Fo	orm 5500-SF	Short Form Annual R	/ee	(	OMB Nos. 1210-0110 1210-0089						
	ernal Revenue Service	This form is required to be filed	Э	2	012						
	Department of Labor Benefits Security Administration	Retirement Income Security Act of	1974 (ERISA), and sec Revenue Code (the Co	tions 6057(b) and 6058	(a) of	This Form is	s Open to Public				
-	Benefit Guaranty Corporation	<ul> <li>Complete all entries in accord</li> </ul>	,	,	)-SF.	Ins	pection				
Part I Annual Report Identification Information											
For calend	dar plan year 2012 or fisca	_	2	and ending 1	2/31/2	2012					
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan				
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report								
			a short plan year return	/report (less than 12 mc	onths)	—					
C Check	box if filing under:	듹	automatic extension			DFVC progra	m				
		special extension (enter description									
Part II		mation—enter all requested informa	ation		46	<b>T</b> I II II					
1a Name TRANSTEC	•	K) SALARY REDUCTION PLAN AND	TRUST		ar	Three-digit plan number					
						(PN) ▶	001				
					1c	Effective date of	•				
22 Blond	spansor's name and addr	ess; include room or suite number (er	molovor, if for a single (	omployer plan)	2h	08/14/ Employer Identif					
	CH ELECTRIC, INC.		inployer, in for a single-e	employer plan)	20	(EIN) 91-16					
	Y JAMES, BNKRPTCY T	DIISTEE			2c	Sponsor's telep					
15008-63R	D DRIVE SE SH, WA 98296				2d	Business code (see instructions) 238210					
3a Plana	administrator's name and	address XSame as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	<b>b</b> Administrator's EIN					
							elephone number				
name	<ul> <li>If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.</li> </ul>										
	sor's name	the beginning of the plan year			-40 5a	4c PN 5a 39					
_		t the end of the plan year			5a 5b		25				
		count balances as of the end of the p			30	, 					
					. <b>5c</b> 2						
		luring the plan year invested in eligibl									
unde	er 29 CFR 2520.104-46? (	he annual examination and report of a See instructions on waiver eligibility a	and conditions.)	· · · · · · · · · · · · · · · · · · ·	····		X Yes 🗌 No				
		er line 6a or line 6b, the plan canno									
Under per SB or Sch	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 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	Filed with authorized/va	NKRPTCY TRUSTEE									
HERE	Signature of plan adm	nature of plan administrator Date Enter name of individu				idual signing as plan administrator					
SIGN HERE											
	Signature of employe	idual signing as employer or plan sponsor									
Preparer's	s name (including firm han	ne, if applicable) and address; include	e room of suite number	(opuonai)	чер	arer s telephone	number (optional)				

				-		
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			b) End of Year
a Total plan assets	7a	51366	2			389448
<b>b</b> Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	51366	2			389448
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(4)					
(1) Employers						
(2) Participants						
b Other income (loss)		4030	0			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		4030	9			40200
<b>d</b> Benefits paid (including direct rollovers and insurance premiums						40309
to provide benefits)	8d	16129	4			
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	322	9			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					164523
i Net income (loss) (subtract line 8h from line 8c)						-124214
J Transfers to (from) the plan (see instructions)	···· 8j					
Part IV         Plan Characteristics           9a         If the plan provides pension benefits, enter the applicable pension						
2D       2E       2F       2G       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions	e feature codes	from the List of Plan Charac	cterist	ic Coc	es in the	instructions:
10 During the plan year:				Yes	No	Amount
<ul> <li>a Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Filling)</li> </ul>			10a		X	Anoun
<b>b</b> Were there any nonexempt transactions with any party-in-intere on line 10a.)	est? (Do not incl	ude transactions reported	10b		х	
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		130000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?						10000
e Were any fees or commissions paid to any brokers, agents, or			10d		x	
insurance service or other organization that provides some or a instructions.)	Il of the benefits	y an insurance carrier, s under the plan? (See	10d		x x	
insurance service or other organization that provides some or a	Il of the benefits	y an insurance carrier, s under the plan? (See				
insurance service or other organization that provides some or a instructions.)	Il of the benefits	y an insurance carrier, s under the plan? (See	10e 10f		x	
<ul><li>insurance service or other organization that provides some or a instructions.)</li><li><b>f</b> Has the plan failed to provide any benefit when due under the p</li></ul>	Il of the benefits plan? t as of year end ? (See instruction	y an insurance carrier, s under the plan? (See .)	10e		x x	
<ul> <li>insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period</li> </ul>	Il of the benefits plan? t as of year end ? (See instruction d the required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g		x x x x	
<ul> <li>insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> </ul>	Il of the benefits plan? t as of year end ? (See instruction d the required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h		x x x x	
<ul> <li>insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.</li> <li>Part VI Pension Funding Compliance</li> </ul>	Il of the benefits plan? t as of year end ? (See instruction the required no 101-3 ements? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X V	
<ul> <li>insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520."</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below).</li> </ul>	Il of the benefits plan? t as of year end ? (See instruction d the required no 101-3 ements? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X V	
<ul> <li>insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below).</li> </ul>	Il of the benefits plan? t as of year end ? (See instruction the required no 101-3 ements? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X Iule SB (F	Yes X No
<ul> <li>insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below).</li> </ul>	Il of the benefits plan? t as of year end ? (See instruction d the required no 101-3 ements? (If "Yes ng requirements	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X Iule SB (F	Yes 🗙 No
<ul> <li>insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo</li> <li>a If a waiver of the minimum funding standard for a prior year is b granting the waiver.</li> </ul>	Il of the benefits plan? t as of year end ? (See instruction d the required no 101-3 ements? (If "Yes mg requirements ww, as applicable eing amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i 0 or see	ction 3	X X X Iule SB (F 11a 302 of ER	Yes X No
<ul> <li>insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo</li> <li>a If a waiver of the minimum funding standard for a prior year is b</li> </ul>	Il of the benefits plan? t as of year end ? (See instruction d the required no 101-3 ements? (If "Yes mg requirements ww, as applicable eing amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i 0 or see	ction 3	X X X X Iule SB (F 11a 302 of ER	HSA?

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 left of a tive amount)		12d				
е		he 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	a resolution to terminate the plan been adopted in any plan year?	[	Y	′es X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th of the PBGC?						X Yes	s 🗌 No	
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s):	13c	:(2) Ell	N(s)	13c(3	<b>8)</b> PN(s)	
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

For	m 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be file	е	2	2012					
Employee Be	partment of Labor enefits Security Administration enefit Guaranty Corporation	Retirement Income Security Act of the Intern	of 1974 (ERISA), and se al Revenue Code (the C	ctions 6057(b) and 6058 Code).	(a) of	This Form is	Public			
	-	Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.					
Part I	Annual Report Io ar plan year 2012 or fisc	lentification Information	01/01/2012	and ending		12/31/201	2			
		X a single-employer plan	]	plan (not multiemployer)		a one-particip				
	r ann a poirt is ion	the first return/report	the final return/report		l		ant plan			
D this ret	urn/report is: [	an amended return/report		ırn/report (less than 12 m	onthe	)				
<b>C</b> at th		Form 5558	automatic extension			, DFVC progra	~			
C Check	box if filing under: [	넉 느 느	7							
Dout II	Denie Dien Inform	special extension (enter descript								
Part II 1a Name		mation—enter all requested inform	nation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1b	Three-digit				
	•	, INC. 401(K) SALARY				plan number				
	CTION PLAN AND	,				(PN) 🕨	00	1		
KED0	CITON FLAN AND	11051			1c	Effective date of 08/14/1995				
2a Plan si	and addr	ess; include room or suite number (	employer if for a single	-employer plan)	01			<u> </u>		
•	STECH ELECTRIC		employer, in for a single			Employer Identifi (EIN) 91-167	5753			
					2C	Sponsor's teleph (425) 485-		er		
c/o I	Nancy James, B	nkrptcy Trustee			2d	Business code (see instructions)				
	8-63rd Drive SI omish	E	WA	98296		238210				
		address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's EIN				
4 If the r	name and/or EIN of the p	plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b	Administrator's to				
name		per from the last return/report.	·		4c					
		t the beginning of the plan year			40 5a			39		
		t the end of the plan year			5a 5b					
		count balances as of the end of the			ac			25		
					5c			25		
6a Were	all of the plan's assets of	during the plan year invested in eligi	ble assets? (See instruc	ctions.)			X Yes	No		
		he annual examination and report o					XYes	ΠNο		
		(See instructions on waiver eligibility ner line 6a or line 6b, the plan can					Ales			
	-	incomplete filing of this return/re								
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instructio I signed by an enrolled actuary, as v	ns, I declare that I have	examined this return/rep	oort, in	cluding, if applica	ible, a Sch knowledge	edule and		
SIGN	My Z OI	linge	6.27.13	Nancy James, E	Bnkrp	otcy Trust	ee			
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sig	ning as plan adm	inistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individ						
Preparer's	name (including firm nar	me, if applicable) and address; inclu	ide room or suite numbe	er (optional)	Prep	arer's telephone	number (oj	ptional)		

Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear	
а	Total plan assets	7a	51	3,66	52		_		38	9,448
b	Total plan liabilities	7b								
с	Net plan assets (subtract line 7b from line 7a)	7c	51	3,68	52				38	9,448
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)					In the second			
b	Other income (loss)	8b	4	0,30	)9			*****		<u> </u>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· · · · · · · · · · · · · · · · · · ·						4	0,309
	Benefits paid (including direct rollovers and insurance premiums			6						
	to provide benefits)	8d	16	1,29	94					
e	Certain deemed and/or corrective distributions (see instructions)	8e					·			
f	Administrative service providers (salaries, fees, commissions)	8f		3,22	29					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16	4,523
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(124	,214)
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a b	If the plan provides pension benefits, enter the applicable pension 2D 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for									
Par	V Compliance Questions						·			
10	During the plan year:				Yes	No		Amo	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?	•••••		10c	X				13	30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		x				
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		10g		х			<u> </u>	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		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	ne required	d notice or one of the	10i						
Part				L	·	·	L			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ients? (If "	Yes," see instructions and corr	plete	Scheo	dule SE	3 (Form	Тг	Yes	X No
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u></u>			
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amorliz	ed in this plan year, see instru		, and e	enter th Day		the le Yea		ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Juy				
b	Enter the minimum required contribution for this plan year				T	12b				

			12c	T			
С	Enter	the amount contributed by the employer to the plan for this plan year	120	ļ			
		act the amount in line 12c from the amount in line <sup>1</sup> 2b. Enter the result (enter a minus sign to the left of a ive amount)	12d		<u></u>		
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part '		Plan Terminations and Transfers of Assets					
13a	Has a	resolution to terminate the plan been adopted in any plan year?		Yes X	No		
	lf "Y∈	s," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		X Yes No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1			3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					
14a	Name	of trust	14b 1	rust's EIN			

## ATTACHMENT TO FORM 5500

Re: Transtech Electric, Inc., 401(k) Salary Reduction Plan PLN No.: 001 Plan Sponsor: Transtech Electric, Inc. EIN: 91-1676753 Plan Years Ending: December 31, 2012

I am the Bankruptcy Trustee for the Plan Sponsor, Transtech Electric, Inc., and have been serving as Plan Administrator to the Plan, as required under the Bankruptcy Code. The Plan Sponsor is in bankruptcy and has ceased operations.

Serving as Chapter 7 Bankruptcy Trustee, I was without much of the information needed to prepare the Form 5500 and, as such, was compelled to rely on available information. As a result of the bankruptcy, I did not have access to all of the information needed to confirm the accuracy of the information contained herein and cannot attest to its correctness.

I request that no penalties be imposed for inaccurate or incomplete filing of this report given the circumstances of the bankruptcy as described above.

The Plan is being terminated, and the disbursement of all Plan assets to participants will be completed shortly.

Mg 2- James 6.27.13

## ATTACHMENT TO FORM 5500

Re: Transtech Electric, Inc., 401(k) Salary Reduction Plan PLN No.: 001 Plan Sponsor: Transtech Electric, Inc. EIN: 91-1676753 Plan Years Ending: December 31, 2012

I am the Bankruptcy Trustee for the Plan Sponsor, Transtech Electric, Inc., and have been serving as Plan Administrator to the Plan, as required under the Bankruptcy Code. The Plan Sponsor is in bankruptcy and has ceased operations.

Serving as Chapter 7 Bankruptcy Trustee, I was without much of the information needed to prepare the Form 5500 and, as such, was compelled to rely on available information. As a result of the bankruptcy, I did not have access to all of the information needed to confirm the accuracy of the information contained herein and cannot attest to its correctness.

I request that no penalties be imposed for inaccurate or incomplete filing of this report given the circumstances of the bankruptcy as described above.

The Plan is being terminated, and the disbursement of all Plan assets to participants will be completed shortly.