

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div> <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan <b>B</b> This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)  <b>C</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II Basic Plan Information—enter all requested information</b>																	
<b>1a</b> Name of plan <u>TRANSTECH ELECTRIC, INC. 401(K) SALARY REDUCTION PLAN AND TRUST</u>  <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TRANSTECH ELECTRIC, INC.</u>  <u>C/O NANCY JAMES, BNKRPTCY TRUSTEE</u> <u>15008-63RD DRIVE SE</u> <u>SNOHOMISH, WA 98296</u>  <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center; padding: 5px;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>1c</b> Effective date of plan <u>08/14/1995</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>2b</b> Employer Identification Number (EIN) <u>91-1676753</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>2c</b> Sponsor's telephone number <u>425-485-5541</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>2d</b> Business code (see instructions) <u>238210</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>3b</b> Administrator's EIN</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>3c</b> Administrator's telephone number</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>08/14/1995</u>		<b>2b</b> Employer Identification Number (EIN) <u>91-1676753</u>		<b>2c</b> Sponsor's telephone number <u>425-485-5541</u>		<b>2d</b> Business code (see instructions) <u>238210</u>		<b>3b</b> Administrator's EIN		<b>3c</b> Administrator's telephone number			
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>																
<b>1c</b> Effective date of plan <u>08/14/1995</u>																	
<b>2b</b> Employer Identification Number (EIN) <u>91-1676753</u>																	
<b>2c</b> Sponsor's telephone number <u>425-485-5541</u>																	
<b>2d</b> Business code (see instructions) <u>238210</u>																	
<b>3b</b> Administrator's EIN																	
<b>3c</b> Administrator's telephone number																	
<b>4</b> 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. <b>a</b> Sponsor's name <b>5a</b> Total number of participants at the beginning of the plan year ..... <b>b</b> Total number of participants at the end of the plan year..... <b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) ..... <b>d(1)</b> Total number of active participants at the beginning of the plan year..... <b>d(2)</b> Total number of active participants at the end of the plan year..... <b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>4b</b> EIN</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;"><b>4c</b> PN</td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>5a</b></td> <td style="text-align: center; padding: 5px;"><u>25</u></td> </tr> <tr> <td style="padding: 5px;"><b>5b</b></td> <td style="text-align: center; padding: 5px;"><u>25</u></td> </tr> <tr> <td style="padding: 5px;"><b>5c</b></td> <td style="text-align: center; padding: 5px;"><u>25</u></td> </tr> <tr> <td style="padding: 5px;"><b>5d(1)</b></td> <td style="text-align: center; padding: 5px;"><u>25</u></td> </tr> <tr> <td style="padding: 5px;"><b>5d(2)</b></td> <td style="text-align: center; padding: 5px;"><u>25</u></td> </tr> <tr> <td style="padding: 5px;"><b>5e</b></td> <td style="text-align: center; padding: 5px;"><u>0</u></td> </tr> </table>	<b>4b</b> EIN		<b>4c</b> PN		<b>5a</b>	<u>25</u>	<b>5b</b>	<u>25</u>	<b>5c</b>	<u>25</u>	<b>5d(1)</b>	<u>25</u>	<b>5d(2)</b>	<u>25</u>	<b>5e</b>	<u>0</u>
<b>4b</b> EIN																	
<b>4c</b> PN																	
<b>5a</b>	<u>25</u>																
<b>5b</b>	<u>25</u>																
<b>5c</b>	<u>25</u>																
<b>5d(1)</b>	<u>25</u>																
<b>5d(2)</b>	<u>25</u>																
<b>5e</b>	<u>0</u>																

**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 HERE	Filed with authorized/valid electronic signature.	08/20/2015	NANCY JAMES, BNKRPTCY TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (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
<b>a</b> Total plan assets .....	<b>7a</b>	473040	34788
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	473040	34788
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	6749	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	3158	
<b>b</b> Other income (loss) .....	<b>8b</b>	19598	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		29505
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	455848	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	11909	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		467757
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-438252
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2D 2E 2F 2G 2J 2K 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:		Yes	No	Amount
<b>a</b> 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>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		130000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> 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 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

- 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) ..... ☐ Yes ☒ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... **11a**
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of 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 granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

<b>b</b> Enter the minimum required contribution for this plan year.....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> 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).....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>	0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b> 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.)		
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Part VIII Trust Information (optional)**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN

# 2014 Plan Information Worksheet

Status:

## Plan Sponsor Information

Plan Sponsor's Name

TRANSTECH ELECTRIC, INC.

Plan Sponsor's Mailing Address

c/o Nancy James, Bnkrcpty Trustee  
15008-63rd Drive SEForeign ☐

Abbreviated Plan Sponsor's Name

TRANSTECH ELECTRIC, INC.

Plan Sponsor's Mailing City, Province, State and ZIP

Snohomish

WA 98296

Plan Sponsor's Doing Business As Name

Plan Sponsor's Location Address

Foreign ☐

Plan Sponsor's Care Of Name

Plan Sponsor's Location City, Province, State and ZIP

Plan Sponsor's EIN

91-1676753

Plan Sponsor's Phone Number

(425) 485-5541

## Plan Administrator Information

☒ Same as Plan Sponsor

Plan Administrator's Name

Plan Administrator's Address

Foreign ☐

Plan Administrator's Care Of Name

Plan Administrator's City, Province, State and 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 Plan Year:

2014

DFE Plan ☐

Plan Year

MM/DD/YYYY

MM/DD/YYYY

Begins

01/01/2014

Ends 12/31/2014

Abbreviated Plan Name

TRANSTECH ELECTRIC, INC. 401(K) SALARY REDUCTION PLAN AND TRUST

Tax Year

MM/DD/YYYY

MM/DD/YYYY

Begins 01/01/2014

Ends 12/31/2014

Three-digit Plan Number

001

Plan ID

958557

Name Control

EIN for PBGC Forms

Effective Date of Plan

08/14/1995

## Transmitter Information

Transmitter's TIN

Transmitter Control Code (TCC)

Contact Name

Transmitter's Name

Contact Telephone Number

Company Name

Contact E-Mail Address

Company Mailing Address

Foreign ☐

Company City, Province, State and ZIP

Do NOT File with IRS, DOL or PBGC

---

**Preparer Information**

---

Preparer's Name

Preparer's City, Province, State and ZIP

Preparer's Firm Name

Preparer's Phone Number

Preparer's Address

Foreign ☐

---

**Trust Information**

---

Name of Trust

Trust EIN

---

**Signers, Service Providers and Interested Individuals**

---

☒ 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**Department of the Treasury  
Internal Revenue ServiceDepartment 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).OMB Nos. 1210-0110  
1210-0089**2014****This Form is Open to  
Public Inspection**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

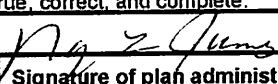
- A** This return/report is for:
- ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- ☐ a one-participant plan ☐ a foreign plan
- B** This return/report is:
- ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under:
- ☒ Form 5558 ☐ automatic extension ☐ DFVC program
- ☐ special extension (enter description)

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan  TRANSTECH ELECTRIC, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  TRANSTECH ELECTRIC, INC.  c/o Nancy James, Bnkruptcy Trustee 15008-63rd Drive SE Snohomish WA 98296	<b>1c</b> Effective date of plan <u>08/14/1995</u>
	<b>2b</b> Employer Identification Number (EIN) <u>91-1676753</u>
	<b>2c</b> Sponsor's telephone number <u>(425) 485-5541</u>
	<b>2d</b> Business code (see instructions) <u>238210</u>
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name	<b>4b</b> EIN
	<b>4c</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b> <u>25</u>
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> <u>25</u>
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....	<b>5c</b> <u>25</u>
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> <u>25</u>
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> <u>25</u>
<b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> <u>0</u>

**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.

<b>SIGN HERE</b>  Signature of plan administrator	<u>8-19-15</u> Date	Nancy James, Bnkruptcy Trustee Enter name of individual signing as plan administrator
<b>SIGN HERE</b>  Signature of employer/plan sponsor	 Date	 Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)		Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ 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.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (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
<b>a</b> Total plan assets	<b>7a</b>	473,040	34,788
<b>b</b> Total plan liabilities	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a)	<b>7c</b>	473,040	34,788
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers	<b>8a(1)</b>	6,749	
(2) Participants	<b>8a(2)</b>		
(3) Others (including rollovers)	<b>8a(3)</b>	3,158	
<b>b</b> Other income (loss)	<b>8b</b>	19,598	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<b>8c</b>		29,505
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<b>8d</b>	455,848	
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions)	<b>8f</b>	11,909	
<b>g</b> Other expenses	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>8h</b>		467,757
<b>i</b> Net income (loss) (subtract line 8h from line 8c)	<b>8i</b>		-438,252
<b>j</b> Transfers to (from) the plan (see instructions)	<b>8j</b>		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2D 2E 2F 2G 2J 2K 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:		Yes	No	Amount
<b>a</b> 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>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond?	<b>10c</b>	X		130,000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<b>10d</b>		X	
<b>e</b> 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.)	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<b>10h</b>		X	
<b>i</b> 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	<b>10i</b>			

**Part VI Pension Funding Compliance**

**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).) ☐ Yes ☒ No

**11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. **11a**

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of 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 granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> 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).....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

### Part VII Plan Terminations and Transfers of Assets

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<b>13a</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....		0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b> 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.)		
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

### Part VIII Trust Information (optional)

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN



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

OMB No. 1545-0212

**File With IRS Only**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
► Information about Form 5558 and its instructions is at [www.irs.gov/form5558](http://www.irs.gov/form5558)

## Part I Identification

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions) TRANSTECH ELECTRIC, INC.		<b>B</b> Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 91-1676753			
Number, street, and room or suite no. (If a P.O. box, see instructions) c/o Nancy James, Bnkrcpty Trustee 15008-63rd Drive SE		Social security number (SSN) (9 digits XXX-XX-XXXX)			
City or town, state, and ZIP code Snohomish WA 98296					
<b>C</b> Plan name		Plan number	Plan year ending—		
			MM	DD	YYYY
TRANSTECH ELECTRIC, INC. 401(K) SALARY REDUCTION PLAN AND TRUST		0 0 1	12	31	2014

**Part II** Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 10 / 15 / 2015 to file Form 5500 series (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2015 to file Form 8955-SSA (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

**Part III** Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until           /          /           to file Form 5330.  
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

**a** Enter the Code section(s) imposing the tax . . . . . **a**

<b>b</b> Enter the payment amount attached . . . . .	<b>b</b>	
--	----------	--

**c** For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . **c**

- 5 State in detail why you need the extension:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

**Signature ►**

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.