### 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).

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

OMB Nos. 1210-0110

1210-0089

2014

This Form is Open to Public Inspection

Part I		t identification information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	201 <u>4</u>	and ending 12	/31/2014	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in accord		
		a one-participant plan	a foreign plan			
<b>B</b> This ret	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC prog	gram
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name TRANSTEC		401(K) SALARY REDUCTION PLA	N AND TRUST		<b>1b</b> Three-digit plan number (PN) ▶	001
					1c Effective date	e of plan 14/1995
	sponsor's name and a	address; include room or suite numb	per (employer, if for a single	e-employer plan)	2b Employer Ide	
	,				(=)	1676753
C/O NANCY	′ JAMES, BNKRPTC`	/ TRUSTEE			2c Sponsor's tel	485-5541
15008-63RD					2d Business cod	e (see instructions)
						3210
<b>3a</b> Plan a	administrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrator	's EIN
		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	
	sor's name	umber from the last return/report.			4c PN	
<b>5a</b> Total	number of participan	ts at the beginning of the plan year			5a	25
<b>b</b> Total	number of participan	ts at the end of the plan year			5b	25
		h account balances as of the end o	f the plan year (defined be		5c	25
<b>d(1)</b> To	tal number of active p	participants at the beginning of the p	olan year		5d(1)	25
<b>d(2)</b> To	tal number of active p	participants at the end of the plan ye	ear		5d(2)	25
		terminated employment during the			5e	C
		e or incomplete filing of this retu			use is established.	
Under pen SB or Sch	nalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I hav	e examined this return/re	port, including, if app	
SIGN		d/valid electronic signature.	08/20/2015	NANCY JAMES, BNK	RPTCY TRUSTEE	
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	dministrator
SIGN HERE						
		loyer/plan sponsor	Date	Enter name of individ		
riepaiei S	s name (including liff)	name, if applicable) and address (	inolade 100m di Suite numit	σει <i>η</i> (ομποπαί)	i Teparer S telephol	ne number (optional)

	Form 5500-SF 2014		Page <b>2</b>								
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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable to the considerable	an indeper and condit	ndent qualified public accounta	int (IQ	(PA)				ш П	es [	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot de	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	nd of			
	Total plan assets	7a	4730	)40					3	4788	
	Total plan liabilities	7b	4720	140					2	4700	
	Net plan assets (subtract line 7b from line 7a)	7c	4730	J4U						4788	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b	) Tot	al		
	1) Employers	8a(1)	67	749							
	2) Participants	8a(2)									
	3) Others (including rollovers)	8a(3)		158							
	Other income (loss)	8b	195	598							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	9505	
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	8d	4558	348							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	119	909							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							46	7757	
	Net income (loss) (subtract line 8h from line 8c)	8i							-43	8252	
Par	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Cod	les in t	he instru	ıction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X					13	30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es X	< No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a			_		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Υ	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	- 1.					1	!	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day			letter ear _	rulin	g 

	Form 5500-SF 2014 Page <b>3</b> - 1				
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 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 N	10	
	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 PBGC?	e control		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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

2014 Plan Inform	ation Worksl	heet Sta	itus:
Plan Sponsor Information			
Plan Sponsor's Name TRANSTECH ELECTRIC, INC.	Plan Sponsor's Mailling c/o Nancy James, 15008-63rd Drive	Bnkrptcy Trustee SE	Foreign
Abbreviated Plan Sponsor's Name TRANSTECH ELECTRIC, INC.	Plan Sponsor's Mailing Snohomish	City, Province, State a	WA 98296
Plan Sponsor's Doing Business As Name	Plan Sponsor's Location	on Address	Foreign
Plan Sponsor's Care Of Name			
	Plan Sponsor's Locati	on City, Province, State	and ZIP
Plan Sponsor's EIN 91-1676753			
Plan Sponsor's Phone Number (425) 485-5541			
Plan Administrator Information			
X Same as Plan Sponsor Plan Administrator's Name	Plan Administrator's A	Address	Foreign
Plan Administrator's Care Of Name	Plan Administrator's (	City, Province, State an	d ZIP
Plan Administrator's EIN	Plan Administrator's	Phone Number	
Plan Information			
Plan Name TRANSTECH ELECTRIC, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	Business Code 238210	Filing for Plar 2014	n Year: DFE Plan 🔃
REBOOTION E III /	• 14-11	MDD/YYYY /01/2014	MM/DD/YYYY Ends 12/31/2014
Abbreviated Plan Name TRANSTECH ELECTRIC, INC. 401(K) SALARY REDUCT		N/DD/YYYY <b>YUS/I</b> 014	MM/DD/YYYY Ends 12/31/2014
Three-digit Plan Number Plan ID 001 958557	Name Control		
EIN for PBGC Forms	Effective Date of Pla 08/14/1995	an 	
Transmitter Information			
Transmitter's TIN Transmitter Control Code (TCC)	Contact Name		
Transmitter's Name	Contact Telephone	Number	
Company Name	Contact E-Mail Add	ress	
Company Mailing Address Foreign			
Company City, Province, State and ZIP			

Preparer Information	Preparer's City, Province, State and ZIP
Preparer's Name	Fighaid 5 Oily, 1 Tovillos, State Silve Si
Preparer's Firm Name	Preparer's Phone Number
Preparer's Address Foreign	
Trust Information	Trust EIN
Name of Trust	
Signers, Service Providers and Interested Individuals	
X Notify Plan Administrator	Contact Phone Number
Contact Name	E-Mail Address rmarothy@BCGbenefits.com
Contact ID	
Notify	Contact Phone Number
Contact Name	E-Mail Address
Contact ID	
Notify	Contact Phone Number
Contact Name	E-Mail Address
Contact ID	
Notify	Contact Phone Number
Contact Name	E-Mail Address
Contact ID	
Notify	Contact Phone Number
Contact Name	E-Mail Address
Contact ID	
Notify	Contact Phone Number
Contact Name	E-Mail Address
Contact ID	
Notify	Contact Phone Number
Contact Name	E-Mail Address
Contact ID	
Notify	Contact Phone Number
Contact Name	E-Mail Address
Contact ID	

### Form 5500-SF

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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

2014

This Form is Open to Public Inspection

	Annuai Keport	Identification Information		and anding	10 /21 /201	
For calendar	plan year 2014 or fi	scal plan year beginning	01/01/2014	and ending	12/31/2014	
A This return	n/report is for:	a single-employer plan	a multiple-employer plan of participating employer a foreign plan	(not multiemployer) information in accor	(Filers checking this box dance with the form insti	ructions)
		a one-participant plan	<b>₩</b>			
B This return	n/report is	the first return/report	the final return/report		months)	
		an amended return/report	a short plan year return/	report (less than 12 i	nontris)	
		X Form 5558	automatic extension		DFVC progra	m
C Check box	c if filing under:	special extension (enter desc	erintion)			
		Special extension (enter desc				
Part II	Basic Plan Info	ormation—enter all requested in	nformation		<del>, , ,                                  </del>	
1a Name of	f plan				1b Three-digit plan number	
mp a NOME/	ou preompto	INC. 401(K) SALARY			(PN)	001
REDUCTION	ON PLAN AND	TRUST			1c Effective date of	
Kaboott	01, 22,11, 10,1				08/14/1995	•
2a Plan end	neor's name and a	ddress; include room or suite num	ber (employer, if for a single-e	mployer plan)	2b Employer Identif	ication Number
	CH ELECTRIC,				(EIN) 91-167	6753
TUMBID	on bbborney				2c Sponsor's telep	hone number
					(425) 485-	
c/o Nan	cy James, B	nkrptcy Trustee E			2d Business code (	(see instructions)
Snohomi	sh			98296	238210	
3a Plan ad	ministrator's name	and address XSame as Plan Spo	nsor.		3b Administrator's	EIN
					3c Administrator's	·
4 If the na	ame and/or EIN of t			. 41-1		
	EIN, and the plan n	the plan sponsor has changed sind number from the last return/report.	be the last return/report filed for	this plan, enter the	4b EIN	
a Spons	EIN, and the plan n sor's name	number from the last return/report.			4c PN	25
a Spons 5a Total n	EIN, and the plan n sor's name number of participan	number from the last return/report.	Γ		4c PN 5a	25
a Spons 5a Total n b Total n	EIN, and the plan n sor's name number of participan number of participan	number from the last return/report.  Its at the beginning of the plan year	r		4c PN 5a 5b	25 25
5a Total n b Total n C Number	EIN, and the plan newsor's name number of participants aumber of participants with the this item)	ts at the beginning of the plan yearts at the end of the plan yearth account balances as of the end	rof the plan year (defined bene	īīt plans do not	4c PN 5a 5b 5c	25 25
5a Total n b Total n C Number	EIN, and the plan newsor's name number of participants aumber of participants with the this item)	ts at the beginning of the plan yearts at the end of the plan yearth account balances as of the end	rof the plan year (defined bene	īīt plans do not	4c PN 5a 5b 5c 5d(1)	25
a Spons 5a Total n b Total n c Number comple d(1) Total d(2) Total	EIN, and the plan nesor's name number of participan aumber of participants will be this item)	ts at the beginning of the plan year ts at the end of the plan yearth account balances as of the end participants at the beginning of the participants at the end of the plan	rof the plan year (defined bene plan yearyear.	īit plans do not	4c PN 5a 5b 5c	25 25
a Spons 5a Total n b Total n c Number comple d(1) Tota d(2) Tota e Number less that	EIN, and the plan resor's name number of participant aumber of participants with the this item)	ts at the beginning of the plan year ats at the end of the plan year th account balances as of the end participants at the beginning of the participants at the end of the plan terminated employment during the	rof the plan year (defined bene plan yearyearyear with accrued bene	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	25 25 25
a Spons 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that	EIN, and the plan of sor's name number of participant aumber of participants will be this item)	ts at the beginning of the plan year at the end of the plan year th account balances as of the end participants at the beginning of the plan terminated employment during the participants at the end of the plan the process of the end of the plan the	of the plan year (defined bene plan year  yeare plan year with accrued bene	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e sause is established.	25 25 25 25 0
a Spons 5a Total n b Total n c Number comple d(1) Tota d(2) Tota e Number less that Caution: A Under pena	EIN, and the plan in sor's name number of participants will be this item)	ts at the beginning of the plan year at the end of the plan year at the end of the plan year  The account balances as of the end participants at the beginning of the plan to terminated employment during the or incomplete filing of this refundated by an enrolled actuar	of the plan year (defined bene plan year year e plan year with accrued bene	fit plans do not  fits that were  unless reasonable of the property of the pro	4c PN 5a 5b 5c 5d(1) 5d(2) 5e 5e 5a	25 25 25 25 0
a Spons 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nesor's name number of participants with the this item)	tts at the beginning of the plan year tts at the end of the plan year th account balances as of the end participants at the beginning of the plan participants at the end of the plan terminated employment during the or incomplete filing of this reto ther penalties set forth in the instant and signed by an enrolled actuar omplete.	of the plan year (defined bene plan year year e plan year with accrued bene	fit plans do not  fits that were  unless reasonable of examined this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e 5e 5a	25 25 25 25 0 cable, a Schedule y knowledge and
a Spons 5a Total n b Total n c Number comple d(1) Tota d(2) Tota e Number less that Caution: A Under pena	EIN, and the plan in sor's name number of participants will be this item)	tts at the beginning of the plan year tts at the end of the plan year th account balances as of the end participants at the beginning of the plan terminated employment during the or incomplete filing of this reto ther penalties set forth in the instant and signed by an enrolled actuar omplete.	of the plan year (defined beneated by plan year	fit plans do not  fits that were  unless reasonable of examined this return/sion of this return/rep  Nancy James	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established. freport, including, if appliation, and to the best of m	25 25 25 25 0 cable, a Schedule y knowledge and
a Spons 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pens SB or Sche belief, it is t SIGN HERE	EIN, and the plan nesor's name number of participants with the this item)	tts at the beginning of the plan year tts at the end of the plan year th account balances as of the end participants at the beginning of the plan terminated employment during the or incomplete filing of this reto ther penalties set forth in the instant and signed by an enrolled actuar omplete.	of the plan year (defined bene plan year	fit plans do not  fits that were  unless reasonable of examined this return/sion of this return/rep  Nancy James	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established. freport, including, if applicant, and to the best of m Bnkrptcy Trus	25 25 25 25 0 cable, a Schedule y knowledge and
a Spons 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pens SB or Sche belief, it is t	EIN, and the plan in sor's name number of participant aumber of participants with the this item)	ts at the beginning of the plan year ats at the end of the plan year th account balances as of the end participants at the beginning of the plan participants at the end of the plan terminated employment during the or incomplete filing of this reto other penalties set forth in the instant and signed by an enrolled actuar administrator	of the plan year (defined beneated by plan year	fit plans do not  fits that were  unless reasonable of examined this return/rep  Nancy James  Enter name of indi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established. freport, including, if applicant, and to the best of m Bnkrptcy Trus vidual signing as plan ac	25 25 25 25 0 cable, a Schedule y knowledge and
a Spons 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pens SB or Sche belief, it is t SIGN HERE	EIN, and the plan in sor's name number of participants will be this item)	ts at the beginning of the plan year ats at the end of the plan year th account balances as of the end participants at the beginning of the plan participants at the end of the plan terminated employment during the other penalties set forth in the instant and signed by an enrolled actuar emplete.	of the plan year (defined bene plan year	fits that were  unless reasonable of examined this return/sion of this return/rep  Nancy James Enter name of indi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e 5e 5e sause is established freport, including, if appliont, and to the best of m Bnkrptcy Trus vidual signing as plan ac vidual signing as employ	25 25 25 25 0 cable, a Schedule y knowledge and
a Spons 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pens SB or Sche belief, it is t SIGN HERE	EIN, and the plan in sor's name number of participants will be this item)	ts at the beginning of the plan year ats at the end of the plan year th account balances as of the end participants at the beginning of the plan participants at the end of the plan terminated employment during the or incomplete filing of this reto other penalties set forth in the instant and signed by an enrolled actuar administrator	of the plan year (defined bene plan year	fits that were  unless reasonable of examined this return/sion of this return/rep  Nancy James Enter name of indi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e 5e 5e sause is established freport, including, if appliont, and to the best of m Bnkrptcy Trus vidual signing as plan ac vidual signing as employ	25 25 25 25 0 cable, a Schedule y knowledge and stee

Form 5500-SF 2014		Page <b>2</b>		_				
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible</li> <li>b 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 lif you answered "No" to either line 6a or line 6b, the plan cannot contain the plan is a defined benefit plan, is it covered under the PBGC in</li> </ul>	in independ and conditi ot use For	dent qualified public accountant ons.) m 5500-SF and must instead (	use F	-v) 5	500.	🛭		] No
	Surarice pr			··· <u>L</u>				
Part III   Financial Information				_		(b) End of Y		
7 Plan Assets and Liabilities		(a) Beginning of Year	242	╁─		(n) Elia oi i		788
a Total plan assets	7a	473,	040	<del>                                     </del>				, 100
b Total plan liabilities	7b	472	040	<del>                                     </del>	-		3/	1,788
C Net plan assets (subtract line 7b from line 7a)	7c	473,	. 040	<del>                                     </del>		(b) Total		1, 100
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		+-	<del></del>	(6) 1000		
a Contributions received or receivable from:     (1) Employers	8a(1)	6,	749					
(2) Participants	8a(2)			<u> </u>				
(3) Others (including rollovers)	8a(3)	3	, 158	3				
b Other income (loss)	. 8b	19	, 598	3				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			1_			2	9,505
d Benefits paid (including direct rollovers and insurance premiums		455	0.46	,				
to provide benefits)	. 8d	455	,848	+				
e Certain deemed and/or corrective distributions (see instructions)	. 8e	11	000	╁╌				
f Administrative service providers (salaries, fees, commissions)	8f	11	<u>, 909</u>	<del>" </del>				
g Other expenses	. 8g			+			16	7,757
h Total expenses (add lines 8d, 8e, 8f, and 8g)	•			╁				8,252
i Net income (loss) (subtract line 8h from line 8c)				╁		_	- 13	0,232
j Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics	· 8j				-			
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								
10 During the plan year:				Yes	No	A	mount	
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	utions with	nin the time period described in rection Program)	10a		Х			
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	st? (Do no	t include transactions reported	10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х			13	30,000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	's fidelity b	ond, that was caused by fraud	10d		Х			
Were any fees or commissions paid to any brokers, agents, or consurance service, or other organization that provides some or a instructions.)	other perso	ons by an insurance carrier, enefits under the plan? (See	10e		Х			
f Has the plan failed to provide any benefit when due under the p	lan?		10f		Х		_	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		Х			
h If this is an individual account plan, was there a blackout period			Ť					
i If 10h was answered "Yes." check the box if you either provided	the requir	red notice or one of the	10h	<del>                                     </del>	Х		<u> </u>	
exceptions to providing the notice applied under 29 CFR 2520.	101-3		10i	<u> </u>	<u> </u>			
Part VI Pension Funding Compliance				Cabas	lide CD	/Form		
11 Is this a defined benefit plan subject to minimum funding requir 5500 and line 11a below)					uie Sc		Yes	X No
11a Enter the unpaid minimum required contribution for current yea					11a		П.,	<u> </u>
12 Is this a defined contribution plan subject to the minimum fundi			e or s	ection	302 of	ERISA?	Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo a If a waiver of the minimum funding standard for a prior year is b	eing amor	tized in this plan year, see instru	uction	s, and	enter t	the date of th	e letter r	uling
granting the waiver.		Mo	nth_		Day		Year	

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and ski	p to line 13.			
b Enter the minimum required contribution for this plan year			12b		
b Enter the minimum required contribution for this plan year					
u. L. Carthia plant	loor.		12c		
c Enter the amount contributed by the employer to the plan for this plan y	ealt (ontor a minus s	ion to the left of a	12d		
d Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	esuit (enter a minus s		120		
e Will the minimum funding amount reported on line 12d be met by the fu	inding deadline?			Yes	No N/A
e Will the minimum funding amount reported on line 12d be first by the id	illumg doddinio				
Part VII Plan Terminations and Transfers of Assets			11	res No	)
13a Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	1	
If "Ves." enter the amount of any plan assets that reverted to the emplo	yer this year		13a		0
b Were all the plan assets distributed to participants or beneficiaries, tran	nsferred to another pla	an, or brought under th	e control		Yes X No
C If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another pla	in(s), identify the plan(s	s) to		40 - (0) DN(c)
13c(1) Name of plan(s):			13c(2) E	:IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			1		
14a Name of trust			14b	Frust's EIN	
			1		

## (Rev. August 2012)

Department of the Treasury Internal Revenue Service

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# Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

OMB No. 1545-0212

Part I	Identification	_					an Innt	diana)	
TR	ame of filer, plan administrator, or plan sponsor (see Instructions) RANSTECH ELECTRIC, INC.		B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXX 91-1676753						
c/c	mber, street, and room or suite no. (If a P.O. box, see instructions) Nancy James, Bnkrptcy Trustee 15008-63rd Drive SE	十	Social security number (SSN) (9 digits XXX-XX-XXX						
Cii Sr	y or town, state, and ZIP code WA 98296 ohomish								
<u> </u>	Plan name		n	Plan umbe		Pla MM	n year e		YYYY
_	THE STREET HIS ACADES SALARY REDUCTION PLAN AND TRUST	1	0	0	1	12	31		2014
	RANSTECH ELECTRIC, INC. 401(K) SALARY REDUCTION PLAN AND TRUST  Extension of Time To File Form 5500 Series, and/or Form 8	95	5-S	SA					
Part	Check this box if you are requesting an extension of time on line 2 to file the				5500 \$	series return	/report fo	r the	plan listed
1	in Part 1, C above.								
2	I request an extension of time until 10 / 15 / 2015 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form	n 5: orm	500 s 1 550	series 00 ser	s (see i ies.	nstructions)			
3	I request an extension of time until 10 / 15 / 2015 to file Form Note. A signature IS NOT required if you are requesting an extension to file F					structions).			
	The application is automatically approved to the date shown on line 2 and, the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the	กน	nis e	XIONS	SION 15	(a) the Forr requested,	n 5558 is and <b>(b)</b>	filed the da	on or befor ate on line
Part									
4	I request an extension of time until/ to file For You may be approved for up to a 6 month extension to file Form 5330, after	m 5 the	5330 norr	nal di	ue dat	e of Form 53	330.		
а	Enter the Code section(s) imposing the tax	•	<b>&gt;</b>	а					
b	Enter the payment amount attached	•	•			)	b		
с 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion State in detail why you need the extension:	on/a	amer	ndme	nt dat	e 1	- [с		
	penalties of perjury, I declare that to the best of my knowledge and belief, the statements mac pare this application.	le cı	n this	form a	ire true,	correct, and c	omplete, a	nd that	t I am authorize
	ature ▶ Date ▶								

### **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, 2014

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 was completed by May 31, 2015.

#### **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, 2014

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 was completed by May 31, 2015.