Benefit Plan Description This form is required to be filled under sections 104 and 4065 of the Employee The Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entrices in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or Isscal plan year beginning or complete all entrices with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year beginning or complete all entrice with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For state all entrice with the instructions to the Form 5500-SF. A This form is required to be fille under sections to the Form 5500-SF. Detect all entrice all requested information B This return/report is: an amended return/report a not enployee plan (part term/report B This return/report is: a special extension (enter description) Part II Basic Plan Information—enter all requested information 10 Dereployer identification Number ((PN)) <t< th=""></t<>
Department Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Parts Annual Report Identification Information Tomplet all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information and ending 12/31/2012 A This return/report is a single-employer plan (not multiemployer) a one-participant plan B This return/report is the first return/report as single-employer plan (not multiemployer) a one-participant plan C C check box if filing under: Social extension (enter description) DFVC program Part II Basic Plan Information—enter all requested information Ib Three-digit (PN) > On 1a Name of plan Ib There-digit plan number On On 2d Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 20-3615277 PriME 8 CONSULTING Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN
Part I Annual Report Identification Information For calendar plan year 2012 or ficaci plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report a short plan year return/report a one-participant plan C Check box if filing under: Form 5558 automatic extension DFVC program genetation genetation DFVC program genetation 12 Market B LLC Form 5558 automatic extension DFVC program 12 A This return/report a short plan year return/report genetation DFVC program 13 Name of plan plan number Port Basic Plan Information—enter all requested information 1 The e-digit plan number PRIME 8 CONSULTING 401(K) PLAN Ib Three-digit plan number 0101/2010 1 C Effective date of plan PRIME 8 LCC Consult is a single-employer, if for a single-employer plan) 2 Demployer Identification Number PRIME 8 LCO Sono Sart Elephone number 425-449-8170 20-5815277 2c Supposor's talephone number 20-5815277 <
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name, EIN, and the plan number from the last return/report.
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
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 by 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.
SIGN Filed with authorized/valid electronic signature. 10/15/2013 NICOLETTE SHARP
HERE 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
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF

Part III Financial Information								
7 Plan Assets and Liabilities	bilities (a) Beginning of Year				(b) End of Year			
a Total plan assets	7a	75239	2			1218969		
b Total plan liabilities	7b	0			0			
C Net plan assets (subtract line 7b from line 7a)	7c	752392			1218969			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:	0-(4)	10056	4					
(1) Employers		12956 17233						
(2) Participants		1233		_				
(3) Others (including rollovers) b Other income (loss)		112970						
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 		11291	0			544504		
d Benefits paid (including direct rollovers and insurance premiums	00					544521		
to provide benefits)	8d	7763	9					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f	30	5					
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					77944		
Net income (loss) (subtract line 8h from line 8c)				_		466577		
J Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature codes	from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:		
10 During the plan year:				Yes	No	Amount		
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig 			10a	X		1500		
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х			
C Was the plan covered by a fidelity bond?					Х			
d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty?	•	idelity bond, that was caused by fraud			Х			
e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e		x			
f Has the plan failed to provide any benefit when due under the pl	an?				Х			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year end	.)	10g	Х		90828		
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	? (See instructi	ons and 29 CFR	10g		Х	30020		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding require	ments? (If "Yes	s," see instructions and com	plete	Scheo	lule SE	3 (Form		
5500) and line 11a below)			a Enter the amount from Schedule SB line 39					
5500) and line 11a below)					11a			
5500) and line 11a below)					11a	ERISA? Yes X No		
5500) and line 11a below) 11a Enter the amount from Schedule SB line 39	g requirement	s of section 412 of the Code			11a	ERISA? Yes X No		
5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum fundin	g requirements w, as applicabl	s of section 412 of the Code e.) in this plan year, see instruc	or se	ection :	11a 302 of	ne date of the letter ruling		
 5500) and line 11a below)	g requirements w, as applicabl ing amortized	s of section 412 of the Code e.) in this plan year, see instruc Mon	or se	ection :	11a 302 of	ne date of the letter ruling		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN