Form 5500-SF		Short Form Annual R	OMB Nos. 1210-0110 1210-0089							
			Benefit	ctions 104 and 4065 of the Employee	2011					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058(a Code (the Code).	of This Form is Open to Public Inspection					
P	ension Benefit Guaranty Corporation	Complete all entries in accord	ance with	n the instructions to the Form 5500	-SF.	Inspectio	50			
		lentification Information	1	and anding 10		2014				
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201 a single-employer plan			2/31/2					
	This return/report is for:			-employer plan (not multiemployer)		a one-participant pl	an			
в	This return/report is:	the first return/report		eturn/report	- 44					
•	<u>.</u>			in year return/report (less than 12 mor	nths)	—				
C	C Check box if filing under:									
De	rt II – Basia Dian Inform	special extension (enter descriptio	,							
	ITT II Basic Plan Inform Name of plan	nation—enter all requested informa	ation		1b	Three-digit				
	COST, LLC 401(K) PLAN					plan number				
				_		(,)	001			
					1c	Effective date of plan 07/01/2006				
		ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification	n Number			
PRO	-COST, LLC					(EIN) 20-2149786				
					2c	Sponsor's telephone r				
	COAL CREEK PARKWAY SE CASTLE, WA 98059	#442		-	24	425-562-1181 Business code (see in				
	CASTEL, WA 30033				zu	541990	structions)			
	Plan administrator's name and COST, LLC	address (if same as plan sponsor, er		") RKWAY SE #442	b Administrator's EIN 20-2149786					
NEWCASTLE				-0	3c	Administrator's telephone number 425-562-1181				
4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
-	name, EIN, and the plan numb									
	Sponsor's name				4c	PN				
	Total number of participants at the beginning of the plan year			-	5a	1				
	b Total number of participants at the end of the plan year				5b	(
С		count balances as of the end of the p	•		5c		0			
6a	Were all of the plan's assets d	luring the plan year invested in eligibl	e assets?	(See instructions.)		X	Yes No			
b	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 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Pa	rt III Financial Informa				•.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Ye	ar			
а	Total plan assets		7a	207939			0			
b	Total plan liabilities		7b	478		0				
C	Net plan assets (subtract line 7	7b from line 7a)	7c	207461			0			
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or recei	vable from:	8a(1)	0						
			8a(2)	0						
	(3) Others (including rollovers))	8a(3)	0						
b	Other income (loss)		8b	-23339						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				-23339			
d		rollovers and insurance premiums	8d	184122						
е	,	ive distributions (see instructions)	8e							
f		s (salaries, fees, commissions)	8f							
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	8h		184122					
i		e 8h from line 8c)	8i				-207461			
j	Transfers to (from) the plan (se	ee instructions)	8j							

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

Page 2 - 1

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:

2A 2E 2F 2G 2J 2K 3D

b 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								
10	During the plan year:	Yes	No		Amount				
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	d 10b		x					
С	Was the plan covered by a fidelity bond?	10c	X				2	25000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by france or dishonesty?	d 10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	×		232				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x					
i	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	10i							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))					Y	es	No	
lf y	 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 granting the waiver								
С	c Enter the amount contributed by the employer to the plan for this plan year								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d	<u> </u>				
е	Will the 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 resolution to terminate the plan been adopted in any plan year?				Yes No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					0	
b							No		
С	C 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(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PN(s			PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	able ca	use is	estab	lished.				

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.	11/20/2013	NOREEN KIPPEN		
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		

Form 5500-SF Short Form Ann		port of Small Employe	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required t	Benefit Pl	an s 104 and 4065 of the Employee	2011			
Department of Labor Employee Benefits Security Administration						
		instructions to the Form 5500-				
Part I Annual Report Identification Informat	ion	1 and anding	12/31/2011			
For calendar plan year 2011 or fiscal plan year beginning	01/01/201					
A This return/report is for:	H	ployer plan (not multiemployer)	a one-participant plan			
B This return/report is:	X the final return		4			
an amended return/report	H	ear return/report (less than 12 mon	_			
C Check box if filing under:	automatic exte	ension	X DFVC program			
special extension (enter d	lescription)					
Part II Basic Plan Information—enter all requeste	d information					
1a Name of plan			1b Three-digit plan number			
Pro-Cost, LLC 401(k) Plan			(PN) 001			
			1c Effective date of plan			
			07/01/2006			
2a Plan sponsor's name and address; include room or suite nu PRO-COST, LLC	umber (employer, if for	a single-employer plan)	2b Employer Identification Number (EIN) 20-2149786			
			2c Sponsor's telephone number			
6947 COAL CREEK PARKWAY SE #442			425-562-1181			
	0		2d Business code (see instructions)			
NEWCASTLE WA 9805 3a Plan administrator's name and address (if same as plan sp PRO-COST, LLC LLC			541990 Administrator's EIN			
			20-2149786 3c Administrator's telephone number			
6947 COAL CREEK PARKWAY SE #442 NEWCASTLE WA 98059			425-562-1181			
4 If the name and/or EIN of the plan sponsor has changed si	ince the last return/repo	ort filed for this plan, enter the	4b EIN			
name, EIN, and the plan number from the last return/report	rt.		4c PN			
a Sponsor's name						
5a Total number of participants at the beginning of the plan year			<u>va</u>			
b Total number of participants at the end of the plan year			5b 0			
C Number of participants with account balances as of the en complete this item)			5c 0			
6a Were all of the plan's assets during the plan year invested			X Yes No			
b Are you claiming a waiver of the annual examination and a	report of an independer	nt qualified public accountant (IQP	A)			
under 29 CFR 2520 104-46? (See instructions on waiver of	eligibility and conditions	5.)				
If you answered "No" to either 6a or 6b, the plan cann	ot use Form 5500-SF	and must instead use Form 550	0.			
Part III Financial Information			(h) End of Vers			
7 Plan Assets and Liabilities		(a) Beginning of Year 207939	(b) End of Year			
a Total plan assets		207933				
b Total plan liabilities		207463				
C Net plan assets (subtract line 7b from line 7a)						
 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 		(a) Amount	(b) Total			
a Contributions received or receivable from: (1) Employers	8a(1)					
(2) Participants		(þ			
(3) Others (including rollovers)						
b Other income (loss)		-2333	9			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-23339			
 d Benefits paid (including direct rollovers and insurance pre to provide benefits) 	miums	18412:	2			
e Certain deemed and/or corrective distributions (see instru						
f Administrative service providers (salaries, fees, commissi						
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1		184122			
i Net income (loss) (subtract line 8h from line 8c)			-207461			
j Transfers to (from) the plan (see instructions)			and the second second			
For Deserved Reduction Act Notice and OMR Control Numbers and the Inst			Form 5500-SF (2011)			

Form 5500-SF 2011

Page **2 -**

	art IV Plan Characteristics					_				
9a	If the plan provides pension benefits, enter the applicable p 2A 2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable w	velfare featu	re codes from the L	lst of Plan Charac	clerist	ic Cod	es In tl	he instructio	15:	
Par	rt V Compliance Questions									
10	During the plan year:				- 11	Yes	No	A	mount	
	a Was there a failure to transmit to the plan any participant of 29 CFR 2510.3-102? (See Instructions and DOL's Volunt	contributions tary Flduclar	s within the time pe y Correction Progra	riod described in am)	10a		х			
b	Were there any nonexempt transactions with any party-in- on line 10a.)				10b		х			
C	Was the plan covered by a fidelity bond?				10c	X				25000
d		e plan's fide	llty bond, that was o	caused by fraud	10d		х			
e		ts, or other p ie or all of the	ersons by an Insuration benefits under the	ance carrler, e plan? (See	10e	x				232
f	Has the plan failed to provide any benefit when due under	r the plan?			10f		х			
q	Did the plan have any participant loans? (If "Yes," enter an	mount as of	year end.)	-	10g		Х			
	 If this is an individual account plan, was there a blackout p 2520,101-3.) 	period? (See	Instructions and 2	9 CFR	10g		Х			
i		ovided the re	equired notice or or	e of the	101					
Par										
11	Is this a defined benefit plan subject to minimum funding re 5500))								Yes	No
12	Is this a defined contribution plan subject to the minimum								Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, a									22
а	I If a waiver of the minimum funding standard for a prior year granting the waiver.	ar is being ar	mortized in this plai	Moni						
lf	f you completed line 12a, complete lines 3, 9, and 10 of S					Ē				
b	Enter the minimum required contribution for this plan year.						12b			
С						···	12c			
d	Subtract the amount in line 12c from the amount in line 12 negative amount)					[12d			
е	Will the minimum funding amount reported on line 12d be	met by the fi	unding deadline?					Yes	No	N/A
Part	t VII Plan Terminations and Transfers of As	ssets								14
13a	a Has a resolution to terminate the plan been adopted in any pla	an year?					XY	′es 🗌 No		
	If "Yes," enter the amount of any plan assets that reverted	to the emple	oyer this year		1	3a				0
b	of the PBGC?								X Yes	N₀
С	If during this plan year, any assets or liabilities were transf which assets or liabilities were transferred. (See instruction		his plan to another	plan(s), identify th	ne plai	n(s) to				
_	13c(1) Name of plan(s):				_	130	:(2) El	N(s)	13c(3)	PN(s)
Cau	tion: A penalty for the late or incomplete filing of this re	turn/report	will be assessed u	unless reasonabl	le cau	ise is i	establ	ished.		
Und SB c	Under penalties of perfuny 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 10.02-2013 Nore			Noreen Kipp	pen						
SIGN SCHOOL IN CELEVIL			Enter name of individual signing as plan administrator							
1433			Sulo	Cater Hame Offi	annar	an oigi	nig de	- pian aunin	onator	
SIG HEF			Date	Enter name of In	ndividu	ual sigr	ning as	s employer o	r plan spc	onsor