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 01/01/2011 and ending 12/31/2011

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
TIVOLI ENTERPRISES INC. 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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

TIVOLI ENTERPRISES, INC.

603 ROGERS ST
DOWNERS GROVE, IL 60515-3773

603 ROGERS ST
DOWNERS GROVE, IL 60515-3773

2b Employer Identification Number (EIN)
36-2978786

2c Sponsor's telephone number
630-968-1600

2d Business code (see instructions)
713900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2012	CHRISTOPHER JOHNSON
	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")
TIVOLI ENTERPRISES, INC.

603 ROGERS ST
DOWNERS GROVE, IL 60515-3773

3b Administrator's EIN
36-2978786

3c Administrator's telephone number
630-968-1600

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**	156
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**	172
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	5
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	177
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	177
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	44
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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:
2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
TIVOLI ENTERPRISES INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2978786

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 60	RECORDKEEPER	75	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARIEL FUND - US BANCORP FUND SERVIC 39-0281260	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS PARTNERS A - BOSTON FINANCIAL DA 04-2526037	0.55%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
TIVOLI ENTERPRISES INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2978786

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	53816	65951
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	50237	74910
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1849397	1927340
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1953450	2068201
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1953450	2068201

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)	19681	
(B) Participants	2a(1)(B)	167462	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		187143
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3216	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3222
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	43137	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		43137
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-89369
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		144133
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17395	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		17395
f	Corrective distributions (see instructions)	2f		11873
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: **(1)** Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	114	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		114
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29382
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		114751
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LEO J. KRUPP & COMPANY LLP **(2)** EIN: 36-2657681

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		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
TIVOLI ENTERPRISES INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2978786

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): 04-6568107

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):

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2011 AND 2010

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

TABLE OF CONTENTS

Particulars	Exhibit
Independent Auditors' Report	
Financial Statements:	
Statements of Net Assets Available for Benefits- December 31, 2011 and 2010	1
Statements of Changes in Net Assets Available for Benefits- December 31, 2011 and 2010	2
Notes to Financial Statements	
Supplemental Schedule	
Schedule of Assets (Held at End of Year)- December 31, 2011	3

NOTE: All other schedules are omitted since they are not applicable or are not required based on the disclosure requirements of the Employee Retirement Income Security Act of 1974 and applicable regulations issued by the Department of Labor.

INDEPENDENT AUDITORS' REPORT

To Administration Committee, TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN:

We were engaged to audit the financial statements of TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN as of December 31, 2011 and 2010 and for the years then ended and supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Leo J. Krupp & Company LLP

LEO J. KRUPP & COMPANY LLP

Park Ridge, Illinois

August 18, 2012

EXHIBIT 1

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2011 AND 2010

ASSETS	2011	2010
Investments at fair value:		
Cash and cash equivalents	$ 65,951	$ 53,816
Mutual funds	1,927,340	1,849,397
Participants' loans receivable	74,910	50,237
Net assets available for benefits	$2,068,201	$1,953,450

See accompanying notes to financial statements.

EXHIBIT 2

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2011 AND 2010

Particulars	2011	2010
Additions to net assets attributed to:		
Net appreciation in fair value of investments	$ -	$ 218,437
Investment income:		
Interest income	3,222	2,786
Dividend income	43,137	25,171
Contributions:		
Employer	19,681	18,640
Participants	167,462	151,387
Total additions	233,502	416,421
Deductions from net assets attributed to:		
Net depreciation in face value of investments	89,369	-
Benefits paid to participants	29,268	73,754
Other miscellaneous fees	114	250
Total deductions	118,751	74,004
Net increase	114,751	342,417
Net assets available for benefits- Beginning of year	1,953,450	1,611,033
Net assets available for benefits- End of year	$2,068,201	$1,953,450

See accompanying notes to financial statements.

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

Note 1: DESCRIPTION OF PLAN-

The following description of the TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN (the Plan) provides only general information. Reference should be made to the Plan document for a more complete description of the Plan's provisions.

A. The Plan is a defined contribution plan covering all employees of Tivoli Enterprises, Inc. ("the Company") who have met certain service and age requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was established effective January 1, 1994.

B. Participants may contribute from 1% to 90% of their pre-tax annual compensation not to exceed the annual maximum limit established by the Internal Revenue Service. For participants, the Company will match an amount equal to 25% of elective deferrals, which does not exceed 5% of a participant's eligible compensation.

C. Each participant's account is credited with the participant's contributions and an allocation of the Plan's earnings or losses.

D. Participants have a fully vested interest in their contributions plus actual earnings thereon.

Company contributions vest in accordance with the following schedule:

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

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

Note 1: DESCRIPTION OF PLAN- (continued)

Notwithstanding the foregoing, participants shall have a fully vested interest in their employer contribution, deferred and rollover accounts upon death, total and permanent disability, or retirement upon attainment of age 65.

Upon termination of employment of participants who were not fully vested in their employer accounts, the non-vested portion of their employer accounts shall be segregated in a separate account, until the participants have a period of break in service of five years or they receive a distribution of the vested portion of their accounts, if earlier. If the former participants are not re-employed by Company or an affiliated company before they have a period of break in service of five years or receive such a distribution, the non-vested portion of their employer accounts, so segregated, shall be forfeited. Total forfeited amounts allocated to individual accounts were $422 and $572 for 2011 and 2010, respectively.

E. Participants may borrow from their fund accounts a minimum of $1,000.00 up to a maximum of 50% of the participant's vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participants' Loans Receivable Fund. Loans must be repaid within 5 years, unless the loan is used to acquire a principal residence. The loans are secured by the balance in the participant's principal account and bear a reasonable rate of interest. Loans in default are treated like distributions and may be subject to income and penalty taxes.

F. Upon termination of service, a participant may elect to receive a lump sum payment equal to the value of the participant’s vested interest in his or her account, annual installments over a period of not more than his or her and a beneficiaries assumed life expectancy, a life annuity or a joint and survivor annuity.

G. Although it has not expressed any intent to do so the Company shall have the right at any time to discontinue its contributions and to terminate the Plan by delivering to the Trustee and Administrator written notice of such termination. Upon termination, the affected participants’ combined accounts shall become 100% vested, and the employer shall direct the distribution of assets to the participants in accordance with the applicable Plan provision.

H. All expenses of maintaining the Plan are paid by the Company.

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-

A. The accompanying financial statements have been prepared on the accrual basis of accounting. In accordance with the policy of stating investments at fair value, net unrealized appreciation or depreciation for the year is reflected in the statement of changes in net assets available for benefits.

B. In preparing the financial statements in conformity with accounting principles generally accepted in the United States, the plan administrator is required to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements, and also the reported amounts of changes in net assets during the reporting periods. Actual results could differ from those estimates and assumptions.

C. Investments are stated at fair value based upon quoted market prices, if available. Market interest rate, investment interest rate and present value calculations, as applicable, are considered in determining fair value when quoted market prices are not available. The moving average cost basis is used in determining the cost of investments sold. Participant loans receivable are valued at the amount borrowed less principal repayments.

D. Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest.

E. Benefits are recorded when paid.

F. Subsequent events were evaluated through August 22, 2012 which is the date the financial statements were available to be issued.

Note 3: RISKS AND UNCERTAINTIES-

The Plan provides for various investments in debt and equity securities. Investments in securities are generally exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

Note 4: INVESTMENTS-

The fair value of individual investments that represent 5% or more of the Plan's net assets at December 31, 2011 and 2010 are as follows:

Particulars	2011	2010
Fidelity Contrafund	$260,497	$260,698
Fidelity Leveraged Company Stock Fund	142,821	149,669
Fidelity Balanced Fund	144,358	133,619
Fidelity International Discovery Fund	123,255	138,225
Fidelity Capital Appreciation Fund	198,218	197,000
Spartan U.S. Bond Index Fund	156,483	155,422
Fidelity Large Cap Value Fund	188,691	191,538
Fidelity Freedom 2015 Fund	138,915	125,156
Fidelity Small Cap Value Fund	118,151	145,658

During 2011 and 2010, the Plan’s investments (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciated) in value as follows:

Particulars	2011	2010
Ariel Fund	$ (518)	$ 862
RS Partners Fund Class A	(6,336)	10,389
Fidelity Contrafund	(526)	36,102
Fidelity Value Fund	(971)	1,897
Select Health Care Portfolio	(1,351)	3,667
Select Technology Portfolio	(53)	48
Select Financial Services	(556)	127
Fidelity Leveraged Company Stock Fund	(18,203)	28,832
Fidelity Balanced Fund	(524)	13,761
Fidelity International Discovery Fund	(23,298)	11,666
Fidelity Capital Appreciation Fund	(5,699)	30,300
Fidelity Export and Multinational Fund	(3,139)	5,796
Fidelity Stock Selector Small Cap Fund	9	462
Fidelity Mid-Cap Stock Fund	(355)	1,001
Fidelity Small Cap Stock	(752)	874
Fidelity Freedom Income Fund	(1)	2
Fidelity Freedom 2000 Fund	-	3
Fidelity Freedom 2010 Fund	(1,904)	3,330
Fidelity Freedom 2020 Fund	(16)	10
Fidelity Freedom 2030 Fund	(613)	746
Spartan International Index Fund	(1,992)	653
Select Natural Resources Portfolio	(2,502)	799

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

Note 4: INVESTMENTS- (continued)

Particulars	2011	2010
Select Industrials Portfolio	$ (25)	$ 36
Spartan 500 Index	69	9,847
Spartan U.S. Bond Index Fund	6,670	3,278
Fidelity Large Cap Value Fund	(3,919)	13,882
Fidelity Freedom 2040 Fund	(2,876)	3,330
Fidelity Freedom 2005 Fund	(9)	23
Fidelity Freedom 2015 Fund	(5,178)	9,617
Fidelity Freedom 2025 Fund	(454)	735
Fidelity Freedom 2035 Fund	(3)	4
Fidelity Small Cap Value Fund	(14,076)	26,222
Fidelity Freedom 2050 Fund	(268)	136
Total	$(89,369)	$218,437

Note 5: INFORMATION CERTIFIED BY THE TRUSTEE-

In accordance with the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA (29 CFR 2520.103-8), the examination and report of an independent public accountant need not extend to any statement or information prepared and certified by a bank or an insurance carrier that is regulated. The plan administrator has accordingly elected this method of compliance. Accordingly, all information shown on the statements of net assets available for benefits and the statement of changes in net assets available for benefits was prepared from reports certified by the Trustee, except for amounts relating to contributions and distributions, and has not been audited by the Plan's independent auditors.

Note 6: FAIR VALUE MEASUREMENTS-

A. The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

NOTE 6: FAIR VALUE MEASUREMENTS- (continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

B. The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded (Level 1 Fair Value Measurement).

Note 7: TAX STATUS-

The Internal Revenue Service issued a determination letter dated March 31, 2008, stating that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC) as of January 30, 2006. The Plan has been amended since determination was received. However, the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt for the years ended December 31, 2011 and 2010.

Note 8: TRANSACTION WITH PARTIES-IN-INTEREST-

The Plan's investments in mutual funds held by the Trustee are considered to be party-in-interest transactions. The Fidelity Money Market Trust Retirement Money Market Portfolio is held by the Trustee. Also the Participants' Loans Receivable Fund represents party-in-interest transactions.

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

Note 9: OMITTED SCHEDULES AND INFORMATION-

The Plan has no lease commitments or leases in default, and no loans or fixed-income obligations in default, as defined by ERISA Section 2520.103(b)(3)(E) for the year ended December 31, 2011 and 2010.

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FORM 5500, SCHEDULE H LINE 4i

DECEMBER 31, 2011

(unaudited)

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
	Ariel Fund	128 shares of participation	**	$ 5,493
	RS Partners Fund Class A	1,802 shares of participation	**	52,769
*	Fidelity Contrafund	3,862 shares of participation	**	260,497
*	Fidelity Value Fund	221 shares of participation	**	14,024
*	Fidelity Select Health Care Portfolio	488 shares of participation	**	59,738
*	Fidelity Select Technology Portfolio	15 shares of participation	**	1,309
*	Fidelity Select Financial Services	53 shares of participation	**	2,603
*	Fidelity Leveraged Company Stock Fund	5,688 shares of participation	**	142,821
*	Fidelity Balanced Fund	7,936 shares of participation	**	144,358
*	Fidelity International Discovery Fund	4,464 shares of participation	**	123,255
*	Fidelity Capital Appreciation Fund	8,051 shares of participation	**	198,218
*	Fidelity Export and Multinational Fund	3,010 shares of participation	**	62,251

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FORM 5500, SCHEDULE H LINE 4i

DECEMBER 31, 2011

(unaudited)

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
*	Fidelity Stock Selector Small Cap Fund	50 shares of participation	**	904
*	Fidelity Mid-Cap Stock Fund	245 shares of participation	**	6,538
*	Fidelity Small Cap Stock Fund	409 shares of participation	**	6,762
*	Fidelity Freedom 2010 Fund	3,915 shares of participation	**	51,282
*	Fidelity Freedom 2020 Fund	46 shares of participation	**	600
*	Fidelity Freedom 2030 Fund	692 shares of participation	**	8,880
	Spartan International Index Fund	480 shares of participation	**	14,292
*	Fidelity Select Natural Resources Portfolio	991 shares of participation	**	31,003
*	Fidelity Money Market Trust Retirement Money Market Portfolio	65,951 shares of participation	**	65,951
	Spartan 500 Index Fund	2,081 shares of participation	**	92,565
*	Spartan U.S. Bond Index Fund	13,284 shares of participation	**	156,483
*	Fidelity Large Cap Value Fund	18,337 shares of participation	**	188,691

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FORM 5500, SCHEDULE H LINE 4i

DECEMBER 31, 2011

(unaudited)

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
*	Fidelity Freedom 2040 Fund	4,663 shares of participation	**	34,318
*	Fidelity Freedom 2005 Fund	31 shares of participation	**	328
*	Fidelity Freedom 2015 Fund	12,710 shares of participation	**	138,915
*	Fidelity Freedom 2025 Fund	673 shares of participation	**	7,277
*	Fidelity Freedom 2035 Fund	3 shares of participation	**	34
*	Fidelity Small Cap Value Fund	8,451 shares of participation	**	118,151
*	Fidelity Freedom 2050 Fund	349 shares of participation	**	2,981
*	Participants' loans receivable with interest rates between 4.25% and 8%		**	74,910
				$2,068,201

* Party in interest
** Not required due to participant-directed accounts

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

PLAN NUMBER: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FORM 5500, SCHEDULE H LINE 4i

DECEMBER 31, 2011

(unaudited)

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
	Ariel Fund	128 shares of participation	**	$ 5,493
	RS Partners Fund Class A	1,802 shares of participation	**	52,769
*	Fidelity Contrafund	3,862 shares of participation	**	260,497
*	Fidelity Value Fund	221 shares of participation	**	14,024
*	Fidelity Select Health Care Portfolio	488 shares of participation	**	59,738
*	Fidelity Select Technology Portfolio	15 shares of participation	**	1,309
*	Fidelity Select Financial Services	53 shares of participation	**	2,603
*	Fidelity Leveraged Company Stock Fund	5,688 shares of participation	**	142,821
*	Fidelity Balanced Fund	7,936 shares of participation	**	144,358
*	Fidelity International Discovery Fund	4,464 shares of participation	**	123,255
*	Fidelity Capital Appreciation Fund	8,051 shares of participation	**	198,218
*	Fidelity Export and Multinational Fund	3,010 shares of participation	**	62,251

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FORM 5500, SCHEDULE H LINE 4i

DECEMBER 31, 2011

(unaudited)

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
*	Fidelity Stock Selector Small Cap Fund	50 shares of participation	**	904
*	Fidelity Mid-Cap Stock Fund	245 shares of participation	**	6,538
*	Fidelity Small Cap Stock Fund	409 shares of participation	**	6,762
*	Fidelity Freedom 2010 Fund	3,915 shares of participation	**	51,282
*	Fidelity Freedom 2020 Fund	46 shares of participation	**	600
*	Fidelity Freedom 2030 Fund	692 shares of participation	**	8,880
	Spartan International Index Fund	480 shares of participation	**	14,292
*	Fidelity Select Natural Resources Portfolio	991 shares of participation	**	31,003
*	Fidelity Money Market Trust Retirement Money Market Portfolio	65,951 shares of participation	**	65,951
	Spartan 500 Index Fund	2,081 shares of participation	**	92,565
*	Spartan U.S. Bond Index Fund	13,284 shares of participation	**	156,483
*	Fidelity Large Cap Value Fund	18,337 shares of participation	**	188,691

TIVOLI ENTERPRISES, INC. 401(k) RETIREMENT PLAN

PLAN EIN: 36-2978786

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FORM 5500, SCHEDULE H LINE 4i

DECEMBER 31, 2011

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