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 sections 6057(b) and 6058(a) of the Internal

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Informatio				
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/	_	- J	2/31/2014	
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accor		
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	formation—enter all requested i	nformation			
1a Name	•				1b Three-digit	
BJ'S ENTER	RPRISES, INC. 401	(K) PLAN			plan numb (PN) ▶	er 001
					1c Effective da	
						01/01/2004
2a Plan s	ponsor's name and a	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		dentification Number
505 ENTER	FRISES, INC.				()	91-1285969
1411 PACIFI	IC HIGHWAY E				-	telephone number 3-922-0430
	/A 98424-2611				2d Business c	ode (see instructions)
						713200
3a Plan a	idministrator's name	and address XSame as Plan Spo	nsor.		3b Administrat	or's EIN
					3c Administrat	or's telephone number
4 If the	name and/or EIN of t	the plan sponsor has changed sinc	e the last return/report filed	I for this plan, enter the	4b EIN	
name	e, EIN, and the plan r	number from the last return/report.	·	•		
	or's name	its at the beginning of the plan year			4c PN 5a	19
_		its at the end of the plan year			-	27
		h account balances as of the end c				21
compl	ete this item)				5c	18
d(1) Tot	tal number of active p	participants at the beginning of the	plan year		5d(1)	17
d(2) Tot	tal number of active p	participants at the end of the plan y	ear		5d(2)	17
		terminated employment during the			5e	(
		e or incomplete filing of this retu			use is established	d.
Under pen	alties of perjury and	other penalties set forth in the instr and signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/re	port, including, if a	pplicable, a Schedule
	true, correct, and co	mplete.		· ·		
SIGN	Filed with authorized/valid electronic signature. 03/06/2015 JENYNNE DENOBLE		E			
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN						
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of individ		ployer or plan sponsor
HERE	Signature of emp	oloyer/plan sponsor n name, if applicable) and address (Enter name of individual ber) (optional)		ployer or plan sponsor none number (optional)
HERE	Signature of emp	oloyer/plan sponsor n name, if applicable) and address (Enter name of individual ber (optional)		
HERE	Signature of emp name (including firm	oloyer/plan sponsor n name, if applicable) and address (Enter name of individual ber (optional)		

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accounta ions.)	int (IQ	PA)				□ □	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?	[Yes	No		lot de	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Eı	nd of	Year		
a	Total plan assets	7a	6012	273					69	1251	
b	Total plan liabilities	7b		0							
С	Net plan assets (subtract line 7b from line 7a)	7c	6012	273					69	1251	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)	639	920							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	282	267							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9	2187	
	Benefits paid (including direct rollovers and insurance premiums		21	134							
	to provide benefits)	8d	21	104							
	Certain deemed and/or corrective distributions (see instructions)	8e		75							
	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								2209	
	Net income (loss) (subtract line 8h from line 8c)	8i							8	9978	
	Transfers to (from) the plan (see instructions)	8j									
Par	IV Plan Characteristics	, oj									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Cod	les in t	he instru	uction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					100	00000
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X						752
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Y	es ×	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day			letter ear _	ruling	g

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Bei	nefit Guaranty Corporation	 Complete all entries in 	n accordance with the instructions to the Form 5	5500-SF.	
Part I	Annual Report	Identification Information			
For calenda	ar plan year 2014 or f	iscal plan year beginning	01/01/2014 and ending	12/31/20	14
A This retu	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) of participating employer information in acco		
B This retu	rn/report is	the first return/report	the final return/report		
		an amended return/report	a short plan year return/report (less than 12 r	months)	
C Check b	oox if filing under:	Form 5558 special extension (enter des	automatic extension	DFVC prog	ıram
D-411	Deals Blocker	1-d. '			
Part II	-	ormation—enter all requested in	ntormation	1b Three-digit	
1a Name of BJ'S EN	•	NC. 401 (K) PLAN		plan number (PN)	001
				1c Effective date 01/01/20	
	oonsor's name and a cerprises, In		ber (employer, if for a single-employer plan)	2b Employer Ider (EIN) 91-12	
4411 Pa	acific Highwa	у Е		2c Sponsor's tele 253 - 922 - 0	ephone number
Tacoma		WA 98424-26	111	2d Business code 713200	
	dministrator's name a	and address XSame as Plan Spo	nsor.	3b Administrator	s EIN
				3c Administrator	s telephone number
		ne plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN	s telephone number
name, a Sponse	EIN, and the plan no or's name	umber from the last return/report.		4b EIN 4c PN	
name, a Sponse	EIN, and the plan no or's name	umber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN 4c PN 5a	
a Sponso 5a Total n b Total n	EIN, and the plan no or's name number of participant number of participant	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year		4b EIN 4c PN 5a	19
name, a Sponso 5a Total r b Total r C Number complete	EIN, and the plan noor's name number of participant number of participant er of participants with the this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of	of the plan year (defined benefit plans do not	4b EIN 4c PN 5a 5b 5c	19
name, a Sponso 5a Total n b Total n c Number completed(1) Total	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year in account balances as of the end of the plan year articipants at the beginning of the	of the plan year (defined benefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	19 27 18 17
name, a Sponso 5a Total r b Total r c Number complet d(1) Tota d(2) Total	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) al number of active p	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the beginning of the articipants at the end of the plan year	of the plan year (defined benefit plans do not plan year	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	19 27 18 17
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe	EIN, and the plan noor's name number of participant number of participants er of participants with ete this item) al number of active p er of participants that	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the beginning of the articipants at the end of the plan year terminated employment during the	of the plan year (defined benefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	19 27 18 17
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe less the	EIN, and the plan nor's name number of participant number of participants with the tet his item) al number of active p al number of active p or of participants that an 100% vested	s at the beginning of the plan year is at the end of the plan year account balances as of the end of articipants at the beginning of the articipants at the end of the plan year articipants at the beginning of the articipants at the end of the plan year terminated employment during the por incomplete filing of this returns.	of the plan year (defined benefit plans do not plan year	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established.	19 27 18 17 17
name, a Sponso 5a Total r b Total r C Numbe comple d(1) Tota e Numbe less the Caution: A Under pena	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) al number of active p al number of active p er of participants that an 100% vested a penalty for the late	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the articipants at the end of the plan year terminated employment during the process of the plan year incomplete filing of this return the penalties set forth in the instrand signed by an enrolled actuary	of the plan year (defined benefit plans do not plan year	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. report, including, if app	19 27 18 17 17
name, a Sponso 5a Total r b Total r C Numbe comple d(1) Tota e Numbe less that Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) al number of active p al number of active p or of participants that an 100% vested a penalty for the late alties of perjury and of edule MB completed	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the articipants at the end of the plan year terminated employment during the process of the plan year incomplete filing of this return the penalties set forth in the instrand signed by an enrolled actuary	plan year (defined benefit plans do not plan year	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if apport, and to the best of records.	19 27 18 17 17
name, a Sponsor 5a Total r b Total r c Number complet d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) al number of active p al number of active p or of participants that an 100% vested a penalty for the late alties of perjury and of edule MB completed	s at the beginning of the plan year is at the end of the plan year is at the end of the plan year is account balances as of the end of articipants at the beginning of the articipants at the end of the plan year incomplete filing of this return the penalties set forth in the instrand signed by an enrolled actuary inplete.	plan year (defined benefit plans do not plan year	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if apport, and to the best of records.	19 27 18 17 17 0 olicable, a Schedule my knowledge and
name, a Sponso 5a Total r b Total r C Number complet d(1) Total e Number less that Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the articipants at the end of the plan year incomplete filing of this return the penalties set forth in the instrand signed by an enrolled actuary inplete.	plan year (defined benefit plans do not plan year	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. report, including, if apport, and to the best of report, and to the best of respect to the bes	19 27 18 17 17 0 slicable, a Schedule my knowledge and
name, a Sponsor 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item) al number of active p al number of active p or of participants that an 100% vested penalty for the late addies of perjury and core dedule MB completed true, correct, and core Signature of plan Signature of emple	s at the beginning of the plan year is at the end of the plan year is at the end of the plan year is account balances as of the end of articipants at the beginning of the articipants at the end of the plan year incomplete filing of this returned by an enrolled actuary in plete.	plan year (defined benefit plans do not plan year	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if apport, and to the best of report, and to the best of resulting the second s	19 27 18 17 17 0 Dicable, a Schedule my knowledge and dministrator
name, a Sponsor 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item) al number of active p al number of active p or of participants that an 100% vested penalty for the late addies of perjury and core dedule MB completed true, correct, and core Signature of plan Signature of emple	s at the beginning of the plan year is at the end of the plan year is at the end of the plan year is account balances as of the end of articipants at the beginning of the articipants at the end of the plan year incomplete filing of this returned by an enrolled actuary in plete.	plan year (defined benefit plans do not plan year	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if apport, and to the best of report, and to the best of resulting the second s	19 27 18 17 17 0 slicable, a Schedule my knowledge and

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	Were all of the plan's assets during the plan year invested in eligible						X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	n independ	dent qualified public accountar	nt (IQF	PA)		X Yes No
	under 29 CFR 2520.104-467 (See instructions on waiver enginiting a lifyou answered "No" to either line 6a or line 6b, the plan cannot	na condition	m 5500-SF and must instead	use	Form	5500.	
	If the plan is a defined benefit plan, is it covered under the PBGC ins					_	No Not determined
	t III Financial Information						
_			(a) Danimaina of Van		\top		h) End of Voor
_	Plan Assets and Liabilities	12.1	(a) Beginning of Year	127	3		b) End of Year 691251
	Total plan assets	7a			0		051231
	Total plan liabilities	7b	60	127	-		691251
_	Net plan assets (subtract line 7b from line 7a)	7c		1141	1		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		+		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)	6	392	0		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	2	826	7		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					92187
	Benefits paid (including direct rollovers and insurance premiums			213	4		
	to provide benefits)	8d		213	-	-	
	Certain deemed and/or corrective distributions (see instructions)	8e			5		
<u>†</u>	Administrative service providers (salaries, fees, commissions)	8f			5		
g	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_	-		2209
	Net income (loss) (subtract line 8h from line 8c)	8i			+		89978
J	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension to 2A 2F 2G 2J 2K 3D 2E 2T	feature cod	les from the List of Plan Chara	acteris	tic Co	des in the	e instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Charac	teristi	c Cod	es in the	instructions;
Part	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within iciary Corre	the time period described in ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
С				10c	Х		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e	х		752
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i			
Parl							
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes." see instructions and com	plete	Sched	dule SB (Form -

Part Vi Pension Funding Complian 11 Is this a defined benefit plan subject to m Yes No 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 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?.. (If "Yes," complete line 12a or lines 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 granting the waiver.

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If	you completed line 12a, complete lines 3, 9, and 10 of S	Schedule MB (Form 5500), an	d skij	to line 13.			
b	Enter the minimum required contribution for this plan year				12b		
c	Enter the amount contributed by the employer to the plan	for this plan year			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 funding deadline?.				Yes	No N/A
Part	VII Plan Terminations and Transfers of As	ssets					
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es X No	
	If "Yes," enter the amount of any plan assets that reverted	I to the employer this year			13a		
b	Were all the plan assets distributed to participants or bene of the PBGC?						Yes X No
С	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction		plan(s), identify the plan(s)	to		
	3c(1) Name of plan(s):			1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						
14a	Name of trust				14b ⊤r	ust's EIN	