & unrealized gain (loss)	4,774	4,974	7,091	145	11,188	1,705	691	1,252	241	3,052	27,304	378,452
Other realized gain (loss)												-
Contributions:												-
Participants	2,745	5,343	8,689	2,021	3,415	1,815	1,815	979	476	2,109	19,121	469,774
Employers	826	1,788	2,136	1,584	1,228	512	512	433	140	662	5,324	142,392
Redemptions												(3,159)
Rollovers & Other	-	-	-	-	-	-	-	-	-	-	-	5,686
Internal Transfer of funds	-	-	7,129	11,224	(41,881)	25,950	7,766	27,659	9,371	11,311	48,511	-
Total contributions	3,571	7,131	17,954	14,829	(37,237)	28,276	10,093	29,071	9,986	14,081	72,956	614,693
Total subtractions	8,346	12,105	25,045	14,974	(26,050)	29,981	10,783	30,323	10,227	17,133	100,259	1,035,508
Deduction from net assets attributed to:												-
Withdrawals/ Distributions	(52)	(41)	(43)	-	(324)	-	-	-	-	-	(12,282)	(302,538)
Administration and loan fees	-	-	-	-	-	-	-	-	-	-	(4)	(187)
Loan issues	-	-	-	-	-	-	-	-	-	-	-	1,585
Forfeitures	-	-	-	-	-	-	-	-	-	-	-	-
Net increase(decrease) in net assets available for benefits	8,294	12,065	25,002	14,974	(26,373)	29,981	10,783	30,323	10,227	17,133	87,973	734,368
Net assets available for benefits, beginning of year	14,503	10,794	13,279	1,424	46,226	-	-	-	-	-	39,011	2,804,443
Net assets available for benefits, end of year	$22,797	$22,859	$38,281	$16,398	$19,853	$29,981	$10,783	$30,323	$10,227	$17,133	$126,984	$3,538,811

SEE ACCOUNTANTS' AUDIT REPORT
AND NOTES TO FINANCIAL STATEMENTS

WONTON FOOD, INC. 401(K) PLAN
STATEMENT OF RECONCILIATION OF EMPLOYER
AND
PARTICIPANTS CONTRIBUTIONS

	YEAR ENDED DECEMBER 31,					
	2010			2009		
	PARTICIPANTS	EMPLOYER	TOTAL	PARTICIPANTS	EMPLOYER	TOTAL
CONTRIBUTIONS MADE DURING THE YEAR (CASH BASIS)	$505,282	$157,602	$662,884	$469,774	$142,392	$612,166
LESS: ACCRUED CONTRIBUTIONS, BEGINNING OF YEAR	-	-	-	-	-	-
LESS: EMPLOYER MATCH FORFEITURE REDEMPTIONS	-	-	-	-	-	-
ADD: ACCRUED CONTRIBUTIONS, END OF YEAR	-	-	-	-	-	-
TOTAL CONTRIBUTIONS FOR THE YEAR (ACCRUAL BASIS)	$505,282	$157,602	$662,884	$469,774	$142,392	$612,166

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WONTON FOOD, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

A. DESCRIPTION OF PLAN:

The following brief description of the Wonton Food, Inc. 401(K) Plan is provided for general information purposes only. More complete information concerning the Plan and its provisions can be found in the Plan document.

1. General - The Plan is a defined contribution plan covering all eligible employees of Wonton Food, Inc. who are not subject to a collective bargaining agreement. All full time employees over age 21 are eligible to participate.

2. Contributions - Employee contributions are made in the form of a salary reduction by withholding an elected percentage from the employee's salary each pay period. A participant can elect to contribute up to $16,500 per year, with an additional $5,500 catch-up contribution for age 50 or over. Wonton Food, Inc. makes matching contribution of up to 3.5% of eligible pay.

3. Participant's Accounts - A participant may notify the Plan management at any time in writing, that he has elected his management option. Such election shall be effective as of the effective date or anniversary date of such notification. A participant may make a rollover or transfer to the Trustees of Assets held under his name and constituting a lump sum distribution, Pension or Profit Sharing Plan, Qualified under Section 401(a) of the Internal Revenue Code of 1986. Assets of participants not electing the management option are invested in the Stable Value Fund.

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4. Vesting - The interest of a participant in his or her deferral account shall at all times be one hundred (100%) percent vested and nonforfeitable. The interest of a participant in his or her matching account shall become 100% vested after 2 years of service.

   Due to early withdrawals by several employees, the amount of funds reverted back to the employer - matching account as of December 31, 2010 and December 31, 2009 is $0 and $261.

5. Investment Options - The participants in the plan have a choice of various investment options ranging from mutual funds, bonds to other fix income funds.

   Participants may change their investment options on a daily basis. Employer contributions are directed to the same fund(s) as the employee contributions.

6. Withdrawals and Payment of Benefits - Upon retirement or termination and when a written request is made, a distribution will be made to the extent of the participant's account balance as of the valuation date following participant's request. Distribution shall be made no later than sixty (60) days after the end of the Plan year in which participant retires or terminates. If a participant terminates employment other than by reason of attainment of normal retirement age, death or disability, the Committee shall distribute out of the fund to the participant, cash or investments representing the vested portion of participant's account at the end of the calendar month in which the participant terminated employment.

7. Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participant's nonvested accounts are used to reduce future Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

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8. Loans to Plan Participants - Loans approved by the Committee shall bear interest at an annual rate equal to the prevailing prime interest rate plus 1% percent. Loan receivables from Plan participants consist of promissory notes bearing interest rates stated above maturing through June 2011. A loan may not exceed half the value of the participant's vested account balance. The minimum and maximum amount of a loan is $1,000 and $50,000, respectively.

   Participants' loan outstanding for year ended December 31, 2010 and December 31, 2009 were $4,459 and $0, respectively.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following are the significant accounting policies followed by the Plan:

1. Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Purchases and sales of securities are recorded on the trade dates.

2. Investment Valuation - Investments are valued at fair market value based upon current market quotations. At December 31, 2010 and 2009, the investments had a cost basis of $4,426,103 and $3,566,846, respectively.

3. Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principals requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

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C. INVESTMENTS:

On June 18, 2007, AXA Equitable Life replaced HSBC Bank USA as the plan's trustee and asset manager. Assets were invested at the option of the employees in any of the available funds.

D. TAX STATUS:

The Plan is exempt from the Employee Retirement Income Security Act of 1974 (ERISA) and federal income tax under the Internal Revenue Code 401(a). Accordingly, no provision is made for federal, state and city income taxes.

ATTACHMENT TO SCHEDULE H (FORM 5500) - LINE 4i (PART IV)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

COMPANY NAME: **WONTON FOODS, INC.**
PLAN NAME: **WONTON FOODS, INC. 401(K) PLAN**
PLAN YEAR: **01/01/2010 TO 12/31/2010**
EIN: **11-2835078**
PLAN NO: **001**

(a)	(b) Identity of issue, borrower, lessor or similiar party	c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	PARTICIPANT LOANS	LOANS (LOW 5.00%, HIGH 8.00%)		4,459
	AXA EQUITABLE	EQ FIDELITY ADVISOR OVERSEAS FUND		133,190
	AXA EQUITABLE	EQ FIDELITY ADVISOR EQUITY INCOME FUND		51,508
	AXA EQUITABLE	EQ AIM SMALL CAP GROWTH FUND		327,159
	AXA EQUITABLE	EQ JANUS GROWTH AND INCOME FUND		447,246
	AXA EQUITABLE	EQ EQUITY 500 INDEX		227,758
	AXA EQUITABLE	EQ/ MONEY MARKET		130,042
	AXA EQUITABLE	EQ FRANKLIN INCOME FUND		211,513
	AXA EQUITABLE	EQ AIM BASIC VALUE		167,981
	AXA EQUITABLE	EQ FIDELITY ADVISOR BALANCED FUND		40,805
	AXA EQUITABLE	EQ/ QUALITY BOND PLUS		125,023
	AXA EQUITABLE	EQ LARGE CAP GROWTH INDEX		28,802
	AXA EQUITABLE	EQ/ GLOBAL MULTI-SECTOR EQUITY		88,346
	AXA EQUITABLE	EQ FIDELITY ADVISOR DYNAMIC CAPITAL APPRECIATION		36,406
	AXA EQUITABLE	EQ FEDERATED MAX-CAP INDEX FUND		5,705
	AXA EQUITABLE	EQ MUTUAL SHARES FUND		30,248
	AXA EQUITABLE	EQ FRANKLIN TEMPLETON GROWTH TARGET FUND		30,619
	AXA EQUITABLE	EQ ALLIANCE BERNSTEIN SMALL CAP GROWTH		66,824
	AXA EQUITABLE	TARGET 2025 ALLOCATION		41,540
	AXA EQUITABLE	TARGET 2015 ALLOCATION		24,388
	AXA EQUITABLE	TARGET 2035 ALLOCATION		40,031
	AXA EQUITABLE	TARGET 2045 ALLOCATION		14,543