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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x 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** This return/report is for: a one-participant plan a foreign plan x the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number **ESE CORPORATION PROFIT SHARING PLAN** 001 (PN) • 1c Effective date of plan 01/01/1986 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1007010 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number **ESE CORPORATION** 253-535-3112 2d Business code (see instructions) 11011 WALLER RD E TACOMA, WA 98446 238900 3b Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year..... 5b **b** 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 (defined benefit plans do not 5c Λ complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) n d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e than 100% vested...... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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

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 HERE	Filed with authorized/valid electronic signature.	07/05/2016	WES JOHNSON					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN HERE								
	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number						

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

Form 5500-SF 2015		Page 2						
 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepenand and condition	dent qualified public a	ccount	ant (IQ	PA)		· 1	Yes N
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No No	ot determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of `	/ear
a Total plan assets	7a		1274	765				0
b Total plan liabilities	7b			0				
C Net plan assets (subtract line 7b from line 7a)	7c		1274	765				0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Tota	l
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			-879				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-879
d Benefits paid (including direct rollovers and insurance premiums	8d		1257	'080				
to provide benefits) • Certain deemed and/or corrective distributions (see instructions)	8e		1201	0				
f Administrative service providers (salaries, fees, commissions)	8f		15					
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1273886
i Net income (loss) (subtract line 8h from line 8c)	8i							-1274765
j Transfers to (from) the plan (see instructions)	8i			0				
Part IV Plan Characteristics	-, -				•			
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instructior	ns:
B If the plan provides welfare benefits, enter the applicable welfare for		- Constitution Color	. 01			la a Carolla a		
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pia	n Chara	acterist	ic Coc	ies in the	nstructions	i.
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Ar	nount
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				12747
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused	100	^	.,			12141
by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Χ			
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		Χ			
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	ne required	notice or one of the	10ii					
j Did the plan trust incur unrelated business taxable income?			10i		X			
Part VI Pension Funding Compliance			. •,					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes N
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of El	RISA?	Yes X N

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	esign-			
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye	No			
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?						
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No		
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount	·····	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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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).

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

OMB Nos, 1210-0110 1210-0089

2015

This Form Is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calenda	r plan year 2015 or fi	iscal plan year beginning	01/01/2015	and ending	12/31/2						
A This retu	urn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions)								
B This return/report is the first return/report											
an amended return/report a short plan year return/report (less than 12 months)											
C Check b	ox if filing under:	Form 5558	automatic extension DFVC program								
special extension (enter description)											
Part II		ormation—enter all requested inf	formation		1						
1a Name of ESE COR	of plan PORATION PRO		1b Three-digit plan numbe (PN) ▶	r 001							
					1c Effective da 01/01/1						
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)		2b Employer Id (EIN) 91-	entification Number					
,	town, state or province RPORATION	ce, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	-	elephone number					
11011	WALLER RD E					ode (see instructions)					
TACOMA		WA 98446									
3a Plan ad	iministrator's name a	nd address XSame as Plan Spons	sor.		3b Administrator's EIN						
4 If the n	ama and/ar EIN of th	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN						
name,	EIN, and the plan nu	imber from the last return/report.	the last return/report filed it	or tina plan, enter the	4c PN						
a Sponso						8					
		s at the beginning of the plan year			F1.	0					
	• •	s at the end of the plan year account balances as of the end of				0					
		account palances as of the end of			. 5c	0					
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year			8					
` '		articipants at the end of the plan ye			5d(2)	0					
than	100% vested	t terminated employment during the				0					
Caution: A	penalty for the late	or incomplete filing of this return ther penalties set forth in the instru	n/report will be assessed	unless reasonable ca	use is established	nnlicable a Schedule					
SB or Sche	dule MB completed rue, correct, and con	and signed by an enrolled actuary, a	as well as the electronic ver	sion of this return/repo	rt, and to the best of	of my knowledge and					
SIGN	////	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	7/5/16	WES JOHNSON							
HERE Signature of plan administrator Date Enter name of individual signing as plan administrat											
SIGN											
HERE		oyer/plan sponsor	Date			ployer or plan sponsor					
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number											

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. 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 lf you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	dent qualified public a	ccount	ant (IQ	PA) 			X		No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA se	ction 4	021)? .		Yes [No [Not	determ	ined
Par	t III Financial Information										
7	Plan Assets and Liabilities	A.8000	(a) Beginning	of Yea	ar			(b) End	of Y	ear	
a	Total plan assets	7a		1,27	4,76	5					0
_b	Total plan liabilities	7b				0					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		1,27	4,76	5					0
	Income, Expenses, and Transfers for this Plan Year	nydijî .	(a) Amou	ınt				(b)	Total		_
	Contributions received or receivable from: (1) Employers	8a(1)				0					
	(2) Participants	8a(2)				0		2, 103			
	(3) Others (including rollovers)	8a(3)				0		70	10		
	Other income (loss)	8b			-87	9					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	ation Age								-879
	Benefits paid (including direct rollovers and insurance premiums			1 05	7 00		NY -				
	to provide benefits)	8d		1,25	_			NOC.		V.V	
$\overline{}$	Certain deemed and/or corrective distributions (see instructions)	8e		1		0			-	2 11	,,,,,,,,
	Administrative service providers (salaries, fees, commissions)	8f			5,89	0					
-	Other expenses (add lines od	8g					100			1 071	0.06
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,273,886 -1,274,765				
	Net income (loss) (subtract line 8h from line 8c)	8i				0	1			1,2/	1,705
Par		8j				o _l			J 84		
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Pla	an Cha	racteri	stic Co	des in	the instru	ıctions	3:	
	2E 3D	Toutain out						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan	n Chara	acterist	ic Cod	les in th	e instruc	tions:		
Parl	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Am	ount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	n I				
С	Was the plan covered by a fidelity bond?			10c	Х					1	27,47
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х	17733				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		х					
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 vear er	nd.)	10g		х					
h		(See instruc	ctions and 29 CFR	10h		х					
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	he required	notice or one of the	10i			15		Ŋ.		
j	Did the plan trust incur unrelated business taxable income?			10j		Х					
Part	VI Pension Funding Compliance					-					
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "Y	'es," see instructions	and cor	nplete	Sched	dule SB	(Form		1	п
	5500) and line 11a below)] Yes	No

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

12

7:3	Form 5500-SF 2015 Page 3 -						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
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	enter the		ne letter rui Year	ing		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<u>b</u>	Enter the minimum required contribution for this plan year	12b					
	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?		X Yes 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 of the PBGC?	control	X	Yes 🗌	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.)	0					
	3c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) F	N(s)		
31							
Part	VIII Trust Information						
14a	Name of trust	14b	14b Trust's EIN				
14c	Name of trustee or custodian	14d	14d Trustee's or custodian's telephone number				
Pari	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	Ye	s	No			
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba	esign- ased safe arbor ethod	ADP/ACP test			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye	18	No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	. Ц ре	Ratio percentage test		Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	is .	No			
	Has the plan been timely amended for all required tax law changes?	Ye		No	N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).				nstructions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number		<u>.</u>		ог		
2	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter.	f the pla	n's last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Ye	3	No			
19	Were in-service distributions made during the plan year?	Yes No					
	If "Yes," enter amount	. 19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Ye	;S	No	N/A		