Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annual Report	i identification information					
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/20)17	and ending 12	2/31/2017		
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_		
		a one-participant plan	a foreign plan	. , . ,		,	
B This retu	urn/report is	the first return/report	the final return/report	t			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC progra	ım	
		special extension (enter descri	,				
Part II	Basic Plan Info	ormation—enter all requested info	ormation				
1a Name BOPD 401(kg	•				1b Three-dig	per	
					(PN) 1c Effective of	date of plan	
						01/01/2016	
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			2b Employer (EIN)	Identification Number 46-3915518	
BOPD LLC	town, state or provinc	ce, country, and ZIP or foreign posta	r code (ii foreign, see in	structions)		telephone number 06-583-6119	
					2d Business	code (see instructions)	
1400 NW MA SEATTLE, W						621210	
3a Plan a	dministrator's name a	and address X Same as Plan Spons	sor.		3b Administra	ator's EIN	
					3c Administra	ator's telephone number	
		ne plan sponsor or the plan name has onsor's name, EIN, the plan name ar			4b EIN		
•	or's name	moor 3 hame, Env, the plan hame ar	ia the plan number non	i the last return/report.	4d PN		
C Plan N	lame						
5a Total i	number of participants	s at the beginning of the plan year			5a	6	
					5b		
 Total number of participants at the end of the plan year. Number of participants with account balances as of the end of the plan year (only defined contribution plans 						6	
•	,	articipants at the beginning of the pla			5d(1)	6	
	·	articipants at the end of the plan yea	•		5d(2)		
e Numb	per of participants who	terminated employment during the	plan year with accrued	benefits that were less	5e	0	
Caution: A	100% vested A penalty for the late	or incomplete filing of this return	report will be assesse	ed unless reasonable cau		ed.	
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instruct and signed by an enrolled actuary, as	ions, I declare that I ha	ve examined this return/re	port, including, if	applicable, a Schedule	
SIGN		d/valid electronic signature.	07/10/2018	SHAFEENA CHATUR			
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator	
SIGN	Filed with authorized	d/valid electronic signature.	07/10/2018	SHAFEENA CHATUR			
HERE	la:		l = .	1			

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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unger 29 CFR 2520.104-46	? (See instructions on waiver eligibility		ndent qualified public a	account	ant (IQ	PA)		X Yes	
If you answered "No" to e C If the plan is a defined benefit	fither line 6a or line 6b, the plan cann fit plan, is it covered under the PBGC in the My PAA confirmation number from the	n ot use Fo nsurance p	orm 5500-SF and must program (see ERISA se	t instea ection 4	ad use 021)?	Form	5500. Yes No	☐ Not det (See instru	ermined
Part III Financial Infor	mation								
7 Plan Assets and Liabilities			(a) Beginning (of Year			(b) End	of Year	
a Total plan assets		. 7a	10	08992				182373	
b Total plan liabilities		. 7b							
C Net plan assets (subtract lin	ne 7b from line 7a)	. 7c	10	08992				182373	
8 Income, Expenses, and Tra	nsfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
Contributions received or re (1) Employers	ceivable from:	. 8a(1)		13683					
(2) Participants		. 8a(2)	;	32532	_				
(3) Others (including rollov	ers)	. 8a(3)		0	_				
b Other income (loss)		. 8b	2	27166					
	1), 8a(2), 8a(3), and 8b)	. 8c						73381	
	ct rollovers and insurance premiums	. 8d		0					
e Certain deemed and/or cor	ective distributions (see instructions)	. 8e		0					
f Administrative service prov	ders (salaries, fees, commissions)	. 8f		0	_				
g Other expenses		. 8g		0					
· .	d, 8e, 8f, and 8g)							0	
	line 8h from line 8c)							73381	
	(see instructions)	· 8j							
Part IV Plan Character									
2A 2E 2J 2K 2F	n benefits, enter the applicable pension 2G 3D								
b If the plan provides welfare	benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the insti	uctions:	
Part V Compliance Q	uestions								
10 During the plan year:					Yes	No		Amount	
described in 29 CFR 251	smit to the plan any participant contribu 0.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	10a		X			
b Were there any nonexem	ot transactions with any party-in-interest	t? (Do not	include transactions	10b		X			
C Was the plan covered by	a fidelity bond?			10c		X			
d Did the plan have a loss, by fraud or dishonesty?	whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		X			
carrier, insurance service,	sions paid to any brokers, agents, or oth or other organization that provides som	ne or all of	the benefits under	10e		X			
f Has the plan failed to prov	ride any benefit when due under the pla	ın?		10f		X			
	ticipant loans? (If "Yes," enter amount a		· ·	10g		X			
	ount plan, was there a blackout period?			10h		X			
	," check the box if you either provided the notice applied under 29 CFR 2520.10			10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	Ye:	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of		Ye	s X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter r Year	uling
lf y	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 of a 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 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 under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)

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

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OMB Nos. 1210-0110 1210-0089

2017

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Part	Annual Repo	rt Identification Information		again a ann ann an daol a a mhe a mheann aire sinn an ar is deire dheirinn an deir dhife i an an 4400 an air a		<u>nia yayan yayaan yaqaan ya maanaan maanaan ka uloobohoo kobo ku kobo wakiiki doo wakiiki doo waxaan</u> ka
For caler	idar plan year 2017 o	r fiscal plan year beginning	01/01/2017	and ending	12/31/	***************************************
A This	eturn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) ployer information in a	(Filers checking accordance with the	this box must attach a he form instructions.)
		a one-participant plan	a toreign plan			
B This re	etum/report is	the first return/report	the final return/report.			
		an amended return/report	a short plan year return	/report (less than 12 r	nonlhs)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am
A THE ORIGINAL PROPERTY OF THE PARTY OF THE	AND THE RESIDENCE OF THE PARTY	special extension (enter desc	articles of the second control of the second			
Part II		formation—enter all requested in	nformation	and the second of the second s	1b Three-dig	411
1a Name					plan num	- 1
BOPD 40)1(k) Plan				1c Effective	date of plan
					01/01/	
* # milion	a addrace lincluda m	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)			dentification Number -3915518
City o	r town, state or provid	nce, country, and ZIP or foreign pos	stal code (if foreign, see instr	uctions)	2c Sponsor 206-58.	s telephone number 3-6119
					1	code (see instructions)
1400 N	W Market St	•			621210	
Seattle	2	WA 98107				
		and address 🛛 Same as Plan Spo	onsor.		3b Administr	ator's EIN
		ⁱ Marketo ⁿ			3c Administr	ator's telephone number
				•		
				6 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	AL CILI	
4 If the	name and/or EIN of t	he plan sponsor or the plan name h onsor's name, EIN, the plan name	has changed since the last re and the plan number from th	e last retum/report.	4b EIN	
	lan, enter the plan sp or's name	onsors name, cas, ore plantipular	was the street by the		4d PN	
c Plan N						
				***************************************	5a	6
5a Total	number of participant	s at the beginning of the plan year.	***************************************		5b	8
		s at the end of the plan year			5c	6
C Numb compl	er or participants will lete this item)	account balances as of the end of	沙海芹亚巴州中华人名英格兰 医皮肤炎 医艾甘二氏征 医艾耳氏氏炎 医四十烷代基 化自己基金金属	D T 专企业资讯中心公司经验资金基本管理 4 K C C C C C C C C C C C C C C C C C C	5d(1)	6
5 f at 8 mm -	t i und modilise es	articinants at the beginning of the p	lan year	** < ** + * * * * * * * * * * * * * * *		, m.
			OF	*************	5e	0
		articipants at the end of the plan yes terminated employment during the			d la possible	and
		or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary,				if applicable, a Schedule st of my knowledge and
აც or Sche belief_it is t	rue, correct, and con	Dicte	3/10/2018	Shafeena Chat	ur	
SIGN	MIGOLI	117		Enter name of indivi		lan administrator
HERE	Signature of plan	administrator	Date OALS	Suafeen		Her
SIGN	Sholl	LA	7/10/2018	Enter name of individual		mployer or plan sponsor
HERE	Signature of empl	oyer/plan sponsor	Date	Cite idile vi izuve	AND CANAL PROPERTY OF CO.	Form 5500-SF (2017)

www.eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	Form 5500-SF 2017	· = #1/200000.#A v 000000004 #A1	Page 2			maaa-			
b Are	ere all of the plan's assets during the plan year invested in eligib you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cann	an indepe and cond	indent qualified public	account	ant (IC	λPA)			See A
c ift	re plan is a defined benefit plan, is it covered under the PBGC in Yes" is checked, enter the My PAA confirmation number from the	isurance i	program (see ERISA s	ection 4	1021)?		Yes No	<u></u>	etermined inscions.)
Part II	I Financial Information	pinosansanominoministra	Politic for the construction of the constructi	MANAGO (MANAGO MANAGO ANTANAGO ANTANAGO ANTANAGO ANTANAGO ANTANAGO ANTANAGO ANTANAGO ANTANAGO ANTANAGO ANTANAG		ON THE PERSON NAMED IN COLUMN 1 IS NOT THE PERSON NAMED IN COLUMN 1 IS NOT THE PERSON NAMED IN COLUMN 1 IS NOT			minimum a distributive and the second second
7 Pia	n Assets and Liabilities	aanamie eesta kalimaa	(a) Beginning	School of the best of the second or con-	and the same of th	carriera interiories	(b) E n	d of Year	* 13 to 14 to
a Tot	al plan assets	7a	Mark III XIME A FEINAMARII MARKA PARA PARA PARA PARA PARA PARA PARA	108,	335				182,373
b Tot	al plan (labilities	7b	A STATE OF THE STA			rando a militar de la companio de la	entransistransi of design and an article supplies to		182,373
c Net	plan assets (subtract line 7b from line 7a)	7c		108,	992	-		AND A CONTRACTOR OF THE STATE O	104,311
8 Inc	ome, Expenses, and Transfers for this Plan Year		(a) Amou	nt		LI-LAND WATER TO	(b)	Total	
	ntributions received or receivable from:	8a(1)		13,	683				
Comments of the Comment of the Comme	Employers	8a(2)	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	32,	532	ACCOMPANIES OF THE SECOND SECO	Sant Annual Conference of the	W. Salar Control of the Control of t	
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······	Others (including rollovers)	8p 79727	***************************************	2.7,	166	P ERMANNANA	and the second s	- Company Control of C	
A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	er income (loss)	8c			<u>,</u>	H) LÍNGS COAPPINÍ	AND THE PERSON NAMED OF TH		73,38
	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)efits paid (including direct rolloyers and insurance premiums	- 02	- Commence of the Commence of			K-896-A-40Copyrimments	ang papatan ng Canada Casan Alas (1964) (anana Casa n	PATRICIA LE PROPERTO POR PROPERTO PARA PARA PARA PARA PARA PARA PARA PAR	
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ONORROTHERE THE SHARE A SHEEL AND SHEET	tain deemed and/or corrective distributions (see instructions)	8e		evicent married	0	······································		ria managiorni del segui e militario di mediferiorni	MANAGEMENT AND
f Adn	ninistrative service providers (salaries, fees, commissions)	8f		erection and make the contraction	<u>oļ</u>	west of the second second	***************************************		<u>opinajaromentemon nyvimini</u>
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AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	al expenses (add lines 8d, 8e, 8f, and 8g)	8h				Mary Company of the C	Stindersche Große gem bei der bestind der seine bij vermaße.	Parket State	
	income (loss) (subtract line 8h from line 8c)	8i				****		entantes soni algority automorphism (der sie	73,38
	rsfers to (from) the plan (see instructions)	8)		and the second s		a hadio Arramada ata Dicesto	anna ann an Aireann an	nousonilesitetsiaanipastististotoisi	na siectai mittati hipida (nomasi 1800)
Part IV	Plan Characteristics	C. C				MA-DAWNING THE	esingap Cerupitan pahadi pendesiar (1900 Penahara In	HARMON STATE OF THE STATE OF TH	enter alministración polytop de la latera de la la
9a If th	ne plan provides pension benefits, enter the applicable pension								nan dan dan dan dan dan dan dan dan dan
b If th	ne plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	an Unara	Kaens	KC CCC		SE SEE SEE SEE	
Part V	Compliance Questions	······································	nterpolation and principal and appropriate transmission of the special and a second section of the second section and the second section and the second section and the second section as the section as th		136-	**	<u> </u>	A	
1 0 Du	ning the plan year:	non harable description because the same	valuence and the second		Yes	No		Amount	and the second section of the second
رؤد	as there a failure to transmit to the plan any participant contribu ascribed in 29 CFR 2510.3-102? (See instructions and DOL's V rogram)	CHARRIED 2	indicated a positional	. 10a	- Caracana Amazona Caracana Amazona Caracana Amazona Caracana Amazona Caracana Amazona Caracana Amazona Caracana Caracana Amazona Caracana Amazona Caracana Amazona Caracana Amazona Caracana Amazona Caracana Amazona Caracana Caracana Amazona Caracana Amazona Caracana Caraca	X			والمنافذة والمناسفين والمناسفين والمناسفين والمناسفين والمناسفين والمناسفين والمناسفين والمناسفين والمناسفين
h 360	regram) ere there any nonexempt transactions with any party-in-interest ported on line 10a.)	? (Do not	include transactions	105		X	and the second s		
c W	as the plan covered by a fidelity bond?		***********************	10c		Х			
d ni	d the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?	fidelity bo	and, that was caused	10d		X			ggyghamaine and the latest and the l
e We ca the	ere any fees or commissions paid to any brokers, agents, or other, insurance service, or other organization that provides some plan? (See instructions.)	e or all of	ns by an insurance the benefits under	10e		X			nama ang manang mangapak kalanda da d
f Ha	s the plan failed to provide any benefit when due under the pla	n?	2 イラベルトトコートアルイン(1 to to to f) トラブミックデル・ブダイインジュ	101		X			
	the plan have any participant loans? (If "Yes," enter amount a					X		***************************************	and the second s
h If 1	his is an individual account plan, was there a blackout period? (See instr	uctions and 29 CFR			Х		en e	The state of the s
i If	10h was answered "Yes," check the box if you either provided the common to providing the notice applied under 29 CFR 2520.10	e require	d natice or one of the	1				Wards to Taxobian Viente VI the build his	

· ····································	Form 5500-SF 2017	and a supply of the supply of	Page 3-	The state of the s				
Swim-Hatte-Mosteleper	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum fu	ording requirements? (If "Yes."	see instructions and	complete Sch	edule Si	D.	ΠY	es No
11	come connerd line 11s below)		CONTRACTOR	MANAGEMENT OF THE PARTY OF THE	minera annua annua de la companione de l			Server (mild)
12	Enter the unpaid minimum required contributions to the machine defined contribution plan subject to the machine. [If "Yes," complete line 12a or lines 12b, 12c, 12d]	nimum runding requirements t) Secupit + 12 of a co.) \$1.0.5 × 50.50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			\$44.30	es X No
	If a waiver of the minimum funding standard for a p	rior year is being amortized in	this plan year, see in	The state of the s	i enter t Day	he date o	f the letter Year	rruling
14	you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 55	00), and skip to line	: 13.	erranamenter	and the control of th	The second control of	esta esta esta esta esta esta esta esta
h	Enter the minimum required contribution for this pla	n year	AGE AND TO SEE THE SEE THE TO A THE SEE THE THE THE THE THE THE THE THE THE T	,	12b	and the second designation of the second sec	(Magneting physical address well and discount to	же руального кольска вомом яют минеска
***	Sater the amount contributed by the employer to the	eplan for this plan year	g call of the Property of the Comment of the Commen	**************************************	12c	-	it and the second se	
ď	Subtract the amount in line 12c from the amount in negative amount)	line 12b. Enter the result (enter	er a minus sign to the	entora i	12d		41	T N/A
0	Will the minimum funding amount reported on line	12d be met by the funding dea	dline?	* F > 1, 5 * 7 5 * 4 5 £ 4 * 7 7 7 * 4 7 5 7 4 4		Yes	J No	14114
Part			Service construct to the following resolution of the construction	nergon, entitle entre	ON THE COLUMN TWO IS NOT THE OWNER.			
13a	Has a resolution to terminate the plan been adopted in	any plan year?	**************************************	7 # 1 4 5 C , # # # # # + # # # # # # # # # # # # #	AND AND SECURITY OF SECURITY O	∐ Yes	X K	10
***************************************	If "Yes," enter the amount of any plain assets that r	everted to the employer this ye	ar		13a		py processors are an extensive to the processors are	
b	Were all the plan assets distributed to participants control of the PBGC?	or beneficiaries, transferred to	another plan, or broa	ught under the	> K = > + + + + + + + + + + + + + + + + + +		Yes [No No
C	If, during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in	re transferred from this plan to	another plan(s), iden	ntify the plan(s) to	n kakanoo kommunin managan	ggaaadaangda wood george error e e	
4	3c(1) Name of plan(s):			13c(2)	EIN(s)		136(3) PN(s)
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			and the state of t	de administrativo (in la companio de la companio d	AV (minimum rays)	Line		
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