# 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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
T L F GRAPHICS INC 401(K) PROFIT SHARING PLAN & TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1989

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

TLF GRAPHICS INC.

235 METRO PARK
ROCHESTER, NY 14623

**2b** Employer Identification Number (EIN) 16-1150688

**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. | 10/11/2012 | 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

**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** | 126 |
| **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** | 138 |
| **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** | 150 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 150 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 126 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(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)** | | 0 | **A** (Insurance Information) |
| **(4)** | X | | **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

**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
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)

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)

DEJOY, KNAUF & BLOOD, LLP

39 STATE STREET
SUITE 600
ROCHESTER, NY 14614

16-1375790

| (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? |
|---|---|---|---|---|---|---|
| 10 27 | AUDITOR | 11500 | Yes [ ] No [X] | Yes [ ] No [X] | | Yes [ ] No [X] |

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

GENESEE VALLEY TRUST CO.

1221 PITTSFORD VICTOR ROAD
PITTSFORD, NY 14534

16-1453120

| (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? |
|---|---|---|---|---|---|---|
| 10 27 | ADVISOR | 31278 | Yes [ ] No [X] | Yes [ ] No [X] | | Yes [ ] No [X] |

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

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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
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 Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 337114 | 358479 |
| **(2)** U.S. Government securities | 1c(2) | 0 | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | |
| **(B)** All other | 1c(3)(B) | 0 | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | |
| **(B)** Common | 1c(4)(B) | 0 | |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | |
| **(8)** Participant loans | 1c(8) | 181958 | 248311 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 3988874 | 4222929 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | |
| **(2)** Employer real property | 1d(2) | 0 | |
| **e** Buildings and other property used in plan operation | 1e | 0 | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 4507946 | 4829719 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | |
| **h** Operating payables | 1h | 0 | |
| **i** Acquisition indebtedness | 1i | 0 | |
| **j** Other liabilities | 1j | 0 | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 4507946 | 4829719 |

## 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) | 163560 | |
| **(B)** Participants | 2a(1)(B) | 359991 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 523551 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 9128 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 9128 |
| **(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) | 88125 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 88125 |
| **(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) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -201725 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 419079 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 43428 | |
| (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) | | 43428 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 10468 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 42750 | |
| (4) Other | 2i(4) | 660 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 43410 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 97306 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 321773 |
| **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) [X] 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 [X] 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.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2011**

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

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

**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 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**

**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): 16-1470238

**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** 0

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b** 0

**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** 0

**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):

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

**EIN: 16-1150688**
**Plan Number: 001**

FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010
AND FOR THE YEAR ENDED DECEMBER 31, 2011
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

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

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The following supplemental schedules are excluded because of the absence of conditions under which they are required:

Schedule H, line 4a - Schedule of delinquent participant contributions
Schedule H, line 4b - Schedule of loans or fixed income obligations in default or classified as uncollectible
Schedule H, line 4c - Schedule of leases in default or classified as uncollectible
Schedule H, line 4d - Schedule of non-exempt transactions

DEJOY, KNAUF & BLOOD LLP
certified public accountants

Rochester, New York

## 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, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2011 and 2010, and the changes in its net assets available for benefits for the year ended December 31, 2011 in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, as listed in the accompanying table of contents, are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The supplemental Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2011, that accompanies the Plan's financial statements does not disclose the historical cost and resulting net gain or loss of certain plan assets that were liquidated during the year ended December 31, 2011. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

DeJoy, Knauf & Blood, LLP

September 20, 2012.

DEJOY, KNAUF
& BLOOD LLP
certified public accountants

**TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2011 AND 2010**

| | 2011 | 2010 |
|---|---|---|
| **ASSETS:** | | |
| **INVESTMENTS**, at fair value: | | |
| Mutual funds | $ 4,222,929 | $ 3,988,874 |
| Money market fund | 358,479 | 337,114 |
| Total investments | 4,581,408 | 4,325,988 |
| **NOTES RECEIVABLE FROM PARTICIPANTS** | 248,311 | 181,958 |
| **TOTAL ASSETS** | 4,829,719 | 4,507,946 |
| **LIABILITIES:** | | |
| Administrative expenses payable | - | 4,250 |
| **TOTAL LIABILITIES** | - | 4,250 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 4,829,719 | $ 4,503,696 |

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

**TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**FOR THE YEAR ENDED DECEMBER 31, 2011**

| | |
|---|---|
| **ADDITIONS:** | |
| Investment (loss) income - | |
| Net depreciation of investments | $ (201,725) |
| Interest and dividend income | 88,125 |
| Net investment loss | (113,600) |
| Interest on notes receivable from participants | 9,128 |
| Contributions - | |
| Participant | 359,991 |
| Employer | 163,560 |
| Total contributions | 523,551 |
| **TOTAL ADDITIONS** | 419,079 |
| **DEDUCTIONS:** | |
| Benefits paid to participants | 43,428 |
| Administrative expenses | 39,160 |
| Notes receivable from participants deemed distributed | 10,468 |
| **TOTAL DEDUCTIONS** | 93,056 |
| **NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | 326,023 |
| **NET ASSETS AVAILABLE FOR BENEFITS,** | |
| Beginning of year | 4,503,696 |
| End of year | $ 4,829,719 |

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

**TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST**
**NOTES TO FINANCIAL STATEMENTS**
**DECEMBER 31, 2011 AND 2010**

## 1. DESCRIPTION OF PLAN

The following description of the 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 more complete description of the Plan's provisions.

General -

The Plan was established on January 1, 1989. The Plan is a defined contribution 401(k) profit sharing plan covering substantially all employees of TLF Graphics, Inc. (the "Company") who have attained the age of eighteen and have completed six months of service. Eligible employees are permitted to make elective deferrals beginning the first day of the 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.

As of and for the years ended December 31, 2011 and 2010, Paychex, Inc. ("Paychex") provided the Plan's recordkeeping services.

As of and for the year ended December 31, 2010, and for the period from January 1, 2011 to October 31, 2011, an officer of the Company served as trustee of the Plan. As of December 31, 2011 and for the period from November 1, 2011 to December 31, 2011, Mid Atlantic Trust Company ("MATC") served as trustee of the Plan and custodian of Plan assets. As of and for the year ended December 31, 2010, and for the period from January 1, 2011 to October 31, 2011, Paychex served as custodian of Plan assets.

Genesee Valley Trust Company ("GVT") provided investment advisory services during the years ended December 31, 2011 and 2010.

Contributions -

Participants may elect to contribute up to 96% of their eligible compensation to the Plan, subject to the maximum amount allowed under the Internal Revenue Code (the "Code"). Deferral limits under the Code were $16,500 during the year ended December 31, 2011. In addition, participants age 50 and over at the end of the Plan year could elect to contribute a "catch up" contribution of $5,500 during the year ended December 31, 2011.

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 matching contribution of 4%. The Company's safe harbor matching contribution totaled $163,560 during the year ended December 31, 2011.

The Plan also provides for a discretionary profit sharing contribution. For the year ended December 31, 2011, the Company elected not to make a discretionary profit sharing contribution.

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

Participant accounts -

Each participant's account is credited with the participant's contributions and allocations of *(a)* the Company's safe harbor matching contributions and 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. Participants may also be charged administrative expenses for specific transactions within the Plan. 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 contributions plus actual earnings thereon. Vesting in the Company's discretionary profit sharing contribution portion of their accounts plus earnings is based on years of continuous service as follows:

| Years of service | Percentage |
|---|---|
| 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% |
| Six or more | 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, 2011 are as follows:

| Investment Option | Investment Category |
|---|---|
| American Funds AMCAP | Large-cap growth stock |
| Columbia Acorn USA | Small-cap growth stock |
| Diamond Hill Small-Cap Institutional | Small-cap value stock |
| American Funds EuroPacific Growth | Foreign large-cap blend stock |
| American Funds Income Fund of America | Moderate allocation |
| Loomis Sayles Global Bond | World bond |
| MFS Value | Large-cap value stock |
| PIMCO Total Return | Intermediate-term bond |
| Vanguard 500 Index | Large-cap blend stock |
| Vanguard Short-Term Bond Index | Short-term bond |
| Davis New York Venture | Large-cap blend stock |
| Fidelity Advisor Leveraged Company Stock | Mid-cap blend stock |
| T. Rowe Price Retirement 2010 | Target retirement date 2000-2010 |
| T. Rowe Price Retirement 2020 | Target retirement date 2016-2020 |
| T. Rowe Price Retirement 2030 | Target retirement date 2026-2030 |
| T. Rowe Price Retirement 2040 | Target retirement date 2036-2040 |
| T. Rowe Price Retirement 2050 | Target retirement date 2046-2050 |
| T. Rowe Price Retirement Income | Retirement income |
| Fidelity Prime Money Market | Money market |

Notes receivable from participants -

Participants are allowed to 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 account. 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, a participant does not attain normal retirement age and the participant's vested account balance is greater than $1,000, the participant may elect to receive a lump-sum amount, 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 or pay administrative expenses. The cumulative balance of forfeitures available to offset future Company contributions and administrative expenses totaled $12,538 at December 31, 2011.

Administrative expenses -

Administrative expenses charged to the Plan totaled $39,160 for the year ended December 31, 2011. Administrative expenses include investment advisory fees, certain third-party administrative expenses as well as fees for participant loan and distribution transactions. The Company pays for certain additional third-party administrative expenses.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting -

The accompanying financial statements 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 where values are based on unadjusted quoted prices for identical assets or liabilities in active markets at the measurement date.

*Level 2* Inputs based on other observable inputs such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that can be observable or can be corroborated by observable market data at the measurement date.

*Level 3* 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 assets or liabilities.

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. Investment income is allocated to the Plan as earned. Purchases and sales of securities are recorded on a trade date basis. Net depreciation of investments on the accompanying statement of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in the mutual and money market funds are deducted from income earned and are not separately reflected. Consequently, management fees and operating expenses are reflected as reductions of investment income for such investments.

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 document.

Payment of benefits -

Benefit payments to participants are recorded when paid.

Significant accounting pronouncements -

In 2010, guidance under GAAP was issued related to *Fair Value Measurements and Disclosures - Improving Disclosures about Fair Value Measurements*. This guidance required *(a)* separate disclosures of significant transfers between Level 1 and Level 2 of the fair value hierarchy and reasons for the transfers; *(b)* disclosures, on a gross basis, of purchases, sales, issuances and settlements within Level 3 of the fair value hierarchy; *(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 non-recurring fair value measurements. This guidance was effective for the period ended December 31, 2010 except for the Level 3 disclosures which were effective for the period ended December 31, 2011. This guidance has been adopted in the accompanying financial statements, where applicable.

In 2011, guidance under GAAP was issued related to *Fair Value Measurement - Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. This guidance clarifies certain existing concepts and eliminates wording differences between GAAP and International Financial Reporting Standards ("IFRS") in a move to converge the fair value measurement guidance in GAAP and IFRS. The guidance also expands the disclosures for fair value measurements that are estimated using significant unobservable (Level 3) inputs. This guidance is effective for reporting periods beginning after December 15, 2011.

Subsequent events -

The Administrator has evaluated subsequent events through September 20, 2012, which is the date the accompanying financial statements were available to be issued.

## 3. INVESTMENTS AND FAIR VALUE MEASUREMENTS

At December 31, 2011 and 2010, the following investments represent 5% or more of the Plan's net assets:

| | 2011 |
|---|---|
| T. Rowe Price Retirement 2020 | $740,325 |
| American Funds AMCAP | 530,115 |
| American Funds EuroPacific Growth | 368,398 |
| Fidelity Prime Money Market | 358,479 |
| PIMCO Total Return | 352,509 |
| American Funds Income Fund of America | 345,849 |
| Fidelity Advisor Leveraged Company Stock | 301,173 |
| Davis New York Venture | 294,280 |
| T. Rowe Price Retirement 2010 | 261,381 |

| | 2010 |
|---|---|
| T. Rowe Price Retirement 2020 | $705,886 |
| American Funds Growth Fund of America | 559,644 |
| American Funds EuroPacific Growth | 437,657 |
| Fidelity Prime Money Market | 337,114 |
| PIMCO Total Return | 331,325 |
| Davis New York Venture | 327,097 |
| American Funds Income Fund of America | 291,220 |
| T. Rowe Price Retirement 2010 | 233,444 |

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value as follows during the year ended December 31, 2011:

| | |
|---|---|
| Mutual funds | $(201,725) |
| Net depreciation of investments | $(201,725) |

The fair value of investments measured on a recurring basis using Level 1 inputs is as follows at December 31:

| | 2011 | 2010 |
|---|---|---|
| Mutual funds: | | |
| Fixed income | $ 502,475 | $ 523,167 |
| U.S. equities | 1,910,777 | 1,823,590 |
| International equities | 368,398 | 437,657 |
| Target retirement date | 1,441,279 | 1,204,460 |
| Money market fund | 358,479 | 337,114 |
| | $4,581,408 | $4,325,988 |

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 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 fair value methodologies used at December 31, 2011 and 2010. There have been no transfers between fair value levels during the year ended December 31, 2011.

## 4. PARTY-IN-INTEREST TRANSACTIONS

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

## 5. TAX STATUS

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 year ended December 31, 2011.

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, 2011, 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 2008.

## 6. 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 would become 100% vested in their account balance as of the date of termination.

## 7. 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:

| | 2011 | 2010 |
|---|---|---|
| Net assets available for benefits per accompanying financial statements | $4,829,719 | $4,503,696 |
| Add: Administrative expenses payable | - | 4,250 |
| Net assets available for benefits per Form 5500 | $4,829,719 | $4,507,946 |

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, 2011:

| | |
|---|---|
| Net increase in net assets available for benefits per accompanying financial statements | $326,023 |
| Less: Administrative expenses payable, 2010 | (4,250) |
| Net income per Form 5500 | $321,773 |

**EXHIBIT I**

**TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2011**

**EIN: 16-1150688**
**Plan Number: 001**

| (a) Party-in-interest | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (e) Current value | Number of shares |
|---|---|---|---|---|
| | **PARTICIPANT-DIRECTED INVESTMENTS:** | | | |
| | T. Rowe Price | T. Rowe Price Retirement 2020 | $ 740,325 | 46,532 |
| | American Funds | AMCAP | 530,115 | 28,019 |
| | American Funds | EuroPacific Growth | 368,398 | 10,499 |
| | PIMCO | PIMCO Total Return | 352,509 | 32,430 |
| | American Funds | Income Fund of America | 345,849 | 20,635 |
| | Fidelity | Fidelity Advisor Leveraged Company Stock | 301,173 | 9,778 |
| | Davis | Davis New York Venture | 294,280 | 9,055 |
| | T. Rowe Price | T. Rowe Price Retirement 2010 | 261,381 | 17,402 |
| | T. Rowe Price | T. Rowe Price Retirement 2030 | 172,127 | 10,407 |
| | Diamond Hill | Diamond Hill Small-Cap Institutional | 160,174 | 6,883 |
| | T. Rowe Price | T. Rowe Price Retirement 2040 | 154,429 | 9,320 |
| | T. Rowe Price | T. Rowe Price Retirement Income | 112,968 | 8,723 |
| | Vanguard | Vanguard Short-Term Bond Index | 102,165 | 9,629 |
| | Vanguard | Vanguard 500 Index | 96,457 | 833 |
| | MFS | MFS Value | 96,355 | 4,305 |
| | Columbia | Columbia Acorn USA | 86,374 | 3,201 |
| | Loomis Sayles | Loomis Sayles Global Bond | 47,801 | 2,902 |
| | T. Rowe Price | T. Rowe Price Retirement 2050 | 49 | 5 |
| | | Total mutual funds | 4,222,929 | |
| | Fidelity | Fidelity Prime Money Market | 358,479 | 358,479 |
| * | Various participants | Notes receivable from participants ** | 248,311 | |
| | | | $ 4,829,719 | |

* Denotes party-in-interest.
** Maturity dates through July 2016. Interest rates range from 3.25% to 8.25%.

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

**EXHIBIT II**

**TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST**
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**
**FOR THE YEAR ENDED DECEMBER 31, 2011**

**EIN: 16-1150688**
**Plan Number: 001**

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|---|---|---|---|---|---|---|
| **Identity of party involved** | **Description of asset** | **Purchase price** | **Selling price** | **Cost of asset** | **Current value of asset on transaction date** | **Net gain or (loss)** |
| American Funds | Growth Fund of America * | $ - | $ 636,464 | $ Not available * | $ 636,464 | $ Not available * |
| American Funds | AMCAP | 636,464 | - | 636,464 | 636,464 | - |

* Historical cost of asset was not obtainable.

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

**EXHIBIT II**

**TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST**
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**
**FOR THE YEAR ENDED DECEMBER 31, 2011**

**EIN: 16-1150688**
**Plan Number: 001**

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|---|---|---|---|---|---|---|
| **Identity of party involved** | **Description of asset** | **Purchase price** | **Selling price** | **Cost of asset** | **Current value of asset on transaction date** | **Net gain or (loss)** |
| American Funds | Growth Fund of America * | $ - | $ 636,464 | $ Not available * | $ 636,464 | $ Not available * |
| American Funds | AMCAP | 636,464 | - | 636,464 | 636,464 | - |

* Historical cost of asset was not obtainable.

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

**EXHIBIT I**

**TLF GRAPHICS, INC. 401(k) PROFIT SHARING PLAN AND TRUST**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2011**

**EIN: 16-1150688**
**Plan Number: 001**

| (a) Party-in-interest | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (e) Current value | Number of shares |
|---|---|---|---|---|
| | **PARTICIPANT-DIRECTED INVESTMENTS:** | | | |
| | T. Rowe Price | T. Rowe Price Retirement 2020 | $ 740,325 | 46,532 |
| | American Funds | AMCAP | 530,115 | 28,019 |
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| | Vanguard | Vanguard Short-Term Bond Index | 102,165 | 9,629 |
| | Vanguard | Vanguard 500 Index | 96,457 | 833 |
| | MFS | MFS Value | 96,355 | 4,305 |
| | Columbia | Columbia Acorn USA | 86,374 | 3,201 |
| | Loomis Sayles | Loomis Sayles Global Bond | 47,801 | 2,902 |
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| | | Total mutual funds | 4,222,929 | |
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| | | | $ 4,829,719 | |

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