## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)	one-participant plan					
В	This return/report is for:	final retur	n/report	<del>-</del>					
	an amended return/report	onths)							
С	Check box if filing under:    Form 5558	automatic	extension		DFVC program				
	special extension (enter description	n)							
Pá	art II Basic Plan Information—enter all requested informa								
	Name of plan	20011		1b	Three-digit				
	CONSULTING 401(K) PLAN & TRSUT				plan number				
					(PN)				
				1C	Effective date of plan 10/20/2008				
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
TLH	CONSULTING, LLC			20	(EIN) 26-3567375				
22 S	IEVERS ROAD			20	Plan sponsor's telephone number 503-887-3448				
	SHOUGAL, WA 98671			2d	Business code (see instructions)				
		. "0	m.	O.I.	541600				
	Plan administrator's name and address (if same as Plan sponsor, er CONSULTING, LLC 22 SIEVERS		<del>)</del> ")	30	Administrator's EIN 26-3567375				
	WASHOUGA	L, WA 986	571	3с	Administrator's telephone number 503-887-3448				
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN				
	name, EIN, and the plan number from the last return/report. Sponsor		F,						
				4c	PN				
	Total number of participants at the beginning of the plan year				1				
b				5b	1				
С	Total number of participants with account balances as of the end of complete this item)			. 5c	1				
6a					X Yes No				
b									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		X Yes No				
Pa	art III Financial Information	JIII 3300-	or and must mateau use Form 5.						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	(a) = 3g	0	124030				
b	Total plan liabilities	7b		0	0				
С	Net plan assets (subtract line 7b from line 7a)	7c		0	124030				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	- 40							
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)	40045	0					
h	Others (including rollovers)								
b	Other income (loss)	8b 8c	2087	/	124030				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			124030				
u	to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
į	Net income (loss) (subtract line 8h from line 8c)	8i		1:					
i	Transfers to (from) the plan (see instructions)	8j		0					

Form 5500-SF 2009	Page <b>2-</b> 1
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Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D

D	ii the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	iciens	lic Coc	ies in t	ne msnu	Clior	15.	
art	٧	Compliance Questions							
0	Duri	ing the plan year:		Yes	No		Aı	nount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)		Χ					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					41001
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?.		Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	-				
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought be PBGC?			ntrol			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to				_	_
1	3c(1)	Name of plan(s):		130	(2) EI	N(s)		13c(3	) PN(s)
					•	•		Ì	` ` ` `
			-						
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
SB o	· Śch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this reti- edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/14/2010	TERRY HOWARD			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	10/14/2010	TERRY HOWARD			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			

FAX NO. :5034658911

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefils Security Administration Pension Benefit Guaranty Corporation

# Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

#### 2009

This Form is Open to Public Inspection.

P	art I Annual Repo	rt Identification Information		01/01/	(2009)	and ending	1.	2/31/2009			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 or fiscal plan year beginning	<u> </u>			t multiemployer)		one-participar	nt nian		
A ·	This return/report is for:	x single-employer plan	,i			( mulliemployer)		one-participal	it plan		
8	This return/report is for:	first return/report	L	nal return/r	•	-1 // 4b 40 mm	antha)				
		an amended return/report	<u></u>			rt (less than 12 mo	วกเกร)	П prvo	••		
C	Check box if filing under:	<b>X</b> Form 5558	لسما	utomatic e	xtension			DFVC program	11		
		special extension (enter descrip		_					<u> </u>		
P	rt II Basic Plan In	formation enter all requested	informa	ation.			1 46	775			
************	Name of plan	•					10	Three-digit plan number			
	TLH CONSULTING 401	(K) PLAN & TRSUT						(PN) ▶	001		
							10	Effective date of 10/20/2008	plan		
	The state of the s						2b	Employer Identi	fication Number		
2a	Plan sponsor's name and a TLH CONSULTING, LL	ddress (employer, if for single-employ	er pian	1)				(EIN) 26-35	57375		
	TIM COMSOLLING, DE	~					20		elephone number		
	22 Sievers Road						20	(503) 887-3 Business code (			
US	Washougal	WA 98671					#s 44	541600			
$\frac{3a}{3a}$	Plan administrator's name	and address (If same as plan employe	r, ente	r "Same")			3b	Administrator's	EIN		
	Same										
							3c	Administrator's	telephone number		
4	If the name and/or FIN of the	ne plan sponsor has changed since the	e last r	eturn/repo	rt filed for this	plan, enter the	4b	EIN			
~	name, EIN and the plan nu	mber from the last return. Sponsor's N	lame	4			40	4c PN			
ga		s at the beginning of the plan year.					. 5a		1		
5a	Takal mumbar of natioinant	e at the end of the plan year					. <u>5k</u>		1.		
b	Total number of narticinant	s with account balances as of the end	of the	pian year	(delined pene	iit piaris uo not	regi		1		
	to the state of the season.	ts during the plan year invested in elig							X Yes No		
*		are a summitted and rapart	of on in	danandah	t outsitted bub	nc accountant uwr	· / </td <td></td> <td></td>				
D		no to an includitions on walver AllGlDlll	v ano (	continous.					X Yes No		
	If you answered "No" to	either 6a or 6b, the plan cannot use	Form	5500-SF a	nd must inste	ed use Form 550	0.				
P.	int III Financial Info	ormation		9F 10F 17.18	r 24.	- in view of Vene		/h\ Fne	of Year		
7	Plan Assets and Liabilities		ŀ		(8) 56	ginning of Year	$\overline{}$	(1) 1111	124,030		
a	Total plan assets		• •	7a			0		124,030		
b	Total plan liabilities .		• •	7b			0		124,030		
C	Net plan assets (subtract li	ne 7b from line 7a)		7c		an equal place of the section of the	<u> </u>	J1. 3			
8	Income, Expenses, and Tr				(	a) Amount	100	giles is the sign of the sign of	Total		
a	Contributions received or r	eceivable from:		8a(1)			0				
•	(1) Employers			8a(2)			0				
	(2) Participants			8a(3)	The state of the s	103,1	53 M				
ļ.	(3) Others (including rollo	vers).		8b		20,8	77				
b	Other income (loss) Total income(add lines 8ai	(4) 8a/2) 8a(3) and 8b)		8c				BMHAS N. CAGIDEN (WORDER )	124,030		
c d	Benefits paid (including dir	ect rollovers and insurance premiums									
***	to provide benefits)			8d		······································	0				
e	Certain deemed and/or co	rrective distributions (see instructions)	• •	8e			0				
f	Administrative service pro-	viders (salaries, fees, commissions) .		8f			0				
g	Other expenses		• *	8g				- militarinatus se e. s. s. segun	0		
h				8h					124,030		
ğ	Net income (loss) (subject	line 8h from line 8c)		81	Consume Careon.	the little bridge and	0				
1	Transfers to (from) the pla			8]			v 1		Form 5500-SF (2009)		

FAX NO. :5034658911

Page 2-Form 5500-SF (2009) Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Amount Yes No During the plan year: Was there a failure to transmit to the plan any participant contribution within the time period described in X 10a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) . . . . Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 10b X 10c Was the plan covered by a fidelity bond?.......... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See X 10e instructions.) X Has the plan failed to provide any benefit when due under the plan? . . . . . . 10f 41,001 Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) . . . . 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 10h h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520 101-3 . . . . . . . . . . . . . . . . . 101 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b 12c Enter the amount contributed by the employer to the plan for this plan year . . . . . . . . . . . . Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) □N/A Yes Will the minimum funding amount reported on line 12d be met by the funding deadline? . . . . . . . Plan Terminations and Transfers of Assets X No Yes Has a resolution to terminate the plan been adopted during the plan year or any prior year? . . . . . . . . . . If "Yes," enter the amount of any plan assets that reverted to the employer this year . . . . . 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): 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, if applicable, a Schedule SB or Schedule MB completed and signed of an enrolled actuary, 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 TWARD 10-13-10 ERRU Enter name of individual signing as plan administrator Date Signature of plan administrato HERE TOWARD 10-13-10 Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor