	rm 5500-SF	3000 FOUD ADDUAL REDUCT/REDOCT OF 30040 FUDDIOVEE					OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury mal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee I					2014	
	epartment of Labor lenefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).				Form is Open to	
Pension Be	enefit Guaranty Corporation	Public Inspection						
Part I	Annual Report lo ar plan year 2014 or fisc	dentification Information cal plan year beginning 01/01/2014		and ending 12/	/31/201	14		
FUI Calerius		X a single-employer plan		lan (not multiemployer) (ox must attach a list	
	turn/report is for:	a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report	n/report (less than 12 mo	dance v	-		
C Check I	box if filing under:	Form 5558 automatic extension DFVC program special extension (enter description) DFVC program					am	
Part II	Basic Plan Infor	mation—enter all requested infor	rmation					
1a Name ESE CORPO						Three-digit plan number (PN) ▶	001	
					-	Effective date c	of plan	
2a Plan sj ESE CORPO	ponsor's name and add	dress; include room or suite number	(employer, if for a single-	employer plan)		Employer Identi	1/1986 ification Number 007010	
	11011 WALLER RD E						ohone number 35-3112	
TACOMA, WA 98446						2d Business code (see instructions) 238900		
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	r.		3b	Administrator's	EIN	
name	, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	e last return/report filed fo	or this plan, enter the	3C 4b 4c	EIN	telephone number	
 a Sponsor's name 5a Total number of participants at the beginning of the plan year 						PN a	11	
b Total number of participants at the end of the plan year						a D	8	
 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 						;	8	
d(1) Total number of active participants at the beginning of the plan year					5d(1	I)	8	
d(2) Total number of active participants at the end of the plan year					5d(2)	8	
P Number of participants that terminated employment during the plan year with accrued benefits that were Iess than 100% vested					;	0		
		r incomplete filing of this return/r						
SB or Sche	edule MB completed and true, correct, and completed							
SIGN	Filed with authorized/va	ed/valid electronic signature. 10/14/2015 WES JOHNSON						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sigr	ning as plan adı	ministrator	
SIGN HERE	ļ							
	Signature of employ	/er/plan sponsor ame, if applicable) and address (incl	Date	Enter name of individuer) (optional)			er or plan sponsor e number (optional)	
				, (optional)				

-	 a 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) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) c Yes No 							
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 40	21)?		Yes	No Not determined	
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	. 7a	11858				1274765	
b							0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	11858	324		1274765		
8	Income, Expenses, and Transfers for this Plan Year						(b) Total	
а	Contributions received or receivable from:			~				
	(1) Employers 8a(1) 0							
	(2) Participants	. 8a(2)		0				
	(3) Others (including rollovers)	. 8a(3)		0	_			
b	Other income (loss)	. 8b	997	'92	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					99792	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2	203				
	Certain deemed and/or corrective distributions (see instructions)			0				
f		. 8e of	106	-				
	•	. 8g		<u> </u>	-		10851	
-								
	Net income (loss) (subtract line 8h from line 8c)						00041	
-	j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension $2E 3D$ If the plan provides welfare benefits, enter the applicable welfare fe							
Part	V Compliance Questions							
10								
	a 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)							
b	• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х		
С	Was the plan covered by a fidelity bond?			10c	X		127477	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.) 							
f	f Has the plan failed to provide any benefit when due under the plan? 10f X							
q								
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR L L							
	2520.101-3.)							
i	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							
Part	VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).							
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							
12	12 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.)							

Page 3 - 1

If 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				
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 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?						
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?						
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to				
13c(1) Name of plan(s):	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)						
14a Name of trust 14b Trust's EIN						

For	m 5500-SF	Short Form Annua		of Small Emplo	oyee		OMB Nos 1210-0110 1210-0089	
	tment of the Treasury hal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retir					2014	
D	partment of Labor enefits Socurity Administration	 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 						
Pension Be	mefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	500-SF.			
Part I	Annual Report le	dentification Information	01/01/2014	and ending	12	31/201	4	
For calenda	ar plan year 2014 or fisc							
A This ret	urn/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan						
B This relu	irn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months)				
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC program			
O OTCOM	Jox II Hillig Briddi.	special extension (enter descri	ption)					
Part II	Basic Plan Infor	mation-enter all requested info	ormation					
1a Name ESE COF		IT SHARING PLAN			1b Thre plan (PN)	number	001	
					1c Effective date of plan 01/01/1986			
		ress; include room or suite numbe	r (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-1007010			
ESE CORPORATION						2c Sponsor's telephone number 253-535-3112		
Itel://wabbak/kb/b 255-555-5112 2d Business code (see instruction 238900								
	dministrator's name and	address XSame as Plan Spons	or.		3b Administrator's EIN			
4 If the r	name and/or EIN of the	plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b EIN			
	, EIN, and the plan num or's name	ber from the last return/report.			4c PN			
	0-6-174	t the beginning of the plan year			5a		1	
b Total number of participants at the end of the plan year								
c Numb	er of participants with a	ccount balances as of the end of t	he plan year (defined bene	efit plans do not	5c			
complete this item) $d(1)$ Total number of active participants at the beginning of the plan year					5d(1)			
d(2) Total number of active participants at the end of the plan year.					5d(2)			
		minaled employment during the p			5e			
Caution: A	penalty for the late o	r incomplete filing of this return	report will be assessed	unless reasonable ca	use is estal	blished.		
Under pen SB or Sche	alties of periury and other	er penalties set forth in the instruct d signed by an enrolled actuary, a	tions. I declare that I have	examined this return/re	port, includi	ing, if applic	able, a Schedule knowledge and	
SIGN	11/11	11. 1.1.14	10.9.15	WES JOHNSON				
HERE /	Signature of stan ad	ministrator	Date	Enter name of individ	lual signing	as plan ad	ministrator	
SIGN								
HERE	ERE Signature of employer/plan sponsor Date Enter name of indivi							
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numbe	er) (optional)	Preparer'	s telephone	number (optional)	
					194 L			
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500	SF.			Form 5500-SF (2014) v. 140124	

Form 5500-SF 2014		Page 2			
 6a Were all of the plan's assets during the plan yea b Are you claiming a waiver of the annual examina under 29 CFR 2520.104-46? (See instructions o If you answered "No" to either line 6a or line 	ation and report of an independen n waiver eligibility and conditions	nt qualified public accountant	(IQPA)		
C If the plan is a defined benefit plan, is it covered	under the PBGC insurance prog	ram (see ERISA section 4021)?	Yes	No Not determined
Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year
a Total plan assets		1185	824		1274769
b Total plan liabilities			0		
C Net plan assets (subtract line 7b from line 7a)		1185	824		127476
8 Income, Expenses, and Transfers for this Plan Y	'ear	(a) Amount			(b) Total
a Contributions received or receivable from:			0		
(1) Employers					
(2) Participants			0		
(3) Others (including rollovers)			0		
b Other income (loss)		99	792		
C Total income (add lines 8a(1), 8a(2), 8a(3), and a					99793
d Benefits paid (including direct rollovers and insur to provide benefits)			203		
e Certain deemed and/or corrective distributions (s	Certain deemed and/or corrective distributions (see instructions) 8e				
f Administrative service providers (salaries, fees, o	Administrative service providers (salaries, fees, commissions) 8f				
g Other expenses	Other expenses				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h				
i Net income (loss) (subtract line 8h from line 8c).					8894
j Transfers to (from) the plan (see instructions)	8i		0		
Part IV Plan Characteristics					
 9a If the plan provides pension benefits, enter the a 2E 3D b If the plan provides welfare benefits, enter the a 					
Part V Compliance Questions					
			Ye		• •
10 During the plan year: a Was there a failure to transmit to the plan any plan	articipant contributions within th	o time period described in	1 16	≫s No	Amount
29 CFR 2510.3-102? (See instructions and DC			Da	Х	
b Were there any nonexempt transactions with a	ny party-in-interest? (Do not incl	ude transactions reported		x	
on line 10a.)			Db	A	
C Was the plan covered by a fidelity bond?			Dc X		12747
e Were any fees or commissions paid to any bro insurance service, or other organization that pr	or dishonesty? 10d e 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.)				
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			x	
			0g		
2520.101-3.)	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			X	
If 10h was answered "Yes," check the box if yo exceptions to providing the notice applied under			Oi		
Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimur 5500) and line 11a below)					
11a Enter the unpaid minimum required contribution					
12 Is this a defined contribution plan subject to the	e minimum funding requirements	of section 412 of the Code o	sectio	on 302 of I	ERISA? Yes 🕅 No

(If "Yes," complete line 12a or lines 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 Month Day Year granting the waiver.

nes 3, 9, and 10 of Schedule MB (Form 5500), a tion for this plan year employer to the plan for this plan year the amount in line 12b. Enter the result (enter a r ported on line 12d be met by the funding deadline Transfers of Assets	minus sign to the	left of a	12b 12c 12d	Yes [] No 🗍 N/A
employer to the plan for this plan year the amount in line 12b. Enter the result (enter a r ported on line 12d be met by the funding deadline	minus sign to the	left of a	12c 12d	Yes] No 🗍 N/A
the amount in line 12b. Enter the result (enter a r ported on line 12d be met by the funding deadline	minus sign to the	left of a	12d	Yes] No [] N/A
the amount in line 12b. Enter the result (enter a r ported on line 12d be met by the funding deadline	minus sign to the	left of a	12d	Yes [] No [] N/A
ported on line 12d be met by the funding deadline				Yes [No N/A
	ə?			Yes [No N/A
Transfers of Assets					
een adopted in any plan year?			· 🗌 `	Yes X No	0
assets that reverted to the employer this year			13a		
					Yes X No
· · · · ·	her plan(s), iden	ify the plan(s) t	0		
		1:	3c(2) E	IN(s)	13c(3) PN(s)
		1			
	o participants or beneficiaries, transferred to ano	o participants or beneficiaries, transferred to another plan, or brou r liabilities were transferred from this plan to another plan(s), ident	r liabilities were transferred from this plan to another plan(s), identify the plan(s) t ferred. (See instructions.)	r liabilities were transferred from this plan to another plan(s), identify the plan(s) to ferred. (See instructions.)	o participants or beneficiaries, transferred to another plan, or brought under the control r liabilities were transferred from this plan to another plan(s), identify the plan(s) to

Part VIII Trust Information (optional)						
14a Name of trust	14b Trust's EIN					