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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

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
HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1997

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

HOUDINI, INC.

4225 PALM STREET
FULLERTON, CA 92835

2b Employer Identification Number (EIN)
33-0364989

2c Sponsor's telephone number
714-525-0325

2d Business code (see instructions)
424990

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.	04/15/2013	DANIEL M. MAGUIRE, C.F.O.
	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")
HOUDINI, INC.

4225 PALM STREET
FULLERTON, CA 92835

3b Administrator's EIN
33-0364989

3c Administrator's telephone number
714-525-0325

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**	202
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**	194
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	208
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	208
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	208
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:
2A 2E 2F 2J 2H

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)	X	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)			**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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0364989

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
HARTFORD 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	Policy or contract year (g) To
06-0974148	88072	GA-7863		07/01/2011	06/30/2012

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
0	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

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

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	9250024

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 ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

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 organizations(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 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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0364989

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 K

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

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)
06-0974148-000	P	3223786

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

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

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)
06-0974148-000	P	6026238

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

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0364989

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1004301	1000000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	282978	293938
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	7973005	9250024
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	9260284	10543962
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	9260284	10543962

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)**	1000000	
	(B) Participants	**2a(1)(B)**	308345	
	(C) Others (including rollovers)	**2a(1)(C)**	101076	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		1409421
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	0	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	11882	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		11882
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		0
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		17241
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1438544
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	150647	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		150647
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: **(1)** Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	3610	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	609	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4219
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		154866
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		1283678
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FETTA, KIDDER & WILCOX, CPA'S **(2)** EIN: 64-0952456

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0364989

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): _____ _____

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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):

FETTA KIDDER & WILCOX
CERTIFIED PUBLIC ACCOUNTANTS, LLP

15 ENTERPRISE SUITE 445 ALISO VIEJO, CA 92656 TEL (949) 362-7106 FAX (949) 362-0660

JOHN W. FETTA • ANNETTE C. KIDDER • IAN C. WILCOX

To the Administrative Committee of
Houdini, Inc. Employees Retirement Plan

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of the Houdini, Inc. Employees Retirement Plan (the "Plan") as of June 30, 2012 and June 30, 2011 and the related statements of changes in net assets available for benefits (modified cash basis) for the year ended June 30, 2012, and the supplemental schedule of assets held for investment purposes as of June 30, 2012 and June 30, 2011.

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 C, which were certified by the Hartford Life Insurance Co., the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian as of and for the years ended June 30, 2012, and June 30, 2011, that the information provided to the plan administrator by the Custodian is complete and accurate.

Except as described in the preceding paragraph, our audits of the Plan for the years ended June 30, 2012, and June 30, 2011, were conducted in accordance with U.S. generally accepted auditing standards, the objective of which is to form an opinion as to whether the financial statements, which are the responsibility and representations of management, present fairly, in all material respects, the financial status, and changes in financial status in conformity with the modified cash basis of accounting. Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole.

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2012 and June 30, 2011 that accompanies the Plan's financial statements does not disclose historical cost of plan assets held by the Custodian. Disclosure of this information is required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fetta Kidder & Wilcox

Fetta Kidder & Wilcox
Certified Public Accountants LLP
Aliso Viejo, California

April 15, 2013

Houdini, Inc. Employees Retirement Plan
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis
Year ended June 30, 2012

	2012	2011
Assets		
Investments, at fair value	$ 9,250,024	$ 7,973,231
Receivables		
Notes receivable from participants	293,938	282,979
Employer contribution	1,000,000	1,004,301
Total receivables	1,293,938	1,287,280
Total Assets	$ 10,543,962	$ 9,260,511
Liabilities		
Accrued excess contributions	-	-
Total liabilities	-	-
Net assets available for benefits	$ 10,543,962	$ 9,260,511

See accompanying notes to financial statements

Houdini, Inc. Employees Retirement Plan
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis
Year ended June 30, 2012

	Total Plans	Profit Sharing	401(k)
Additions to net assets attributed to:			
Income:			
Net appreciation (depreciation) in fair value of investment	$ 17,241	$ 56,629	$ (39,388)
Interest from notes receivable from participants	11,882	6,315	5,567
Total income	29,123	62,944	(33,821)
Contributions			
Participant	308,345		308,345
Employer	1,000,000	1,000,000	
Rollover	101,076		101,076
Total contributions	1,409,421	1,000,000	409,421
Total additions	1,438,544	1,062,944	375,600
Deductions			
Deductions from net assets attributed to:			
Benefits paid to participants	150,648	134,236	16,412
Administration expenses	4,445	3,867	578
Total deductions	155,093	138,103	16,990
Net increase (decrease) in net assets	1,283,451	924,841	358,610
Net assets available for benefits			
Beginning of year	9,260,511	6,423,516	2,836,995
End of year	$ 10,543,962	$ 7,348,357	$ 3,195,605

See accompanying notes to financial statements

Note A – Description of the Plan

The following description of the Houdini, Inc. Employees Retirement Plan ("Plan") is intended to provide only general information about the Plan. It is recommended that Participants refer to the Plan Document and Trust Agreement and/or the Summary Plan Description (SPD). If there is any disparity between the two, the provision of the Plan Document supersedes the language reflected in the SPD. The Plan Sponsor is the Employer, Houdini, Inc. ("Sponsor"). The Plan assets are invested in cash and mutual funds at Hartford Insurance ("Custodian").

General

The Plan is a defined contribution employees retirement plan qualified for certain tax benefits under Internal Revenue Code §401. There are two separate components to the Plan. The 401(k) portion of the Plan is funded solely by salary deferral withholding from the employees' payroll on a discretionary basis. The Profit Sharing component of the Plan is funded exclusively by the Sponsor also on a discretionary basis. The eligibility requirements are a minimum of age 21 for both components and one year of service with a minimum of 1,000 Hours of Service measured from the date of hire to the anniversary date of hire for participation in the 401(k) component and two years of service for the Profit Sharing component. The Entry date is the first day of each quarter following completion of the age and service requirements for both components. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974 and subsequent relevant legislation.

Contributions

Participants may elect to defer a portion of their W-2 wages up to a maximum of $17,000 and $16,500 (plus an additional $5,500 and $5,000 for those participants who have attained age 50 by the end of the Plan Year) into the 401(k) component for the years ended June 30, 2012 and June 30, 2011, respectively. From the inception of the Plan effective July, 1, 1997, the Sponsor has elected not to make any 401(k) Employer Matching contributions. However, for the years ended June 30, 2012 and June 30, 2011, the Sponsor has elected to make substantial discretionary non-elective Employer Profit Sharing contributions on behalf of eligible Participants.

401(k) Participant Accounts

Each Participant's earmarked account is credited with the elective salary deferrals and the accounts earnings and/or losses and is charged with applicable expenses. Each Participant's account balance is 100% vested at all times.

Allocation of Profit Sharing Contributions in Pooled Accounts

The Employer discretionary non-elective Profit Sharing contributions are funded into various mutual funds that are pooled accounts. These contributions are allocated based upon tier-groups composed of various distinct job classifications. In the event that the Sponsor chooses to make a Profit Sharing contribution for any particular Plan Year, each Participant who qualifies in any particular tier group receives a specific allocation as a percentage of his or her annual compensation based upon the relevant tier group.

Vesting

Each participant is one hundred percent (100%) vested in his or her account balance inclusive of investment earnings and losses in both components of the Plan at all times.

Hartford Investment Portfolio

Each portfolio within the Asset Allocation Funds is designed for a certain type of investor and is diversified to promote stability. Asset Allocation portfolios include a variety of equities (investments in corporate stocks) which are considered higher risk investments offering with significantly greater potential returns. The Asset Allocation portfolios also include bonds, other fixed income securities, and money market instruments which have substantially lower risk. The Profit Sharing and 401(k) investments are self-directed by participants.

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or fifty percent (50%) of their account balance. Loan terms range from one to five years, but may be for a period of up to twenty (20) years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a fixed rate, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant receives a lump-sum amount equal to the value of the participant's vested account balance. Benefits are recorded when paid.

Administrative Expenses

Non-investment costs and administrative expenses of the Plan are paid by the Company, which is a party-in-interest. These expenses, which are not reflected in the accompanying financial statements, constitute exempt party-in-interest transactions under ERISA. Loan establishment, loan maintenance and short-term trading fees are paid by the Plan's participants and all other investment expenses are offset against the related investment income. Fees paid by the Plan participants to the custodian for administrative expenses amounted to $4,445 for the year ended June 30, 2012.

Forfeitures

Forfeitures arising from employees withdrawing from the plan and not being one hundred percent (100%) vested will not reduce future employer contributions. The 401(k) plan is vested 100% at the time of contribution.

Note B – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared under the modified cash basis of accounting which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles.

As described in the Plan Accounting–Defined Contribution Pension Plans topic of the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("Codification"), security investments are required to be reported at fair value.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting, which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles, requires the Plan's administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could materially differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Securities traded in public markets are valued at their quoted market prices. Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The difference between cost and market value from one period to the next is recognized as a component of net appreciation (depreciation) in fair value of investments in the accompanying statement of changes in net assets available for benefits.

Note C – Information Certified by the Custodian (Unaudited)

At June 30, 2012 and June 30, 2011, the Plan's assets were held by the Custodian. The following is a summary of investment asset and investment transaction information certified by the Custodian in accordance with Section CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

The following schedule of funds presents investments at June 30, 2012 and June 30, 2011 that represents five percent (5%) or more of the Plan's net assets.

	June 30, 2012	June 30, 2011
Pimco Total Return A	$ 1,727,016	$ 1,348,758
Prudential Jennison Mid Cap	746,838	
Hartford Dividend Growth Fund- C	1,029,709	897,986
Hardford Capital APP HLS IA	462,225	464,211
Hartford Global Research HLS IA		608,269
Hartford Growth	642,404	
Hartford MidCap HLS IA	432,046	941,555
American Century Growth A	594,288	
American Century Equity Income A	600,119	470,392
Janus Balance T	1,113,980	874,863
Janus Twenty		556,749
Subtotal	7,348,625	6,162,783
Other Investment Funds (less than 5%)	1,901,399	1,810,448
Total	$ 9,250,024	$ 7,973,231

During the year ended June 30, 2012, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $17,241.

Note D – Fair Value Measurements

The Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market for the asset or liability is a market in which the transaction for the asset or liability occurs with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted market prices in markets that are active; or model-derived valuations or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value as of June 30, 2012:

	Level 1	Level 2	Level 3	Total
Bond funds	$ 1,800,875			$ 1,800,875
Mutual funds	7,248,140			7,248,140
Money market fund	201,009			201,009
Total investments at fair value	$ 9,250,024			$ 9,250,024

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value as of June 30, 2011:

	Level 1	Level 2	Level 3	Total
Bond funds	$ 1,673,584			$ 1,673,584
Mutual funds	6,109,007			6,109,007
Money market fund	190,640			190,640
Total investments at fair value	$ 7,973,231			$ 7,973,231

Note E – Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants are one hundred percent (100%) vested in their accounts.

Note F – Excess Contributions Payable

Excess contributions are repaid in the year of occurrence.

Note G – Income Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated February 26, 1993, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes the Plan is currently designed and operating in compliance with the applicable provisions of the IRC.

Note H – Subsequent Events

These financial statements considered subsequent events through April 15, 2013, the date financial statements were available to be issued.

On January 2, 2013, Massachusetts Mutual Life Insurance Company (MassMutual) completed its acquisition of the Custodian's (The Hartford) Retirement Plans business. There is no significant impact on Plan investments or operations as a result of this merger.

Note I – Reconciliation of Financial Statements to Schedule H of Form 5500

There are no reconciling differences of net assets available for benefits per the financial statements at June 30, 2012 and June 30, 2011 to Schedule H of Form 5500.

Supplemental Schedules

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 06/30/2012
Plan Name: Houdini, Inc. Employees Retirement Plan

Employer EIN: 33-0364989

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Descripton of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	Number of Shares	(d) Cost	(e) Current Value
THE HARTFORD*				
PIMCO TOTAL RETURN	Registered Investment Company			$ 1,727,016
PRUDENTIAL JENNISON MID CAP	Registered Investment Company			746,838
LORD ABBETT DEVELOPING GROWTH	Registered Investment Company			61,938
HARTFORD TARGET FUND	Registered Investment Company			84,085
HARTFORD TARGET FUND	Registered Investment Company			63,850
HARTFORD TARGET FUND	Registered Investment Company			12,495
HARTFORD TARGET FUND	Registered Investment Company			158,153
VANGUARD SMALL CAP	Registered Investment Company			5,274
RIDGEWORTH	Registered Investment Company			962
MUTUAL SHARES A	Registered Investment Company			120,761
TEMPLETON FOREIGN A	Registered Investment Company			314,046
MFS GOVERNMENT SECURITIES R3	Registered Investment Company			73,859
AMERICAN CENTURY GROWTH A	Registered Investment Company			594,288
AMERICAN CENTURY EQUITY INCOME	Registered Investment Company			600,119
LORD ABBETT FUNDAMENTAL EQUITY	Registered Investment Company			46,571
JANUS OVER	Registered Investment Company			11,136
HARTFORD CAPITAL APP HLS IA	Registered Investment Company			462,225
HARTFORD DIVIDEND & GRTH HLS IA	Registered Investment Company			1,029,709
HARTFORD GROWTH	Registered Investment Company			642,404
HARTFORD HEALTHCARE HLS IA	Registered Investment Company			371,578
HARTFORD INDEX HLS IA	Registered Investment Company			432,046
HARTFORD MONEY MARKET HLS	Registered Investment Company			201,009
JANUS BALANCE	Registered Investment Company			1,113,980
JANUS TWENTY	Registered Investment Company			374,453
NUVEEN MID CAP INDEX	Registered Investment Company			1,229
NOTES RECEIVABLE FROM PARTICIPANTS*	Interest Rates (6.00% to 8.00%)			293,938
			TOTAL	$ 9,543,962

* - Represents a party-in-interest as defined by ERISA

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 06/30/2011
Plan Name: Houdini, Inc. Employees Retirement Plan

Employer EIN: 33-0364989

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Descripton of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	Number of Shares	(d) Cost	(e) Current Value
THE HARTFORD*				
PIMCO TOTAL RETURN	Registered Investment Company			$ 1,348,758
LORD ABBETT DEVELOPING GROWTH	Registered Investment Company			23,550
HARTFORD TARGET FUND	Registered Investment Company			324
HARTFORD TARGET FUND	Registered Investment Company			2,277
HARTFORD TARGET FUND	Registered Investment Company			2,458
MUTUAL SHARES A	Registered Investment Company			105,602
TEMPLETON FOREIGN A	Registered Investment Company			324,826
MFS GOVERNMENT SECURITIES R3	Registered Investment Company			145,383
AMERICAN CENTURY GROWTH A	Registered Investment Company			179,210
AMERICAN CENTURY EQUITY INCOME	Registered Investment Company			470,392
LORD ABBETT FUNDAMENTAL EQUITY	Registered Investment Company			224,815
HARTFORD CAPITAL APP HLS IA	Registered Investment Company			464,211
HARTFORD DIVIDEND & GRTH HLS IA	Registered Investment Company			897,986
HARTFORD GLOBAL	Registered Investment Company			603,269
HARTFORD HEALTHCARE HLS IA	Registered Investment Company			257,822
HARTFORD INDEX HLS IA	Registered Investment Company			361,353
HARTFORD MIDCAP HLS IA	Registered Investment Company			941,555
HARTFORD MONEY MARKET HLS	Registered Investment Company			190,640
JANUS BALANCE	Registered Investment Company			874,863
JANUS TWENTY	Registered Investment Company			556,749
NUVEEN SMALL CAP INDEX	Registered Investment Company			1,489
LESS: ACCRUAL				(4,301)
NOTES RECEIVABLE FROM PARTICIPANTS*	Interest Rates (6.00% to 8.00%)			282,979
			TOTAL	$ 8,256,210

* - Represents a party-in-interest as defined by ERISA

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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

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 HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

07/01/1997

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

HOUDINI, INC.

4225 Palm Street

Fullerton CA 92835

2b Employer Identification Number (EIN)
33-0364989

2c Sponsor's telephone number
(714) 525-0325

2d Business code (see instructions)
424990

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	Daniel Maguire	4/8/13	Daniel M. Maguire, C.F.O.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Daniel M. Maguire	4/8/13	Daniel M. Maguire
	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") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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:		**4b** EIN
a	Sponsor's name		**4c** PN
5	Total number of participants at the beginning of the plan year	**5**	202
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**	194
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**.	**6d**	208
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	208
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	208
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:

2A 2E 2F 2J 2H

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)	[X] Insurance	(1)	[X] 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)	[X] 1	**A** (Insurance Information)
		(4)	[ ]	**C** (Service Provider Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	[X]	**D** (DFE/Participating Plan Information)
		(6)	[ ]	**G** (Financial Transaction Schedules)

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 06/30/2012
Plan Name: Houdini, Inc. Employees Retirement Plan

Employer EIN: 33-0364989

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Descripton of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	Number of Shares	(d) Cost	(e) Current Value
THE HARTFORD*				
PIMCO TOTAL RETURN	Registered Investment Company			$ 1,727,016
PRUDENTIAL JENNISON MID CAP	Registered Investment Company			746,838
LORD ABBETT DEVELOPING GROWTH	Registered Investment Company			61,938
HARTFORD TARGET FUND	Registered Investment Company			84,085
HARTFORD TARGET FUND	Registered Investment Company			63,850
HARTFORD TARGET FUND	Registered Investment Company			12,495
HARTFORD TARGET FUND	Registered Investment Company			158,153
VANGUARD SMALL CAP	Registered Investment Company			5,274
RIDGEWORTH	Registered Investment Company			962
MUTUAL SHARES A	Registered Investment Company			120,761
TEMPLETON FOREIGN A	Registered Investment Company			314,046
MFS GOVERNMENT SECURITIES R3	Registered Investment Company			73,859
AMERICAN CENTURY GROWTH A	Registered Investment Company			594,288
AMERICAN CENTURY EQUITY INCOME	Registered Investment Company			600,119
LORD ABBETT FUNDAMENTAL EQUITY	Registered Investment Company			46,571
JANUS OVER	Registered Investment Company			11,136
HARTFORD CAPITAL APP HLS IA	Registered Investment Company			462,225
HARTFORD DIVIDEND & GRTH HLS IA	Registered Investment Company			1,029,709
HARTFORD GROWTH	Registered Investment Company			642,404
HARTFORD HEALTHCARE HLS IA	Registered Investment Company			371,578
HARTFORD INDEX HLS IA	Registered Investment Company			432,046
HARTFORD MONEY MARKET HLS	Registered Investment Company			201,009
JANUS BALANCE	Registered Investment Company			1,113,980
JANUS TWENTY	Registered Investment Company			374,453
NUVEEN MID CAP INDEX	Registered Investment Company			1,229
NOTES RECEIVABLE FROM PARTICIPANTS*	Interest Rates (6.00% to 8.00%)			293,938
			TOTAL	$ 9,543,962

* - Represents a party-in-interest as defined by ERISA

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 06/30/2011
Plan Name: Houdini, Inc. Employees Retirement Plan

Employer EIN: 33-0364989

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Descripton of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	Number of Shares	(d) Cost	(e) Current Value
THE HARTFORD*				
PIMCO TOTAL RETURN	Registered Investment Company			$ 1,348,758
LORD ABBETT DEVELOPING GROWTH	Registered Investment Company			23,550
HARTFORD TARGET FUND	Registered Investment Company			324
HARTFORD TARGET FUND	Registered Investment Company			2,277
HARTFORD TARGET FUND	Registered Investment Company			2,458
MUTUAL SHARES A	Registered Investment Company			105,602
TEMPLETON FOREIGN A	Registered Investment Company			324,826
MFS GOVERNMENT SECURITIES R3	Registered Investment Company			145,383
AMERICAN CENTURY GROWTH A	Registered Investment Company			179,210
AMERICAN CENTURY EQUITY INCOME	Registered Investment Company			470,392
LORD ABBETT FUNDAMENTAL EQUITY	Registered Investment Company			224,815
HARTFORD CAPITAL APP HLS IA	Registered Investment Company			464,211
HARTFORD DIVIDEND & GRTH HLS IA	Registered Investment Company			897,986
HARTFORD GLOBAL	Registered Investment Company			603,269
HARTFORD HEALTHCARE HLS IA	Registered Investment Company			257,822
HARTFORD INDEX HLS IA	Registered Investment Company			361,353
HARTFORD MIDCAP HLS IA	Registered Investment Company			941,555
HARTFORD MONEY MARKET HLS	Registered Investment Company			190,640
JANUS BALANCE	Registered Investment Company			874,863
JANUS TWENTY	Registered Investment Company			556,749
NUVEEN SMALL CAP INDEX	Registered Investment Company			1,489
LESS: ACCRUAL				(4,301)
NOTES RECEIVABLE FROM PARTICIPANTS*	Interest Rates (6.00% to 8.00%)			282,979
			TOTAL	$ 8,256,210

* - Represents a party-in-interest as defined by ERISA

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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

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 HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

07/01/1997

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

HOUDINI, INC.

4225 Palm Street

Fullerton CA 92835

2b Employer Identification Number (EIN)
33-0364989

2c Sponsor's telephone number
(714) 525-0325

2d Business code (see instructions)
424990

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	Daniel Maguire	4/8/13	Daniel M. Maguire, C.F.O.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Daniel M. Maguire	4/8/13	Daniel M. Maguire
	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") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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:		**4b** EIN
a	Sponsor's name		**4c** PN
5	Total number of participants at the beginning of the plan year	**5**	202
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**	194
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**.	**6d**	208
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	208
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	208
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:

2A 2E 2F 2J 2H

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)	[X] Insurance	(1)	[X] 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)	[X] 1	**A** (Insurance Information)
		(4)	[ ]	**C** (Service Provider Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan

HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

HOUDINI, INC.

D Employer Identification Number (EIN)
33-0364989

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

Hartford 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
06-0974148	88072	GA-7863		07/01/2011	06/30/2012

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
0	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

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

(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 (c) Amount	(d) Purpose	(e) Organization code

(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	
			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	

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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	9,250,024

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 ▶

b Balance at the end of the previous year		7b	
c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			
(6) Total additions		7c(6)	
d Total of balance and additions (add b and c(6)).		7d	
e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			
(5) Total deductions		7e(5)	
f Balance at the end of the current year (subtract e(5) from d)		7f	

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 organizations(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 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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan

HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500

HOUDINI, INC.

D Employer Identification Number (EIN)
33-0364989

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 K

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

c EIN-PN	**d** Entity code	**e** Dollar value of int erest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
06-0974148 000	P	3,223,786

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

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

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)
06-0974148 000	P	6,026,238

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

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan

HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

HOUDINI, INC.

D Employer Identification Number (EIN)

33-0364989

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1,004,301	1,000,000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	282,978	293,938
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	7,973,005	9,250,024
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	9,260,284	10,543,962
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9,260,284	10,543,962

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)	1,000,000	
(B) Participants	2a(1)(B)	308,345	
(C) Others (including rollovers)	2a(1)(C)	101,076	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1,409,421
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	11,882	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11,882
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		17,241
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1,438,544
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	150,647	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		150,647
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	3,610	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	609	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4,219
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		154,866
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1,283,678
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FETTA, KIDDER & WILCOX, CPA'S (2) EIN: 64-0952456

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		500,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 06/30/2012
Plan Name: Houdini, Inc. Employees Retirement Plan

Employer EIN: 33-0364989

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Descripton of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	Number of Shares	(d) Cost	(e) Current Value
THE HARTFORD*				
PIMCO TOTAL RETURN	Registered Investment Company			$ 1,727,016
PRUDENTIAL JENNISON MID CAP	Registered Investment Company			746,838
LORD ABBETT DEVELOPING GROWTH	Registered Investment Company			61,938
HARTFORD TARGET FUND	Registered Investment Company			84,085
HARTFORD TARGET FUND	Registered Investment Company			63,850
HARTFORD TARGET FUND	Registered Investment Company			12,495
HARTFORD TARGET FUND	Registered Investment Company			158,153
VANGUARD SMALL CAP	Registered Investment Company			5,274
RIDGEWORTH	Registered Investment Company			962
MUTUAL SHARES A	Registered Investment Company			120,761
TEMPLETON FOREIGN A	Registered Investment Company			314,046
MFS GOVERNMENT SECURITIES R3	Registered Investment Company			73,859
AMERICAN CENTURY GROWTH A	Registered Investment Company			594,288
AMERICAN CENTURY EQUITY INCOME	Registered Investment Company			600,119
LORD ABBETT FUNDAMENTAL EQUITY	Registered Investment Company			46,571
JANUS OVER	Registered Investment Company			11,136
HARTFORD CAPITAL APP HLS IA	Registered Investment Company			462,225
HARTFORD DIVIDEND & GRTH HLS IA	Registered Investment Company			1,029,709
HARTFORD GROWTH	Registered Investment Company			642,404
HARTFORD HEALTHCARE HLS IA	Registered Investment Company			371,578
HARTFORD INDEX HLS IA	Registered Investment Company			432,046
HARTFORD MONEY MARKET HLS	Registered Investment Company			201,009
JANUS BALANCE	Registered Investment Company			1,113,980
JANUS TWENTY	Registered Investment Company			374,453
NUVEEN MID CAP INDEX	Registered Investment Company			1,229
NOTES RECEIVABLE FROM PARTICIPANTS*	Interest Rates (6.00% to 8.00%)			293,938
			TOTAL	$ 9,543,962

* - Represents a party-in-interest as defined by ERISA

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 06/30/2011
Plan Name: Houdini, Inc. Employees Retirement Plan

Employer EIN: 33-0364989

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Descripton of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	Number of Shares	(d) Cost	(e) Current Value
THE HARTFORD*				
PIMCO TOTAL RETURN	Registered Investment Company			$ 1,348,758
LORD ABBETT DEVELOPING GROWTH	Registered Investment Company			23,550
HARTFORD TARGET FUND	Registered Investment Company			324
HARTFORD TARGET FUND	Registered Investment Company			2,277
HARTFORD TARGET FUND	Registered Investment Company			2,458
MUTUAL SHARES A	Registered Investment Company			105,602
TEMPLETON FOREIGN A	Registered Investment Company			324,826
MFS GOVERNMENT SECURITIES R3	Registered Investment Company			145,383
AMERICAN CENTURY GROWTH A	Registered Investment Company			179,210
AMERICAN CENTURY EQUITY INCOME	Registered Investment Company			470,392
LORD ABBETT FUNDAMENTAL EQUITY	Registered Investment Company			224,815
HARTFORD CAPITAL APP HLS IA	Registered Investment Company			464,211
HARTFORD DIVIDEND & GRTH HLS IA	Registered Investment Company			897,986
HARTFORD GLOBAL	Registered Investment Company			603,269
HARTFORD HEALTHCARE HLS IA	Registered Investment Company			257,822
HARTFORD INDEX HLS IA	Registered Investment Company			361,353
HARTFORD MIDCAP HLS IA	Registered Investment Company			941,555
HARTFORD MONEY MARKET HLS	Registered Investment Company			190,640
JANUS BALANCE	Registered Investment Company			874,863
JANUS TWENTY	Registered Investment Company			556,749
NUVEEN SMALL CAP INDEX	Registered Investment Company			1,489
LESS: ACCRUAL				(4,301)
NOTES RECEIVABLE FROM PARTICIPANTS*	Interest Rates (6.00% to 8.00%)			282,979
			TOTAL	$ 8,256,210

* - Represents a party-in-interest as defined by ERISA

FETTA KIDDER & WILCOX
CERTIFIED PUBLIC ACCOUNTANTS, LLP

15 ENTERPRISE SUITE 445 ALISO VIEJO, CA 92656 TEL (949) 362-7106 FAX (949) 362-0660

JOHN W. FETTA • ANNETTE C. KIDDER • IAN C. WILCOX

To the Administrative Committee of
Houdini, Inc. Employees Retirement Plan

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of the Houdini, Inc. Employees Retirement Plan (the "Plan") as of June 30, 2012 and June 30, 2011 and the related statements of changes in net assets available for benefits (modified cash basis) for the year ended June 30, 2012, and the supplemental schedule of assets held for investment purposes as of June 30, 2012 and June 30, 2011.

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 C, which were certified by the Hartford Life Insurance Co., the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian as of and for the years ended June 30, 2012, and June 30, 2011, that the information provided to the plan administrator by the Custodian is complete and accurate.

Except as described in the preceding paragraph, our audits of the Plan for the years ended June 30, 2012, and June 30, 2011, were conducted in accordance with U.S. generally accepted auditing standards, the objective of which is to form an opinion as to whether the financial statements, which are the responsibility and representations of management, present fairly, in all material respects, the financial status, and changes in financial status in conformity with the modified cash basis of accounting. Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole.

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2012 and June 30, 2011 that accompanies the Plan's financial statements does not disclose historical cost of plan assets held by the Custodian. Disclosure of this information is required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fetta Kidder & Wilcox

Fetta Kidder & Wilcox
Certified Public Accountants LLP
Aliso Viejo, California

April 15, 2013

Houdini, Inc. Employees Retirement Plan
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis
Year ended June 30, 2012

	2012	2011
Assets		
Investments, at fair value	$ 9,250,024	$ 7,973,231
Receivables		
Notes receivable from participants	293,938	282,979
Employer contribution	1,000,000	1,004,301
Total receivables	1,293,938	1,287,280
Total Assets	$ 10,543,962	$ 9,260,511
Liabilities		
Accrued excess contributions	-	-
Total liabilities	-	-
Net assets available for benefits	$ 10,543,962	$ 9,260,511

See accompanying notes to financial statements

Houdini, Inc. Employees Retirement Plan
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis
Year ended June 30, 2012

	Total Plans	Profit Sharing	401(k)
Additions to net assets attributed to:			
Income:			
Net appreciation (depreciation) in fair value of investment	$ 17,241	$ 56,629	$ (39,388)
Interest from notes receivable from participants	11,882	6,315	5,567
Total income	29,123	62,944	(33,821)
Contributions			
Participant	308,345		308,345
Employer	1,000,000	1,000,000	
Rollover	101,076		101,076
Total contributions	1,409,421	1,000,000	409,421
Total additions	1,438,544	1,062,944	375,600
Deductions			
Deductions from net assets attributed to:			
Benefits paid to participants	150,648	134,236	16,412
Administration expenses	4,445	3,867	578
Total deductions	155,093	138,103	16,990
Net increase (decrease) in net assets	1,283,451	924,841	358,610
Net assets available for benefits			
Beginning of year	9,260,511	6,423,516	2,836,995
End of year	$ 10,543,962	$ 7,348,357	$ 3,195,605

See accompanying notes to financial statements

Note A – Description of the Plan

The following description of the Houdini, Inc. Employees Retirement Plan ("Plan") is intended to provide only general information about the Plan. It is recommended that Participants refer to the Plan Document and Trust Agreement and/or the Summary Plan Description (SPD). If there is any disparity between the two, the provision of the Plan Document supersedes the language reflected in the SPD. The Plan Sponsor is the Employer, Houdini, Inc. ("Sponsor"). The Plan assets are invested in cash and mutual funds at Hartford Insurance ("Custodian").

General

The Plan is a defined contribution employees retirement plan qualified for certain tax benefits under Internal Revenue Code §401. There are two separate components to the Plan. The 401(k) portion of the Plan is funded solely by salary deferral withholding from the employees' payroll on a discretionary basis. The Profit Sharing component of the Plan is funded exclusively by the Sponsor also on a discretionary basis. The eligibility requirements are a minimum of age 21 for both components and one year of service with a minimum of 1,000 Hours of Service measured from the date of hire to the anniversary date of hire for participation in the 401(k) component and two years of service for the Profit Sharing component. The Entry date is the first day of each quarter following completion of the age and service requirements for both components. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974 and subsequent relevant legislation.

Contributions

Participants may elect to defer a portion of their W-2 wages up to a maximum of $17,000 and $16,500 (plus an additional $5,500 and $5,000 for those participants who have attained age 50 by the end of the Plan Year) into the 401(k) component for the years ended June 30, 2012 and June 30, 2011, respectively. From the inception of the Plan effective July, 1, 1997, the Sponsor has elected not to make any 401(k) Employer Matching contributions. However, for the years ended June 30, 2012 and June 30, 2011, the Sponsor has elected to make substantial discretionary non-elective Employer Profit Sharing contributions on behalf of eligible Participants.

401(k) Participant Accounts

Each Participant's earmarked account is credited with the elective salary deferrals and the accounts earnings and/or losses and is charged with applicable expenses. Each Participant's account balance is 100% vested at all times.

Allocation of Profit Sharing Contributions in Pooled Accounts

The Employer discretionary non-elective Profit Sharing contributions are funded into various mutual funds that are pooled accounts. These contributions are allocated based upon tier-groups composed of various distinct job classifications. In the event that the Sponsor chooses to make a Profit Sharing contribution for any particular Plan Year, each Participant who qualifies in any particular tier group receives a specific allocation as a percentage of his or her annual compensation based upon the relevant tier group.

Vesting

Each participant is one hundred percent (100%) vested in his or her account balance inclusive of investment earnings and losses in both components of the Plan at all times.

Hartford Investment Portfolio

Each portfolio within the Asset Allocation Funds is designed for a certain type of investor and is diversified to promote stability. Asset Allocation portfolios include a variety of equities (investments in corporate stocks) which are considered higher risk investments offering with significantly greater potential returns. The Asset Allocation portfolios also include bonds, other fixed income securities, and money market instruments which have substantially lower risk. The Profit Sharing and 401(k) investments are self-directed by participants.

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or fifty percent (50%) of their account balance. Loan terms range from one to five years, but may be for a period of up to twenty (20) years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a fixed rate, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant receives a lump-sum amount equal to the value of the participant's vested account balance. Benefits are recorded when paid.

Administrative Expenses

Non-investment costs and administrative expenses of the Plan are paid by the Company, which is a party-in-interest. These expenses, which are not reflected in the accompanying financial statements, constitute exempt party-in-interest transactions under ERISA. Loan establishment, loan maintenance and short-term trading fees are paid by the Plan's participants and all other investment expenses are offset against the related investment income. Fees paid by the Plan participants to the custodian for administrative expenses amounted to $4,445 for the year ended June 30, 2012.

Forfeitures

Forfeitures arising from employees withdrawing from the plan and not being one hundred percent (100%) vested will not reduce future employer contributions. The 401(k) plan is vested 100% at the time of contribution.

Note B – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared under the modified cash basis of accounting which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles.

As described in the Plan Accounting–Defined Contribution Pension Plans topic of the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("Codification"), security investments are required to be reported at fair value.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting, which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles, requires the Plan's administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could materially differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Securities traded in public markets are valued at their quoted market prices. Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The difference between cost and market value from one period to the next is recognized as a component of net appreciation (depreciation) in fair value of investments in the accompanying statement of changes in net assets available for benefits.

Note C – Information Certified by the Custodian (Unaudited)

At June 30, 2012 and June 30, 2011, the Plan's assets were held by the Custodian. The following is a summary of investment asset and investment transaction information certified by the Custodian in accordance with Section CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

The following schedule of funds presents investments at June 30, 2012 and June 30, 2011 that represents five percent (5%) or more of the Plan's net assets.

	June 30, 2012	June 30, 2011
Pimco Total Return A	$ 1,727,016	$ 1,348,758
Prudential Jennison Mid Cap	746,838	
Hartford Dividend Growth Fund- C	1,029,709	897,986
Hardford Capital APP HLS IA	462,225	464,211
Hartford Global Research HLS IA		608,269
Hartford Growth	642,404	
Hartford MidCap HLS IA	432,046	941,555
American Century Growth A	594,288	
American Century Equity Income A	600,119	470,392
Janus Balance T	1,113,980	874,863
Janus Twenty		556,749
Subtotal	7,348,625	6,162,783
Other Investment Funds (less than 5%)	1,901,399	1,810,448
Total	$ 9,250,024	$ 7,973,231

During the year ended June 30, 2012, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $17,241.

Note D – Fair Value Measurements

The Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market for the asset or liability is a market in which the transaction for the asset or liability occurs with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted market prices in markets that are active; or model-derived valuations or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value as of June 30, 2012:

	Level 1	Level 2	Level 3	Total
Bond funds	$ 1,800,875			$ 1,800,875
Mutual funds	7,248,140			7,248,140
Money market fund	201,009			201,009
Total investments at fair value	$ 9,250,024			$ 9,250,024

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value as of June 30, 2011:

	Level 1	Level 2	Level 3	Total
Bond funds	$ 1,673,584			$ 1,673,584
Mutual funds	6,109,007			6,109,007
Money market fund	190,640			190,640
Total investments at fair value	$ 7,973,231			$ 7,973,231

Note E – Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants are one hundred percent (100%) vested in their accounts.

Note F – Excess Contributions Payable

Excess contributions are repaid in the year of occurrence.

Note G – Income Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated February 26, 1993, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes the Plan is currently designed and operating in compliance with the applicable provisions of the IRC.

Note H – Subsequent Events

These financial statements considered subsequent events through April 15, 2013, the date financial statements were available to be issued.

On January 2, 2013, Massachusetts Mutual Life Insurance Company (MassMutual) completed its acquisition of the Custodian's (The Hartford) Retirement Plans business. There is no significant impact on Plan investments or operations as a result of this merger.

Note I – Reconciliation of Financial Statements to Schedule H of Form 5500

There are no reconciling differences of net assets available for benefits per the financial statements at June 30, 2012 and June 30, 2011 to Schedule H of Form 5500.

Supplemental Schedules

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 06/30/2012
Plan Name: Houdini, Inc. Employees Retirement Plan

Employer EIN: 33-0364989

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Descripton of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	Number of Shares	(d) Cost	(e) Current Value
THE HARTFORD*				
PIMCO TOTAL RETURN	Registered Investment Company			$ 1,727,016
PRUDENTIAL JENNISON MID CAP	Registered Investment Company			746,838
LORD ABBETT DEVELOPING GROWTH	Registered Investment Company			61,938
HARTFORD TARGET FUND	Registered Investment Company			84,085
HARTFORD TARGET FUND	Registered Investment Company			63,850
HARTFORD TARGET FUND	Registered Investment Company			12,495
HARTFORD TARGET FUND	Registered Investment Company			158,153
VANGUARD SMALL CAP	Registered Investment Company			5,274
RIDGEWORTH	Registered Investment Company			962
MUTUAL SHARES A	Registered Investment Company			120,761
TEMPLETON FOREIGN A	Registered Investment Company			314,046
MFS GOVERNMENT SECURITIES R3	Registered Investment Company			73,859
AMERICAN CENTURY GROWTH A	Registered Investment Company			594,288
AMERICAN CENTURY EQUITY INCOME	Registered Investment Company			600,119
LORD ABBETT FUNDAMENTAL EQUITY	Registered Investment Company			46,571
JANUS OVER	Registered Investment Company			11,136
HARTFORD CAPITAL APP HLS IA	Registered Investment Company			462,225
HARTFORD DIVIDEND & GRTH HLS IA	Registered Investment Company			1,029,709
HARTFORD GROWTH	Registered Investment Company			642,404
HARTFORD HEALTHCARE HLS IA	Registered Investment Company			371,578
HARTFORD INDEX HLS IA	Registered Investment Company			432,046
HARTFORD MONEY MARKET HLS	Registered Investment Company			201,009
JANUS BALANCE	Registered Investment Company			1,113,980
JANUS TWENTY	Registered Investment Company			374,453
NUVEEN MID CAP INDEX	Registered Investment Company			1,229
NOTES RECEIVABLE FROM PARTICIPANTS*	Interest Rates (6.00% to 8.00%)			293,938
			TOTAL	$ 9,543,962

* - Represents a party-in-interest as defined by ERISA

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 06/30/2011
Plan Name: Houdini, Inc. Employees Retirement Plan

Employer EIN: 33-0364989

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Descripton of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	Number of Shares	(d) Cost	(e) Current Value
THE HARTFORD*				
PIMCO TOTAL RETURN	Registered Investment Company			$ 1,348,758
LORD ABBETT DEVELOPING GROWTH	Registered Investment Company			23,550
HARTFORD TARGET FUND	Registered Investment Company			324
HARTFORD TARGET FUND	Registered Investment Company			2,277
HARTFORD TARGET FUND	Registered Investment Company			2,458
MUTUAL SHARES A	Registered Investment Company			105,602
TEMPLETON FOREIGN A	Registered Investment Company			324,826
MFS GOVERNMENT SECURITIES R3	Registered Investment Company			145,383
AMERICAN CENTURY GROWTH A	Registered Investment Company			179,210
AMERICAN CENTURY EQUITY INCOME	Registered Investment Company			470,392
LORD ABBETT FUNDAMENTAL EQUITY	Registered Investment Company			224,815
HARTFORD CAPITAL APP HLS IA	Registered Investment Company			464,211
HARTFORD DIVIDEND & GRTH HLS IA	Registered Investment Company			897,986
HARTFORD GLOBAL	Registered Investment Company			603,269
HARTFORD HEALTHCARE HLS IA	Registered Investment Company			257,822
HARTFORD INDEX HLS IA	Registered Investment Company			361,353
HARTFORD MIDCAP HLS IA	Registered Investment Company			941,555
HARTFORD MONEY MARKET HLS	Registered Investment Company			190,640
JANUS BALANCE	Registered Investment Company			874,863
JANUS TWENTY	Registered Investment Company			556,749
NUVEEN SMALL CAP INDEX	Registered Investment Company			1,489
LESS: ACCRUAL				(4,301)
NOTES RECEIVABLE FROM PARTICIPANTS*	Interest Rates (6.00% to 8.00%)			282,979
			TOTAL	$ 8,256,210

* - Represents a party-in-interest as defined by ERISA

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan

HOUDINI, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

HOUDINI, INC.

D Employer Identification Number (EIN)
33-0364989

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): _____ _____

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 (include any prior year accumulated funding deficiency not waived) 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 or other authority 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. 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): ____

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):