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Information D	aquirad of Br	FACING PAGE okers and Dealers	Dursuant to	Section 17 of	the	
	-	Act of 1934 and R)	
REPORT FOR THE PERIOD BE	GINNING (01/07/09 MM/DD/YY	AND ENDIN	NG 12/3 MM	105 100/YY	
<u> </u>	A. REGIST	TRANT IDENTIFI	CATION			
NAME OF BROKER-DEALER:	TIM CO	APITAL, LLC		OFF	ICIAL USE ONLY	
	N	and the second sec				
ADDRESS OF PRINCIPAL PLA			Box No.)		FIRM I.D. NO.	
130 THEORY,	SHITE	200				
-+		(No. and Street)		97/017		
<u> </u>		(State)		(Zip Code)		
NAME AND TELEPHONE NUM	WBER OF PERSC		REGARD TO TH			
		NIT A NIT IDENITIE	ICATION	(Area Cod	le – Telephone Number)	
	B. ACCOU	NTANT IDENTIF				
INDEPENDENT PUBLIC ACCO	JUNTANT whose	e opinion is contained	in this Report*			
_ Allen Haigh	nt & Mo	nachan,	LLP			
Allen Haigh 2603 Main Str	cert. State	ne – if Individual, state last, 600 IWi1	first, middle name)	2A	92614	
(Address)		(City)		(State)	(Zip Code)	
CHECK ONE:						
Certified Public A	ccountant	·				
Public Accountan		· .				
Accountant not re	sident in United S	States or any of its pos	sessions.			
	FO	R OFFICIAL USE	ONLY			
*Claims for arountion from the r	aniromant that the	e annual report he eave	prod by the oninio	n of an independent	nt nublic accountant	f

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1410 (06-02)

OATH OR AFFIRMATION _, swear (or affirm) that, to the best of I, my knowledge and belief the accompanying financial statement and supporting schedules pertaining to the firm of a , as , are true and correct. I further swear (or affirm) that 20 of neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows: Signature Title Manrow, Notary Public Notary Public This report ****** contains (check all applicable boxes): \Box (a) Facing Page. (b) Statement of Financial Condition. □ (c) Statement of Income (Loss). (d) Statement of Changes in Financial Condition. ____ (e) Statement of Changes in Stockholders' Equity or Partners' or Sole Proprietors' Capital. (f) Statement of Changes in Liabilities Subordinated to Claims of Creditors. (g) Computation of Net Capital. (h) Computation for Determination of Reserve Requirements Pursuant to Rule 15c3-3. (i) Information Relating to the Possession or Control Requirements Under Rule 15c3-3. (i) A Reconciliation, including appropriate explanation of the Computation of Net Capital Under Rule 15c3-1 and the Computation for Determination of the Reserve Requirements Under Exhibit A of Rule 15c3-3. 🔲 (k) A Reconciliation between the audited and unaudited Statements of Financial Condition with respect to methods of consolidation. \Box (1) An Oath or Affirmation. (m) A copy of the SIPC Supplemental Report. (n) A report describing any material inadequacies found to exist or found to have existed since the date of the previous audit.

**For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

CALIFORNIA JURAT WITH AFFIANT STATEMENT

See Attached Document (Notary to cross out lines 1–6 below) See Statement Below (Lines 1–5 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 2 (if any) Signature of Document Signer No. 1 State of California County of Subscribed and sworn to (or affirmed) before me on this dav proved to me on the basis of satisfactory evidence SUSAN W. MANROW to be the person who appeared before me (.) (,) Commission # 1761412 lotary Public - California (and **Orange County** (2)My Comm. Expires Aug 19, 2011 Name of Signer proved to me on the basis of satisfactory evidence to be the person who appeared before me.) Signature Signature of Notary Public Place Notary Seal Above **OPTIONAL** Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent OF SIGNER #1 SIGNER #2 OF fraudulent removal and reattachment of this form to another document. Top of thumb here Top of thumb here **Further Description of Any Attached Document** Title or Type of Docume Number of Pages: Document Date: Signer(s) Other Than Named Above: _

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