

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2010
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information								
1a Name of plan T L F GRAPHICS INC 401(K) PROFIT SHARING PLAN & TRUST	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/1989</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	01/01/1989				
1b Three-digit plan number (PN) ►	001								
1c Effective date of plan	01/01/1989								
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TLF GRAPHICS INC. 235 METRO PARK ROCHESTER, NY 14623	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>16-1150688</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>585-272-5500</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>323100</td> </tr> <tr> <td colspan="2"></td> </tr> </table>	2b Employer Identification Number (EIN)	16-1150688	2c Sponsor's telephone number	585-272-5500	2d Business code (see instructions)	323100		
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2c Sponsor's telephone number	585-272-5500								
2d Business code (see instructions)	323100								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	RONALD LEBLANC
	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") TLF GRAPHICS INC. 235 METRO PARK ROCHESTER, NY 14623	3b Administrator's EIN 16-1150688 3c Administrator's telephone number 585-272-5500
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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
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5 Total number of participants at the beginning of the plan year	5	129
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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	114
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	12
d Subtotal. Add lines 6a , 6b , and 6c	6d	126
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	126
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	113
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) ☒ **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) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110
			2010
			This Form is Open to Public Inspection.

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

A Name of plan T L F GRAPHICS INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TLF GRAPHICS INC.	D Employer Identification Number (EIN) 16-1150688	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan T L F GRAPHICS INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TLF GRAPHICS INC.	D Employer Identification Number (EIN) 16-1150688

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	FEDERATED CAPITAL PRESERVATION FUND
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b Name of sponsor of entity listed in (a):	FEDERATED INVESTORS
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c EIN-PN 22-2715853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)
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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
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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
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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
		2010
		This Form is Open to Public Inspection

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

A Name of plan <u>T L F GRAPHICS INC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TLF GRAPHICS INC.</u>	D Employer Identification Number (EIN) <u>16-1150688</u>	

Part I	Asset and Liability Statement
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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	<u>12162</u>	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>2156</u>	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		<u>337114</u>
(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)	<u>165328</u>	<u>181958</u>
(9) Value of interest in common/collective trusts.....	1c(9)	<u>356037</u>	
(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)	<u>3207781</u>	<u>3988874</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	3743464	4507946

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3743464	4507946
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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)	158708	
(B) Participants	2a(1)(B)	359526	
(C) Others (including rollovers)	2a(1)(C)	6633	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		524867
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	52	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	8454	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8506
(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)	89928	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		89928
(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)		266992
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		890293

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	97404	
(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)		97404
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	28127	
(4) Other	2i(4)	280	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28407
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		125811

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		764482
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) ☐ 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: DEJOY, KNAUF & BLOOD, LLP

(2) EIN: 16-1375790

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	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.	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
		2010
		This Form is Open to Public Inspection.

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

A Name of plan <u>T L F GRAPHICS INC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TLF GRAPHICS INC.</u>	D Employer Identification Number (EIN) <u>16-1150688</u>

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	<u>0</u>
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): <u>16-1470238</u> 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 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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

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): _____

**TLF GRAPHICS, INC. 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN: 16-1150688

Plan Number: 001

FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
TLF Graphics, Inc. 401(k) Profit Sharing Plan and Trust

We have audited the accompanying statements of net assets available for benefits of the TLF Graphics, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years ended December 31, 2010 and 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

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, investment assets held by Genesee Valley Trust Company, the trustee of the Plan, and transactions in those assets were excluded from the scope of our audit of the Plan's 2009 financial statements, except for comparing the information provided by the trustee, which is summarized in Note 3, with the related information included in the financial statements.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the Plan's financial statements as of and for the year ended December 31, 2009. The form and content of the information included in the 2009 financial statements, other than that derived from the information certified by the trustee, have been audited by us 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.

In our opinion, the financial statements, referred to above, of the Plan as of December 31, 2010, and for the year then ended present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010, and the changes in net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit of the Plan's financial statements as of and for the year ended December 31, 2010, was made for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements for the year ended December 31, 2010, and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

DeJoy, Knauf & Blood, LLP

October 13, 2011.

TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS:		
INVESTMENTS , at fair value:		
Mutual funds	\$ 3,988,874	\$ 3,207,781
Money market fund	337,114	-
Cash and cash equivalents	-	12,162
Common collective trust	<u>-</u>	<u>356,037</u>
Total investments	<u>4,325,988</u>	<u>3,575,980</u>
RECEIVABLES:		
Notes receivable from participants	181,958	165,328
Interest and dividends receivable	<u>-</u>	<u>2,156</u>
Total receivables	<u>181,958</u>	<u>167,484</u>
TOTAL ASSETS	<u>4,507,946</u>	<u>3,743,464</u>
LIABILITIES:		
Administrative expenses payable	<u>4,250</u>	<u>-</u>
TOTAL LIABILITIES	<u>4,250</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS		
AT FAIR VALUE	4,503,696	3,743,464
Adjustment from fair value to contract value for interest in common collective trust for fully benefit-responsive investment contracts	<u>-</u>	<u>(9,447)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,503,696</u></u>	<u><u>\$ 3,734,017</u></u>

The accompanying notes to financial statements are an
integral part of these statements.

TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	\$ 278,594	\$ 573,825
Interest and dividends	<u>87,824</u>	<u>94,885</u>
Total investment income	<u>366,418</u>	<u>668,710</u>
Interest on notes receivable from participants	<u>8,454</u>	<u>12,050</u>
Contributions -		
Participant	359,526	214,208
Employer	158,708	-
Rollover	<u>6,633</u>	<u>4,858</u>
Total contributions	<u>524,867</u>	<u>219,066</u>
TOTAL ADDITIONS	<u>899,739</u>	<u>899,826</u>
DEDUCTIONS:		
Benefits paid to participants	97,404	194,807
Administrative expenses	32,656	31,272
Notes receivable from participants deemed distributed	<u>-</u>	<u>23,563</u>
TOTAL DEDUCTIONS	<u>130,060</u>	<u>249,642</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	769,679	650,184
NET ASSETS AVAILABLE FOR BENEFITS,		
Beginning of year	<u>3,734,017</u>	<u>3,083,833</u>
End of year	<u><u>\$ 4,503,696</u></u>	<u><u>\$ 3,734,017</u></u>

The accompanying notes to financial statements are an
integral part of these statements.

TLF GRAPHICS, INC. 401(k) PROFIT SHARING SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

1. DESCRIPTION OF PLAN

The following description of TLF Graphics, Inc. 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

General -

TLF Graphics, Inc. (the “Company”) is the Plan’s sponsor. The Plan was established as of January 1, 1989 and is a defined contribution 401 (k) profit sharing savings plan covering all employees of the Company. Eligible employees who have attained the age of eighteen and who have completed six months of service may enter the Plan on the first day of the Plan year and the first day of quarter subsequent to their eligibility date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Administration -

The Company serves as Plan administrator (the “Administrator”) and is solely responsible for the general administration of the Plan and carrying out Plan provisions.

Genesee Valley Trust Company (“GVT”) served as trustee and EBS-RMSCO, Inc. provided record keeping services for the Plan during the year ended December 31, 2009. Effective January 1, 2010, Paychex, Inc. (“Paychex”) was appointed record keeper and custodian for Plan assets. Certain income and expense transactions occurred through March 3, 2010 at GVT prior to the transfer of assets to Paychex. GVT provided investment advisory services during the years ended December 31, 2010 and 2009. Effective January 1, 2010, an officer of the Company was appointed as trustee of the Plan.

Contributions -

Participants may elect to contribute up to 96% of their eligible compensation, subject to the maximum amount allowed by the Internal Revenue Code (the “Code”). Deferral limits under the Code were \$16,500 during the years ended December 31, 2010 and 2009. In addition, participants age 50 and over at the end of the Plan year may elect to contribute a “catch up” contribution of \$5,500 during the years ended December 31, 2010 and 2009.

Participants are allowed to make rollover contributions from other qualified plans into the Plan in accordance with regulations under the Code. In addition, participants are allowed to make Roth elective deferrals into the Plan.

The Plan provides for the Company to make a safe harbor matching contribution equal to a percentage of the participant's elective deferrals. In applying this safe harbor matching contribution, the Company contributes 100% of the amount of the participant's elective deferrals that do not exceed 3% of the participant's eligible compensation, plus 50% of the amount of participant's elective deferrals that exceed 3% of the participant's eligible compensation but do not exceed 5% of the participant's eligible compensation. This results in a maximum safe harbor match contribution of 4%. The Company's safe harbor matching contributions totaled \$158,708 during the year ended December 31, 2010. No safe harbor contributions were made by the Company during the year ended December 31, 2009.

Each year, the Company may make a discretionary profit sharing contribution. For the years ended December 31, 2010 and 2009, the Company elected not to make a discretionary profit sharing contribution.

Participant accounts -

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching or discretionary profit sharing contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting -

Participants are immediately vested in their elective deferrals, rollover contributions, and the Company's safe harbor matching contribution plus actual earnings thereon. Vesting in the Company's discretionary profit sharing portion of their accounts plus earnings is based on years of continuous service as follows:

<u>Years of service</u>	<u>Percentage</u>
Less than two	0%
At least two but less than three	20%
At least three but less than four	40%
At least four but less than five	60%
At least five but less than six	80%
More than six	100%

Investment options -

Participants direct the investment of their accounts into various investment options offered by the Plan. The Plan offers investment options including mutual and money market funds selected by the Administrator.

The investment options and related investment categories as of December 31, 2010 are as follows:

<u>Investment Option</u>	<u>Investment Category</u>
Columbia Acorn USA	Small-cap growth stock
EuroPacific Growth	Foreign large-cap blend stock
Growth Fund of America	Large-cap growth stock
Income Fund of America	Moderate allocation
Loomis Sayles Global Bond	World bond
MFS Value	Large-cap value stock
PIMCO Total Return	Intermediate-term bond
RBC Microcap Value	Small-cap value stock
Vanguard 500 Index	Large-cap blend stock
Vanguard Short-Term Bond Index	Short-term bond
Davis New York Venture	Large-cap blend stock
Fidelity Leveraged Company Stock	Mid-cap blend stock
T. Rowe Price Retirement 2010 Fund	Target retirement date 2000-2010
T. Rowe Price Retirement 2020 Fund	Target retirement date 2016-2020
T. Rowe Price Retirement 2030 Fund	Target retirement date 2026-2030
T. Rowe Price Retirement 2040 Fund	Target retirement date 2036-2040
T. Rowe Price Retirement Income	Retirement income
Fidelity Prime Money Market	Money market

Notes receivable from participants -

Participants may borrow up to a maximum of 50% of their vested account balance or \$50,000, whichever is less. Note repayment terms range up to a maximum of five years, unless secured by a personal residence, with interest at the prime rate plus 1% at the date of the loan. Borrowings are collateralized by the individual participant's accounts. Principal and interest is paid ratably through payroll deductions.

Payment of benefits -

Upon termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the vested portion of his or her account or periodic installments.

If upon termination of service and the participant's vested account balance is greater than \$1,000, the participant may elect to receive a lump-sum payment, a direct rollover to a qualified plan under the Code, a direct rollover to a qualified Individual Retirement Account equal to the value of his or her vested account balance, or may elect to keep their investments in the Plan. If the vested account balance is less than \$1,000, the balance will be distributed to the participant as soon as administratively feasible.

Forfeitures -

Participants whose employment with the Company has been terminated and who receive a distribution of the vested percentage of their account shall forfeit any amounts which are in excess of their vested interest as of the date of distribution. Forfeitures may be used to reduce Company contributions. No forfeitures were used to reduce Company contributions to the Plan during the years ending December 31, 2010 or 2009. The cumulative balance of forfeitures available to offset future Company contributions totaled \$23,084 and \$25,357 at December 31, 2010 and 2009, respectively.

Administrative expenses -

Administrative expenses charged to the Plan totaled \$32,376 and \$31,272 for the years ended December 31, 2010 and 2009, respectively. Administrative expenses include investment advisory fees and certain third-party administrative expenses as well as fees for loan and distribution transactions. The Company pays for certain additional third-party administrative costs.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting -

The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of estimates -

The preparation of financial statements in conformity with GAAP requires the Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Significant estimates include, but are not limited to, the fair value of investments and the valuation of notes receivable from participants. Accordingly, actual results may differ from those estimates.

Fair value measurements -

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. The Plan measures investment securities at their respective fair value and applies a hierarchy of valuation techniques based on whether the inputs to those valuation techniques are observable or unobservable. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical investment securities and the lowest priority to unobservable inputs. If the inputs used to measure the assets fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement.

The fair value hierarchy has three levels based on the reliability of the inputs used to determine fair value, as follows:

- Level 1* - Inputs for assets where values are based on unadjusted quoted prices for identical investment securities in active markets at the measurement date.
- Level 2* - Inputs based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the asset at the measurement date.
- Level 3* - Values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect management's assumptions that market participants would use in pricing the asset.

Risks and uncertainties -

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participant account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Income recognition and changes in Plan assets -

Contributions are recorded by the Plan when withheld from participants and accrued by the Company. Interest and dividends are allocated to the Plan as earned. Purchases and sales of securities are recorded on a trade date basis. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants -

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as deemed distributions based upon the terms of the Plan.

Payment of benefits -

Benefit payments to participants are recorded when paid.

Significant accounting pronouncements -

In 2010, guidance under GAAP was issued related to *Reporting Loans to Participants by Defined Contribution Pension Plans* which requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants. Prior to this guidance, loans were measured at fair value and classified as investments. Loans to participants have been reclassified as notes receivable from participants as of December 31, 2010 and 2009. This guidance was applied retrospectively for all periods presented.

In 2010, guidance under GAAP was issued related to *Fair Value Measurements and Disclosures - Improving Disclosures about Fair Value Measurements*. This guidance requires (a) separate disclosures of significant transfers between Level 1 and Level 2 and reasons for the transfers; (b) disclosures, on a gross basis, of purchases, sales, issuances and settlements within Level 3; (c) disclosures by class of assets and liabilities; and (d) a description of valuation techniques and inputs to measure fair value for both recurring and nonrecurring fair value measurements. This guidance was effective for the period ended December 31, 2010 except for the Level 3 disclosures which will be required for the period ending December 31, 2011. This guidance has been adopted in the accompanying financial statements, where applicable.

Prior year reclassifications -

Certain reclassifications have been made to the 2009 financial statements to conform with the current year presentation.

Subsequent events -

The Administrator has evaluated subsequent events through October 13, 2011, which is the date the financial statements were available to be issued (see Note 11).

3. FINANCIAL INFORMATION CERTIFIED BY GVT (UNAUDITED)

As of and for the year ended December 31, 2009, the Administrator elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following information included in the accompanying financial statements was obtained from data that has been prepared by, or derived from, information provided by GVT and furnished to the Administrator. The Administrator has obtained certification from GVT that the information below is complete and accurate as of and for the year ended December 31, 2009:

Mutual funds	\$3,207,781
Common collective trust, at contract value	346,590
Cash and cash equivalents	12,162
Notes receivable from participants	165,328
Net appreciation in fair value of investments	573,825
Interest and dividends	94,885
Interest income on notes receivable from participants	12,050

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing to the related information included in the financial statements.

4. INVESTMENTS

At December 31, 2010 and 2009, the following investments represent 5% or more of the Plan's net assets:

	<u>2010</u>
T. Rowe Price Retirement 2020 Fund	\$705,886
Growth Fund of America	559,644
EuroPacific Growth	437,657
Fidelity Prime Money Market	337,114
PIMCO Total Return	331,325
Davis New York Venture	327,097
Income Fund of America	291,220
T. Rowe Price Retirement 2010 Fund	233,444
	<u>2009</u>
PIMCO Total Return	\$561,734
EuroPacific Growth	493,202
Growth Fund of America	488,959
Federated Capital Preservation, at contract value	346,590
Selected American	262,314
Managers AMG Systematic Mid-Cap Value	232,629
Income Fund of America	203,553
RBC Microcap Value	199,371
MFS Value	197,450

The above 2009 information was certified as complete and accurate by GVT.

5. COMMON COLLECTIVE TRUST

Effective with the transfer of Plan assets to Paychex, the Plan's investment in the common collective trust was liquidated at contract value and the proceeds were reinvested in the various investment options selected by Plan participants.

As of December 31, 2009, the Plan's investment in the Federated Capital Preservation fund, a common collective trust, was based on the fair value of the common collective trust's underlying investments as based on information reported in the audited financial statements of the common collective trust. The common collective trust was fully benefit-responsive.

At December 31, 2009, the fair value of the common collective trust was equal to 102.7% of contract value.

An adjustment from fair value to contract value is reflected on the accompanying statement of net assets available for benefits as follows for the year ended December 31, 2009:

Common collective trust, at fair value	\$356,037
Adjustment from fair value to contract value	<u>(9,447)</u>
Common collective trust, at contract value	<u><u>\$346,590</u></u>

For the year ended December 31, 2009, the annualized yield earned by the common collective trust was 3.5% and the annualized yield credited to participants in the common collective trust was 3.7%.

6. FAIR VALUE MEASUREMENTS

The fair value of investments measured on a recurring basis at the reporting date of December 31, 2010 is presented below:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Mutual funds:			
Fixed income	\$ 523,167	\$ -	\$ 523,167
U.S. equities	1,823,590	-	1,823,590
International equities	437,657	-	437,657
Target retirement date	1,204,459	-	1,204,459
Money market fund	337,114	-	337,114
	<u>\$4,325,987</u>	<u>\$ -</u>	<u>\$4,325,987</u>

The fair value of investments measured on a recurring basis at the reporting date of December 31, 2009 is presented below:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Mutual funds:			
Fixed income	\$ 705,557	\$ -	\$ 705,557
U.S. equities	1,916,470	-	1,916,470
International equities	585,754	-	585,754
Cash and cash equivalents	12,162	-	12,162
Common collective trust	-	356,037	356,037
	<u>\$3,219,943</u>	<u>\$356,037</u>	<u>\$3,575,980</u>

Mutual and money market funds are valued at the net asset value ("NAV") of shares held by the Plan at year end. NAV is derived from the quoted prices of underlying investments. The common collective trust is valued based on the NAV as provided by the audited financial statements of the common collective trust as of the reporting date.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While the Administrator believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain assets could result in a different fair value measurement at the reporting date.

There have been no changes in the methodologies used to determine fair value at December 31, 2010 and 2009. There have been no transfers between the fair value hierarchy levels during the year ended December 31, 2010.

7. TAX STATUS

As of January 1, 2010, the Company adopted a prototype standardized profit sharing plan provided by Paychex that received a favorable opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2008. The opinion letter stated that the Plan is designed in accordance with applicable sections of the Code. Although the Plan has been amended since the date of the opinion letter, the Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements for the years ended December 31, 2010 and 2009.

GAAP requires the Administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Administrator believes it is no longer subject to income tax examinations for years prior to 2007.

8. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 at December 31, 2010:

Net assets available for benefits at fair value per accompanying financial statements	\$4,503,696
Add: Administrative expenses payable	<u>4,250</u>
Net assets available for benefits per Form 5500	<u><u>\$4,507,946</u></u>

The following is a reconciliation of the net increase in net assets available for benefits per the accompanying financial statements to the Form 5500 for the year ended December 31, 2010:

Changes in net assets available for benefits per accompanying financial statements	\$769,679
Less: December 31, 2009 adjustment for contract value to fair value for fully benefit-responsive investment contracts	(9,447)
Add: Administrative expenses payable	<u>4,250</u>
Change in net assets available for benefits per Form	<u>\$764,482</u>

9. PARTY-IN-INTEREST TRANSACTIONS

Transactions involving notes receivable from participants qualify as party-in-interest transactions.

10. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their Company discretionary profit sharing contributions as of the date of termination.

11. SUBSEQUENT EVENT

Effective October 2011, the Administrator appointed Mid Atlantic Trust Corporation as trustee of the Plan. Paychex continues as record keeper.

TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

EIN: 16-1150688
Plan Number: 001

(a)	(b)	(c)	(e)	
Party-in- interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value	Number of shares
PARTICIPANT-DIRECTED INVESTMENTS:				
	T. Rowe Price	T. Rowe Price Retirement 2020 Fund	\$ 705,886	42,937
	American Funds	Growth Fund of America	559,644	18,415
	American Funds	EuroPacific Growth	437,657	10,594
	PIMCO	PIMCO Total Return	331,325	30,537
	Davis	Davis New York Venture	327,097	9,525
	American Funds	Income Fund of America	291,220	17,596
	T. Rowe Price	T. Rowe Price Retirement 2010 Fund	233,444	15,218
	Fidelity	Fidelity Leveraged Company Stock	213,610	6,142
	MFS	MFS Value	130,627	5,727
	T. Rowe Price	T. Rowe Price Retirement 2040 Fund	119,018	6,832
	RBC	RBC Microcap Value	118,255	7,043
	Vanguard	Vanguard Short-Term Bond Index	108,585	10,292
	Columbia	Columbia Acorn USA	105,629	3,698
	Loomis Sayles	Loomis Sayles Global Bond	83,257	5,012
	T. Rowe Price	T. Rowe Price Retirement Income	82,794	6,315
	Vanguard	Vanguard 500 Index	77,508	669
	T. Rowe Price	T. Rowe Price Retirement 2030 Fund	63,318	3,664
		Total mutual funds	3,988,874	
	Fidelity	Fidelity Prime Money Market	337,114	337,114
*	Various participants	Notes receivable from participants **	181,958	
			<u>\$ 4,507,946</u>	

* Denotes party-in-interest.

** Maturity dates through November 2028. Interest rates range from 3.25% to 9.25%.

The accompanying notes to financial statements are an
integral part of this schedule.

TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST
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DECEMBER 31, 2010

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