Form 5500-SF		Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed			2016				
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	Internal	This Form is Open to Public Inspection					
	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	structions to the Form 55	500-SF.	r ubic inspection			
For calenda	Annual Report Ic Ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016				
		a single-employer plan		plan (not multiemployer) (ing this box must attach a			
A This ret	urn/report is for:	a one-participant plan		employer information in ac		•			
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)				
C Check	box if filing under:] Form 5558	automatic extension	ı	DFVC p	rogram			
		special extension (enter descr	1)						
Part II		mation—enter all requested inf	ormation		46 -	10 V.			
1a Name BJ'S ENTER	of plan PRISES, INC. 401 (K) F	PLAN			1b Three plan (PN)	number			
						tive date of plan 01/01/2004			
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number 91-1285969			
	town, state or province, PRISES, INC.	country, and ZIP or foreign posta	al code (if foreign, see in	structions)	2c Sponsor's telephone number 253-922-0430				
	C HIGHWAY E A 98424-2611				2d Busir	ess code (see instructions) 713200			
3a Plan a	dministrator's name and	address X Same as Plan Spor	isor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
				d for this where contraction	41				
	, EIN, and the plan numb	blan sponsor has changed since to be from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN 4c PN				
· · · · ·		t the beginning of the plan year			5a	26			
_		t the end of the plan year			5b	68			
C Numb	er of participants with ac	count balances as of the end of t	the plan year (only define	ed contribution plans	5c	22			
	,	cipants at the beginning of the pla			5d(1)	19			
• •		cipants at the end of the plan yea	-		5d(2)	68			
e Numb than	per of participants that te 100% vested	rminated employment during the	plan year with accrued	benefits that were less	5e	C			
		incomplete filing of this return							
SB or Sche		er penalties set forth in the instruct signed by an enrolled actuary, a ete.							
SIGN	Filed with authorized/va	lid electronic signature.	02/17/2017	JENYNNE DENOBLE					
HERE	Signature of plan ad	Signature of plan administrator Date Enter name of individu				as plan administrator			
SIGN									
HERE	Signature of employe	er/plan sponsor	ual signing a	as employer or plan sponsor					
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	iber)	Preparer's	telephone number			
		see the Instructions for Form 5500				Form 5500-SE (2016)			

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes No
b	Are you claiming a waiver of the annual examination and report of				· ·	,			X Yes 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann		,						
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_		Not determined
	rt III Financial Information	iourunee p							
<u>га</u> 7								<u></u>	
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning (of Year 741598				(b) End	of Year 870732
	Total plan assets	7a		741330					0
	Total plan liabilities	7b		741598					870732
	Net plan assets (subtract line 7b from line 7a)	7c		741596					010132
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		89971					
	(2) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		45909					
					-				135880
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				155000
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6646					
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		100					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6746
i	Net income (loss) (subtract line 8h from line 8c)	8i							129134
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Chara	cteris	stic Co	des in	the insti	ructions:
	2A 2F 2G 2J 2K 3D 2E 2T								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Charac	terist	ic Coc	les in t	the instru	ictions:
_									
Par									
10	During the plan year:			ľ	Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contribu-								

Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х		
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
Was the plan covered by a fidelity bond?	10c	Х			500000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
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	x			946
Has the plan failed to provide any benefit when due under the plan?	10f		Х		
Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
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				
	described in 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 on line 10a.) 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 or dishonesty? 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.) Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)10aWere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)10bWas the plan covered by a fidelity bond?10cDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dWere 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.)10eHas the plan failed to provide any benefit when due under the plan?10fDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10h	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)10aWere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)10bWas the plan covered by a fidelity bond?10cXDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dWere 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.)10fHas the plan failed to provide any benefit when due under the plan?10fDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10h	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)10aXWere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)10bXWas the plan covered by a fidelity bond?10cX10cXDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dXXWere 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.)10fXHas the plan failed to provide any benefit when due under the plan?10fXDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gXIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10hX	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)10aXWere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)10bXWas the plan covered by a fidelity bond?10cX10cDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dXWere 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.)10fXHas the plan failed to provide any benefit when due under the plan?10fXXDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gXIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)XXIf 10h was answered "Yes," check the box if you either provided the required notice or one of theX

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		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 brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc ne number	lian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test		N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			of
	letter		ter the	e date	of the m	ost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separ ce?		from	Ye	s [No		

For	m 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Emplo Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Re Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the I									
	ment of the Treasury al Revenue Service											
Employee Ber	partment of Labor nefits Security Administration	- Income Security Act of 1974		ue Code (the Code)		This Form is Op Public Inspect						
	nefit Guaranty Corporation	Complete all entries in a	ccorda	ance with the instru	ctions to the Form 5							
Part		Identification Information	07.10	1/0010	and an disc	10/1	1/001/					
For calenda	r plan year 2016 of fis		-	1/2016	and ending		31/2016					
Δ This refu	rn/report is for:	X a single-employer plan	a single-employer plan a multiple-employer plan (not multiemployer) (File list of participating employer information in accord									
A more		a one-participant plan	-	oreign plan								
B This retu	rn/report is	the first return/report	1 the	final return/report								
		an amended return/report			/report (less than 12 m	onths)						
0						_						
C Check b	ox if filing under:	Form 5558	🗌 au	tomatic extension			rogram					
		special extension (enter descri	iption)									
Part II	Basic Plan Info	rmation-enter all requested info	ormatio	'n								
1a Name o	of plan					1b Thre						
BJ'S ENTERPRISES, INC. 401 (K) PLAN							number 001					
						(PN)						
							tive date of plan					
2a Plan sn	onsor's name (employ	ver, if for a single-employer plan)					oyer Identification Number					
		n, apt., suite no. and street, or P.O	. Box)				91-1285969					
		e, country, and ZIP or foreign posta	al code	(if foreign, see instru	uctions)		nsor's telephone number					
BJs Ent	erprises, Inc	•										
						2d Busir	ness code (see instructions)					
4411 Pa	cific Highway	E				713200						
_			_									
Tacoma		WA 98424-2611				01						
3a Plan ad	lministrator's name an	d address 🛛 Same as Plan Spon	isor,			3D Admi	inistrator's EIN					
						3c Administrator's telephone number						
						SC Administrator's telephone number						
4 If the n	ama and/or EIN of the	plan sponsor has changed since t	the least	roturn/roport filed fo	this plan, optor the	4b EIN						
		nber from the last return/report.	ine idsi	return/report filed to	r uns plan, enter the							
a Sponso						4c PN						
5a Total n	umber of participants	at the beginning of the plan year				5a	26					
		at the end of the plan year				5b	68					
	• •	account balances as of the end of t				5.						
				• • •		5c	22					
d(1) Tota	I number of active pai	ticipants at the beginning of the pla	an year			5d(1)	19					
d(2) Tota	I number of active pa	rticipants at the end of the plan yea	ar			5d(2)	68					
		terminated employment during the				5e						
than 1	00% vested						0					
		or incomplete filing of this return ner penalties set forth in the instruc										
		nd signed by an enrolled actuary, a										
belief, it is t	rue, correct, and com											
SIGN	Junen	4 Drawallo		2/17/17	JENYNNE DENOB	LE						
HERE	Signature of plan administrator Date Enter name of individ					lual signing	as plan administrator					
SIGN												
HERE	Signature of emplo	ver/nlan sponsor		Date	Enter name of individ	lual signing	as employer or plan sponsor					
Preparer's r		ame, if applicable) and address (in	nclude r				s telephone number					
100 - 100 100 100 100 100	waarbiteliker	., , , , , , , , , , , , , , , , , , ,										
							and the second second					

 6a Were all of the plan's assets during the plan year invested in elip b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili If you answered "No" to either line 6a or line 6b, the plan ca 	of an indepen ity and conditi innot use For	dent qualified public a ons.) m 5500-SF and must	ccounta : instea	ant (IQ id use	PA) Form	5500.	X Yes No			
c If the plan is a defined benefit plan, is it covered under the PBGC	C insurance pr	ogram (see ERISA se	ction 4	021)?		Yes	No Not determined			
Part III Financial Information				- 1						
7 Plan Assets and Liabilities	-	(a) Beginning c	741,	- 0.0		()	b) End of Year 870,732			
a Total plan assets			/41,	598			070,732			
b Total plan liabilities			741,	- 0.0			870,732			
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) Amoun		-	17.2		(b) Total			
(1) Employers	8a(1)			0		1	the state of the s			
(2) Participants			971			de la construcción de la const				
(3) Others (including rollovers)										
b Other income (loss)			45,	909		v 11 1				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						135,880			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			646	ž						
e Certain deemed and/or corrective distributions (see instructions)	8e				Ċ.	- 18	a de la serie de la desta d			
f Administrative service providers (salaries, fees, commissions)	8f		-	100		and the second second				
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6,746				
i Net income (loss) (subtract line 8h from line 8c)	8i		1.8				129,134			
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2A 2F 2G 2J 2K 3D 2E 2T	on feature co	des from the List of Pla	an Chai	racteris	stic Co	des in	the instructions:			
b If the plan provides welfare benefits, enter the applicable welfar	e feature cod	es from the List of Plar	n Chara	acterist	ic Coo	les in th	ne instructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amount			
a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL Program).	's Voluntary F	iduciary Correction	10a		x					
 b Were there any nonexempt transactions with any party-in-inter reported on line 10a.) 	rest? (Do not i	nclude transactions	10b		x					
C Was the plan covered by a fidelity bond?			10c	x			500,000			
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?					х					
 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.). 				x			946			
f Has the plan failed to provide any benefit when due under the	f Has the plan failed to provide any benefit when due under the plan?									
g Did the plan have any participant loans? (If "Yes," enter amount	nt as of year-e	end.)	10g		х					
h If this is an individual account plan, was there a blackout perio 2520.101-3.)	d? (See instru	ctions and 29 CFR	10h		x					
If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required	I notice or one of the	10i							

Form 5500-SF 2016

Page 3-

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)				□ Y	es 🗌	No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code		302 of		Ιпи	Yes X	
	ERISA?						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	nth	enter t Day	he date o	of the letter Year	ruling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left negative amount)		12d			-	
e	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	X No	>	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?			[] Yes 🛛	No	
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	the plan(s)	to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part			4.41				
14a	Name of trust		140	ſrust's E	IN		
14c	Name of trustee or custodian				or custodi e number	an's	
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	n-baseo arbor nt year est	or L test				
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	ntage		erage nefit test		I/A
-	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number						of
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	er the date of	of the m	nost rece	nt determi	nation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?] Ye	s [] No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		🗌 Ye	s [] No		