

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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>05/31/2015</u>	
A 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 This return/report is	<input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information							
1a Name of plan TRANSTECH ELECTRIC, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 08/14/1995</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 08/14/1995			
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan 08/14/1995							
2a 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, BNKRPTCY TRUSTEE 15008-63RD DRIVE SE SNOHOMISH, WA 98296	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">91-1676753</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td style="text-align: center;">425-485-5541</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">238210</td> </tr> </table>	2b Employer Identification Number (EIN)	91-1676753	2c Sponsor's telephone number	425-485-5541	2d Business code (see instructions)	238210
2b Employer Identification Number (EIN)	91-1676753						
2c Sponsor's telephone number	425-485-5541						
2d Business code (see instructions)	238210						
3a 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>3b Administrator's EIN</td> </tr> <tr> <td>3c Administrator's telephone number</td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number				
3b Administrator's EIN							
3c Administrator's telephone number							
4 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. a Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>4b EIN</td> </tr> <tr> <td>4c PN</td> </tr> </table>	4b EIN	4c PN				
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5a</td> <td style="width:40%; text-align: center;">25</td> </tr> </table>	5a	25				
5a	25						
b Total number of participants at the end of the plan year.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5b</td> <td style="width:40%; text-align: center;">0</td> </tr> </table>	5b	0				
5b	0						
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5c</td> <td style="width:40%; text-align: center;">0</td> </tr> </table>	5c	0				
5c	0						
d(1) Total number of active participants at the beginning of the plan year.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5d(1)</td> <td style="width:40%; text-align: center;">25</td> </tr> </table>	5d(1)	25				
5d(1)	25						
d(2) Total number of active participants at the end of the plan year.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5d(2)</td> <td style="width:40%; text-align: center;">0</td> </tr> </table>	5d(2)	0				
5d(2)	0						
e 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:60%;">5e</td> <td style="width:40%; text-align: center;">0</td> </tr> </table>	5e	0				
5e	0						

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
a Total plan assets	7a	34788	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	34788	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)	71905	
b Other income (loss)	8b	2155	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		74060
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	108539	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	309	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		108848
i Net income (loss) (subtract line 8h from line 8c)	8i		-34788
j Transfers to (from) the plan (see instructions)	8j		

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		130000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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 Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e 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

13a 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	13a	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

2015 2014 Plan Information Worksheet

Status:

Plan Sponsor Information

Plan Sponsor's Name
TRANSTECH ELECTRIC, INC.

Plan Sponsor's Mailing Address
c/o Nancy James, Bnkprtcy Trustee
15008-63rd Drive SE

Foreign ☐

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:
2015

DFE Plan ☐

Plan Year
Begins MM/DD/YYYY
01/01/2015

MM/DD/YYYY
Ends 05/31/2015

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

Tax Year
MM/DD/YYYY
01/01/2015

MM/DD/YYYY
Ends 05/31/2015

Three-digit Plan Number
001

Plan ID
958557F

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

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Contact Name

E-Mail Address

Contact ID

☐ Notify

Contact Phone Number

Contact Name

E-Mail Address

Contact ID

Form 5500-SFDepartment 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).

▶ **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 Annual Report Identification Information**

For calendar plan year 2014 or fiscal plan year beginning		01/01/2015	and ending	05/31/2015
A 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 This return/report is	<input type="checkbox"/> the first return/report	<input checked="" type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)		
C Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program	
	<input type="checkbox"/> special extension (enter description)			

Part II Basic Plan Information—enter all requested information

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

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	<i>Nancy James</i>	8-19-15	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

		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 34,788	0
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 34,788	0
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1)	
(2)	Participants	8a(2)	
(3)	Others (including rollovers)	8a(3) 71,905	
b	Other income (loss)	8b 2,155	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	74,060
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 108,539	
e	Certain deemed and/or corrective distributions (see instructions)	8e	
f	Administrative service providers (salaries, fees, commissions)	8f 309	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	108,848
i	Net income (loss) (subtract line 8h from line 8c)	8i	-34,788
j	Transfers to (from) the plan (see instructions)	8j	

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

		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	130,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

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 Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e 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? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ 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.)

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust

14b Trust'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: May 31, 2015

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: May 31, 2015

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.