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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ections to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2012 or fi	scal plan year beginning 07/01/2	2012	and ending 0	06/30/2	2013	
	turn/report is for:	a single-employer plan	=	olan (not multiemployer)		a one-particip	oant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name					1b	Three-digit	
		TY RETIREMENT PLAN				plan number	
						(PN) •	001
					1c	Effective date o	•
0						07/01	
		dress; include room or suite numbe EATMENT ALTERNATIVES	er (employer, if for a single	e-employer plan)	2b	Employer Identification (EIN) 91-12	fication Number 88898
					2c	Sponsor's telep	hone number
1224 N ASH	LST					509-320	
	WA 99201-2802				2d	Business code ((see instructions)
						62410	` ,
3a Plan a	dministrator's name ar	nd address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	
	WASHINGTON TRE						288898
LTERNATIV	ES	SPOKANE	, WA 99201-2802		3c	Administrator's t	telephone number
						309-320)-1140
4 If the r	name and/or FIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4h	EIN	
		mber from the last return/report.	o idot rotain, roport illod	ior and plan, orner are	70	LIIV	
a Spons	or's name				4c	PN	
5a Total i	number of participants	at the beginning of the plan year $\!\ldots$			5a		25
b Total i	number of participants	at the end of the plan year			5b		23
C Numb	er of participants with	account balances as of the end of t	he plan year (defined ber	efit plans do not		1	
compl	lete this item)				5c		23
6a Were	all of the plan's assets	s during the plan year invested in el	ligible assets? (See instru	ctions.)			X Yes No
		the annual examination and report					V vaa □ Na
		? (See instructions on waiver eligibi					X Yes No
		ther line 6a or line 6b, the plan c					
		or incomplete filing of this return					
		her penalties set forth in the instruc nd signed by an enrolled actuary, a					
	true, correct, and com		o won do trio orodrorno ve	noion of ano rotally ropole	i, and	.o and book or my	momoago ana
	E0 - 4 - 20 0 - 2 4	to Palla la strancia al mantona	40/40/0040				
SIGN HERE		valid electronic signature.	12/16/2013	LORENZO L. DRIGGS			
	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ıning as employe	er or plan sponsor
Preparer's	name (including firm r	ame, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

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b Total plan liabilities	3194 3194 8264							
a Total plan assets	3194							
b Total plan liabilities	3194							
C Net plan assets (subtract line 7b from line 7a)								
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers								
a Contributions received or receivable from: (1) Employers	3264							
(1) Employers	3264							
(2) Participants	3264							
` ' '	3264							
(3) Others (including rollovers)	3264							
b Other income (loss)	8264							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)								
Certain deemed and/or corrective distributions (see instructions) 8e 0								
f Administrative service providers (salaries, fees, commissions) 8f 285								
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8276							
i Net income (loss) (subtract line 8h from line 8c)	9988							
j Transfers to (from) the plan (see instructions)								
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: 2L 2M 3D 2F 2G								
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 Amou	ınt							
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)								
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
C Was the plan covered by a fidelity bond?	75000							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	75000							
or dishonesty?								
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.)								
f Has the plan failed to provide any benefit when due under the plan?								
C Did the place have a constituted be a C (15 th to 15 and								
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR								
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								
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 amount from Schedule SB line 39.	. 50 110							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
(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								
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								

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	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control Yes X		
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.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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-SE

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	rdance with the instr	uctions to the Form 5	5500-SF.	•			
	ndar plan year 2012 or fi		7/01/2012	and ending	06/20/2	.012			
_	return/report is for:	X a single-employer plan	-		06/30/2				
	eturn/report is:		- 1	plan (not multiemploye	er) a one-pa	articipant plan			
D IIISI	etum/report is:	the first return/report	the final return/repor						
_		an amended return/report	a short plan year retu	urn/report (less than 12	months)				
C Chec	k box if filing under:	Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter description	•						
Part II	Basic Plan Info	rmation—enter all requested inform	ation						
1a Nam					1b Three-digit				
NEWTA	TAX DEFERRED	ANNUITY RETIREMENT PLAN	1		plan numbe				
					(PN) ▶	001			
					1c Effective da 07/01/19	te of plan			
2a Plan	sponsor's name and ad	dress; include room or suite number (e	mnlover if for a single	o omployor plan)					
NORTH	EAST WASHINGTO	ON TREATMENT ALTERNATIV	ES	s-employer plan)	1	entification Number			
					(EIN) 91-1				
1224 N	N ASH ST				509-326	elephone number			
						de (see instructions)			
SPOKAN		WA 99201-2802			624100	de (see instructions)			
		id a d dress Same as Plan Sponsor N		n Sponsor Address	3b Administrato	r's EIN			
NORTH	EAST WASHINGTO	ON TREATMENT ALTERNATIV	ES		91-1288	898			
					3c Administrato	r's telephone number			
1224 N	I ASH ST				509-326-	7740			
SPOKAN	ſΕ	WA 99201-2802							
4 If the	name and/or EIN of the	plan sponsor has changed since the la	ast return/report filed f	or this plan, enter the	4b EIN				
name	e, EIN, and the plan num	nber from the last return/report.	,	or tino plan, enter the	+D EIN	4D EIN			
<u>-</u>	sor's name				4c PN	4c PN			
oa Total	number of participants a	at the beginning of the plan year	***************************************		. 5a	25			
b Total	number of participants a	at the end of the plan year			- 5b	23			
C Numb	per of participants with a	ccount balances as of the end of the p	lan year (defined bene	efit plans do not					
60 W	ete tris item)		***************************************		. 5c	23			
h Arev	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)	***************************************	X Yes No			
under	29 CFR 2520.104-46?	the annual examination and report of a (See instructions on waiver eligibility a	n independent qualifie	ed public accountant (IC	QPA)	₩ V □ N			
lf you	answered "No" to eit	her line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use		X Yes No			
Caution: A	A penalty for the late or	r incomplete filing of this return/rep	ort will be assessed	uniese researable se	ueo ie ostabliaka i				
Under pena	alties of perjury and othe	er penalties set forth in the instructions	I declare that I have	avaminad this raturalra	nod indudica if	diophia a Caleadada			
00 01 00110	edule MB completed and true, correct, and comple	a signed by an enrolled actuary, as wel	as the electronic ver	sion of this return/repor	t, and to the best of r	ny knowledge and			
bellet, it is	irue, correct, and compi	ete.				. 0			
SIGN	Januar 1			Lorenzo L. Dr	iaas				
HERE	Signature of plan adi	ministrator	Data 18 11 12						
SIGN			Date /2 -//-/3	Enter name of individ		dministrator			
HERE	menza	lagge		Lorenzo L. Dr.					
	Signature of employe	er/plantsptnsor	Date /2-11-/3	Enter name of individ	ual signing as emplo	yer or plan sponsor			
· ropaici 5	name (moluding limi hal	me, if applicable) and address; include	room or suite number	(optional)	Preparer's telephor	ne number (optional)			

Pa	rt III Financial Information					***************************************	***************************************					
7	Plan Assets and Liabilities		(a) Beginning of Y	ear	T	***************************************	(b) E	nd of Yea	ır			
a	Total plan assets	. 7a		6332	206				77319			
	Total plan liabilities			***************************************		***************************************						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		6332	206	***************************************		***************************************	77319			
8	Income, Expenses, and Transfers for this Plan Year	1,3	(a) Amount			(b) Total						
a	Contributions received or receivable from: (1) Employers	d or receivable from:			255							
	(2) Participants	8a(2)		359	51							
	(3) Others (including rollovers)	8a(3)			0							
<u>b</u>	Other income (loss)	8b		1080	58							
<u>C</u>	(=== (=== (=== (=== (=== (== (== (== (=	8c				***	**************************************		16826			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		279	91		. :					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		2	85		28276 139988					
g	Other expenses	. 8g		***************************************	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			8. J.V	10.00		2.591.0.5.11		2827			
i_	Net income (loss) (subtract line 8h from line 8c)											
j	Transfers to (from) the plan (see instructions)				0							
Pai	t IV Plan Characteristics								***************************************			
9a	If the plan provides pension benefits, enter the applicable pension 2L 2M 3D 2F 2G	feature co	des from the List of Plan Cha	racteri	istic Co	odes ir	n the instri	uctions:	· ************************************			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cteris	tic Cod	des in	the instru	ctions:				
Part	V Compliance Questions	***************************************						·····				
10	During the plan year:				Yes							
	Was there a failure to transmit to the plan any participant contributions within the time period described in					No		Amoun	ıt			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х						
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х						
С	Was the plan covered by a fidelity bond?			10c	Х				75000			
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	fidelity bon	d, that was caused by fraud	10d		Х		***************************************				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	f the benet	fits under the plan? (See	10e		Х			**************************************			
f	Has the plan failed to provide any benefit when due under the plan	?	***************************************	10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		Х		***************************************				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	ctions and 29 CFR	10h		Х						
i												
Part				10i			<u> </u>	· · · · · · · · · · · · · · · · · · ·				
	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Ye	es," see instructions and com	plete	Schedi	ule SB	(Form	Тпус				
11a	Enter the amount from Schedule SB line 39			********	Τ.	11a		Ye	es No			
12	Is this a defined contribution plan subject to the minimum funding re						EDIS 42	П Үе	es X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			J1 361	ouon 3	02 UI I	INOM!	1 1 16	2 W 140			
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	d in this plan year, see instruc	tions,	and er	nter the Day	e date of t	the letter r Year	ruling			
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.			Juy_		ı cai				
b	Enter the minimum required contribution for this plan year		***************************************		. 1	12b						

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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. negative amount)	Enter the result (enter a minus sign to the left of	^{fa} 12d		
е	Will the minimum funding amount reported on line 12d be me			Yes	□ No □ N/A
Part					
13a	Has a resolution to terminate the plan been adopted in any plan y	rear?		Yes X	No .
	If "Yes," enter the amount of any plan assets that reverted to			<u> </u>	
b	Were all the plan assets distributed to participants or benefici of the PBGC?	aries, transferred to another plan, or brought up			☐ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions.)	ed from this plan to another plan(s) identify the	plan(s) to		
1	3c(1) Name of plan(s):		13c(2) E	EIN(s)	13c(3) PN(s)
					
Daut	VIII T-11-4 1-4				
	VIII Trust Information (optional)				
14a 1	Name of trust		14b ⊺	rust's EIN	