	For	rm 5500-SF	Short Form Annual Re		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089			
		rtment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 ar	nd 4065 of the Employe	е	2	2013			
E		epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form i	Form is Open to Public Inspection			
F	Pension Be	enefit Guaranty Corporation	Complete all entries in accordate	ance with the instruc	ctions to the Form 550						
	art I		Ientification Information		and an diam	0.100.11					
_ ⊢or	calenda	ar plan year 2013 or fisca				6/30/2					
Α	A This return/report is for:						a one-partici	pant plan			
В	This ret	turn/report is:	the first return/report	the final return/report							
			an amended return/report	a short plan year returr	n/report (less than 12 m	onths	)				
С	Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım			
			special extension (enter description	ו)							
Pa	art II	Basic Plan Inform	nation—enter all requested information	tion							
1a	Name	of plan				1b	Three-digit				
NEW	ΤΑ ΤΑΧ	CORFERRED ANNUITY	RETIREMENT PLAN				plan number	001			
						10	(PN) Effective date o				
						10	07/01	•			
			ess; include room or suite number (en ATMENT ALTERNATIVES	nployer, if for a single-	employer plan)	2b	Employer Identi				
1004						2c	Sponsor's telep				
	1 N ASH KANE, '	WA 99201-2802				2d	Business code ( 62410	see instructions)			
		dministrator's name and			Sponsor Address	3b	Administrator's				
	'H EAST RNATIV	FWASHINGTON TREAT	MENT 1224 N ASH ST SPOKANE, WA			3c		elephone number			
4	If the r	name and/or EIN of the p , EIN, and the plan numb	plan sponsor has changed since the la per from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN				
	-	or's name				-	PN				
			the beginning of the plan year			5a		23			
			the end of the plan year			5b		21			
С		· ·	count balances as of the end of the pl		•	5c		21			
6a			luring the plan year invested in eligible					X Yes No			
	Are yo	ou claiming a waiver of th	ne annual examination and report of a	n independent qualifie	d public accountant (IQ	PA)					
		,	See instructions on waiver eligibility and	,				X Yes No			
_	-		er line 6a or line 6b, the plan canno					1			
C	If the p	plan is a defined benefit p	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No	Not determined			
Ca	ution: A	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is	established.				
SB	or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as wel ete.								
SIG	<b>SN</b>	Filed with authorized/va	uthorized/valid electronic signature. 12/29/2014 LORENZO L. DRIGG		LORENZO L. DRIGGS	6					
HE		Signature of plan adn	hature of plan administrator Date Enter name of individ			ual sig	ning as plan adr	ninistrator			
SIG	SN .										
HE		Signature of employe	er/plan sponsor	Date	Enter name of individ	ual sid	ning as employe	r or plan sponsor			
Pre	parer's		me, if applicable) and address; include					number (optional)			

a       Total plan assets       7a       773194         b       Total plan liabilities       7b       7c       773194         c       Net plan assets (subtract line 7b from line 7a)       7c       773194         a       Income, Expenses, and Transfers for this Plan Year       (a) Amount         a       Contributions received or receivable from:       (b) Participants       8a(1)       18646         (2)       Participants       8a(2)       28621       30       0         b       Other income (add lines 8d(1), 8a(2), 8a(3), and 8b)       8c       163780       6c       163780         c       Total income (add lines 8d(1), 8a(2), 8a(3), and 8b)       8c       0       6d       964445         o       Creatin deemed and/or corrective distributions (see instructions)       8e       0       0         f       Administrative service providers (salaries, fees, commissions)       8f       2855       0         g       Other expenses (add lines 8d, 6e, 8f, and 8g)       8g       0       0         f       Transfers to (from) the plan (see instructions)       8j       0       0         g       If the plan provides sension benefits, enter the applicable welfare feature codes from the List of Plan Character       1       22 27 25       10	r			(b) End of Year				
C       Net plan assets (subtract line 7b from line 7a)	4			887411				
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount         a       Contributions received or receivable from: (1) Employers       (a) Amount         a       Contributions received or receivable from: (1) Employers       (a) Amount         (2) Participants       8a(1)       (18546)         (2) Participants       8a(2)       28621         (3) Others (including rollovers)       8a(3)       0         b       Dither income (loss)       8b       163780         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       6         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       285         g       Other expenses       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       1         i       Net income (loss) (subtract line 8h from line 8c)       8i       1       10         j       Transfers to (from) the plan (See instructors)       8j       0       0         f       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics       1         g       If the pla								
a       Contributions received or receivable from:       8a(1)       18546         (1)       Employers       8a(2)       28621         (2)       Participants       8a(2)       28621         (3)       Others (including rollovers)       8a(3)       0         b       Dther income (loss)       8b       163780         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       96445         G       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       96445         G       Cartain deemed and/or corrective distributions (see instructions)       8e       0       0         f       Administrative service providers (salaries, fees, commissions)       8f       285       0         f       Administrative service providers (salaries, fees, commissions)       8g       0       0         Total expenses       8g       0       0       0       1       1       18 1       1       1       10 1 </td <th>4</th> <th></th> <td></td> <td>887411</td>	4			887411				
(1) Employers       8a(1)       18546         (2) Participants       8a(2)       28621         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       163780         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       96445         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       285         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       1         i Net income (loss) (subtract line 8h from line 8c)       8i       1         j Transfers to (from) the plan (see instructions)       8j       0         g Uf the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2L 2M 3D 2F 2C0       10         D During the plan year:       1       1       2         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)       1         b Were there any nonexempt transactions with any party-in-interest? (Do not include tran	(a) Amount			(b) Total				
(c)       Participants.       Ba(2)       28621         (3)       Others (including rollovers).       Ba(3)       0         b       Others (including rollovers).       Ba(3)       0         c       Total income (loss)       Bb       163780         c       Total income (loss)       Bb       163780         c       Total income (loss)       Bc       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits).       Bc       0         f       Administrative service providers (salaries, fees, commissions).       Bf       285         g       Other expenses       Bg       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g).       Bi       1         i       Net income (loss) (subtract line 8h from line 8c).       Bi       1         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character         Part V       Compliance Questions       1         10       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character         Part V       Compliance Questions       1         10       During the plan year.       1         a       Vas there								
(a) Others (including rollovers).       (b) Stars (including rollovers).       (c) Sa(3)								
b         Other         Oth								
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits).       8d       96445         e       Certain deemed and/or corrective distributions (see instructions).       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       285         g       Other expenses       8g       0         h       Total expenses (add lines 8d, 6e, and 8g)       8h       6i         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       8j       0         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character         2L       2M       3D       2F       2G         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character       2         Part V       Compliance Questions       1       2         10       During the plan year:       a       4         a       Was there a failure to transmit to the plan any party-in-interest? (Do not include transactions reported on line 10a.)       1         c       Was there a failure to transmit to the plan any party-i	-							
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	)							
to provide benefits)       8d       96445         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       285         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       0         i       Net income (loss) (subtract line 8h from line 8c)       8i       0         j       Transfers to (from) the plan (see instructions)       8j       0         g       Plan Characteristics       9j       0         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2L       2M       3D       2F       2G         g       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character       2L       2M       3D       2F       2G         g       During the plan year:       a       Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       1         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       1         c       Was the plan covered by a fidelity bond?       1       1				210947				
e       Certain deemed and/or corrective distributions (see instructions)	5							
f       Administrative service providers (salaries, fees, commissions)	)							
g       Other expenses       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       8h         i       Net income (loss) (subtract line 8h from line 8c)       8i       9i       0         Part IV       Plan Characteristics       8j       0         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics       9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics         9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics       9a       10       0         9a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)       1         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       1         c       Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       1         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.)       1         f       Has the plan failed	5							
i       Total expenses (add lines 8d, 8e, 8f, and 8g)	)							
i       Net income (loss) (subtract line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       8j       0         Part IV       Plan Characteristics       0         Part IV       Plan Characteristics       0         Part IV       Compliance Questions       0         D       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics         Part V       Compliance Questions       0         D       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)       1         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       1         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       1         d       Did the plan have a loss, whether or not reimbursed by the plan? fidelity bond, that was caused by fraud or dishonesty?       1         f       Has the plan failed to provide any benefit when due under the plan?       1         g       Did the plan have any participant loans? (If "				96730				
j       Transfers to (from) the plan (see instructions)				114217				
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2L 2M 3D 2F 2G         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 2L 2M 3D 2F 2G         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 2L 2M 3D 2F 2G         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 3D 2F 2G         c       Compliance Questions         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)	<u>ר</u>							
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characce 2L 2M 3D 2F 2G         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characce 2Part V         Compliance Questions       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characce 2Part V         Compliance Questions       If 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)	<u> </u>							
<ul> <li>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)</li></ul>		Ĩ	Ĩ					
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		Yes	No	Amount				
on line 10a.)       1         c       Was the plan covered by a fidelity bond?       1         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       1         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.)       1         f       Has the plan failed to provide any benefit when due under the plan?       1         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       1         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       1         i       If 10 h 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       1         Part VI       Pension Funding Compliance       1         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl 5500) and line 11a below)       1         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       1         a       If a waiver of the minimum funding standard for a prior year is being amortized i	10a		Х					
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       1         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.)       1         f       Has the plan failed to provide any benefit when due under the plan?       1         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       1         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       1         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       1         Part VI       Pension Funding Compliance       1         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl 5500) and line 11a below)       1         11       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       1         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       1         a       If a waiver of the minimum funding standard for a prior year is being amortize	10b		Х					
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<ul> <li>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.)</li></ul>	10d		Х					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10e		x					
<ul> <li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>i Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 11a below).</li> <li>iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>	10f		Х					
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<ul> <li>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</li></ul>	10a		х					
Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (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 instruction	10g 10h							
<ul> <li>Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl 5500) and line 11a below)</li> <li>Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction</li> </ul>								
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<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction</li> </ul>	10h 10i plete		11a					
<ul><li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li><li><b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction</li></ul>	<b>10h</b> <b>10i</b> plete			FERISA? Yes X				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	10h 10i plete		302 of					
granting the waiver	10h 10i plete		302 of					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	10h 10i plete or se	ection						

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		
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?	Ye	es 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 🗙 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.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

This Results Sector         2013           Description         This form is required to be fleat under sectors 104 and 405 of the Employee the Internal Revenue Code (the Code).         This Form is Open to Public Inspections 005(0) and 0058(a) of the Internal Revenue Code (the Code).           Part II         Annual Report Identification Information or calendar plan year 2013 or facel Jam year beginning or calendar plan year 2013 or facel Jam year beginning or calendar plan year 2013 or facel Jam year beginning or calendar plan year 2013 or facel Jam year beginning or calendar plan year 2013 or facel Jam year beginning or calendar plan year 2013 or facel Jam year beginning or calendar plan year 2013 or facel Jam year beginning or calendar plan year begin year beginning or calendar plan year beginning or		orm 5500-SF	Short Form Annual R	leturn/Report Benefit Plan	of Small Emplo	byee	OMB Nos. 1210-011 1210-008	
Description         Description         Element Income Security ALC of 1974 (ERISA), and sections 605(a) of 10 and 70	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2013	
Part I         Annual Report Identification Information         06/30/2014           Or calendar plan year 2013 of fiscal plan year beginning         07/201/2013         and ending         06/30/2014           A This seturifreport is for:         If a single-employer plan         a numble-employer plan (not multisemployer)         is a one-participant plan           B This seturifreport is for:         If a single-employer plan (not multisemployer)         is a one-participant plan           Check box if fling under:         Form 5558         unomatic extension         DPVC program           Spacial extension (enter description)         spacial extension (enter description)         DPVC program           Part II         Basic Plan Information—enter all requested information         Ib Three-digit plan number (mPN)         Pol on 1           Part A TAX DEFERRED ANNUTTY RETIREMENT PLAN         Ib Three-digit plan number (PN)         Pol 1           VEXTA TAX DEFERRED ANNUTTY RETIREMENT ALTERNATIVES         20 Sponsor's telephone number (PN)         20 Employer (entification Number (PN)           224 N ASH ST         WA 99201-2802         22 Sponsor's Address         24 Nonsof plan number (PN)         21-2288938         22 Sponsor's telephone number S09-326-7740         20 Boundards and telephone number S09-326-7740         20 Boundards and telephone number S09-326-7740         20 Pol 2288398         22 A NASH ST         22 Sponsor's telephone number S09-326-7740 <td< th=""><th>Employee</th><th>Benefits Security Administration</th><th>Retirement Income Security Act of</th><th><sup>1</sup>1974 (ERISA), and s</th><th>ections 6057(b) and 605</th><th>58(a) o</th><th>This Form is Open to Public</th></td<>	Employee	Benefits Security Administration	Retirement Income Security Act of	<sup>1</sup> 1974 (ERISA), and s	ections 6057(b) and 605	58(a) o	This Form is Open to Public	
or calendar plan year 2013 or fiscal plan year beginning       07.201/2013       and ending       06/36/2014         A This return/report is for:       a single-employer plan       a multiple-employer plan (mot multi-employer)       a one-participant plan         3 This return/report is is:       in the first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       is form 5558       jutomatic extension         Basical Plan Information—enter all requested information       a more of plan         Part II       Basical Plan Information—enter all requested information         a Name of plan       The rec-digit plan number (mployer, if for a single-amployer plan)         CORCH EAST       WASHINGTON TREATMENT PLAN         VPN A TAX DEFERRED ANNUITY RETIREMENT PLAN       10 Three-digit plan number (mployer, if for a single-amployer plan)         CORTH EAST       WASHINGTON TREATMENT ALTERNATIVES         224 N ASH ST       99201-2802         PERAMINE WA       99201-2802         CAmministator's name and address:       Same as Plan Sponsor Name [Same as Plan Sponsor Address         SURTH EAST       WAS 99201-2802         PERAME WA       99201-2802         CAMINE WA       99201-2802         VIA In the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the annumber form the last		- · ·		dance with the instru	uctions to the Form 55	00-SF.	inspection	
A This return/report is for:	Part I							
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3 This return/report is:	A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	)	a one-participant plan	
an amended return/report       a short plan year return/report (less than 12 months)         Porm 5588       automatic extension       DFVC program         Part II       Basic Plan Information—enter al requested information       Ib Three-digit plan number (PN) >         Part II       Basic Plan Information—enter al requested information       Ib Three-digit plan number (PN) >         Part Sponsor's name and address, include room or suite number (employer, if for a single-employer plan)       Ib Employer Identification Number (PN) >         ORTH EAST WASHINGTON TREATMENT ALTERNATIVES       Zc Sponsor's telephone number (employer, if for a single-employer plan)         IPOKANE       WA       99201-2802       Zd Busness code (see instructions)         224 N ASH ST       Zd Busness code (see instructions)       Sc Administrator's EIN         POKANE       WA       99201-2802       Zd Busness code (see instructions)         224 N ASH ST       So Administrator's EIN       Sc Administrator's EIN         POKANE       WA       99201-2802       Zd PONSOR'Address         POKANE       WA       99201-2802       Zd PONSOR'Address         24 N ASH ST       Sc Administrator's EIN       Sc Administrator's EIN         224 N ASH ST       Sc Administrator's EIN       Sc Administrator's EIN         235 Or Administrator's EIN enter the dist return/report.       Ab EIN       <	B This re	eturn/report is:	the first return/report					
2 Check box if filing under:       Form 5558       automatic extension       DFVC program         2 Check box if filing under:       Special extension (enter description)       Ib Three-digit plan number       DFVC program         2 Aname of plan       Ib Three-digit plan number       01       Ic Effective date of plan       C01         3 Name of plan       Ib Three-digit plan number       01       Ic Effective date of plan       C01         3 Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan)       C05RTH EAST WASHINGTON TREATMENT ALTERNATIVES       2b Employer identification Number         224 N ASH ST       PORAME       MA       99201-2802       2d Business code (see instructions)         POKANE       WA       99201-2802       3b Administrator's telephone number       509-326-7740         224 N ASH ST       POKANE       WA       99201-2802       3b Administrator's telephone number         11 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 filed for this plan, enter the appendix st the end of the plan year.       5a       2         2 Total number of participants at the end of the plan year.       5a       2       2         3 Total number of participants at the end of the plan year.       5a       2       2		[	၂ . 브	•			N N	
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NEWTA TAX DEFERRED ANNUITY RETIREMENT PLAN       pin number (PN) ▶         a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) ORTH EAST WASHINGTON TREATMENT ALTERNATIVES       2b Employer (denification Number (EIN) 91-1288898         2.24 N ASH ST       20 Employer (denification Number (EIN) 91-1288898       2C Sponsor's telephone number (SOP 3)26-7740         POKANE       WA       99201-2802       2d Business code (see instructions) 624100         a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address       3b Administrator's EIN 91-1288838         224 N ASH ST       509-326-7740         POKANE       WA       99201-2802         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.       4b EIN         a Total number of participants at the edo of the plan year       5a       2         D Total number of participants at the edo of the plan year       5a       2         A rey out adming a waiver of the annual exert where in the of the annual exert of an independent qualified public accountant (IQPA)       W Yes [N]         A were all of the plan is a defined benefit plans do not complete this item).       Sec       2         2 Were all of the plan year invested in eligible assets? (See instructions.)       Yes [N]       Nd eetermined Nuther the Bach or incomplete filing of this	Part II	Basic Plan Inforr	mation—enter all requested inform	ation				
(PN)       [001]         1c       Effective date of plan 07701/1990         224 N ASH ST       225 Employer identification Number (EIN) 91-1288898         224 N ASH ST       226 Sponsor's telephone number 509-326-7740         276 Businesco dod (see instructions) 624100       30 Administrator's telephone number 509-326-7740         274 N ASH ST       99201-2802         274 N ASH ST       26 Sponsor's telephone number 509-326-7740         277 NORTH EAST WASHINGTON TREATMENT ALTERNATIVES       30 Administrator's telephone number 509-326-7740         274 N ASH ST       31-128899         274 N ASH ST       32 Administrator's telephone number 509-326-7740         274 N ASH ST       99201-2802         POKANE       WA 99201-2802         If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsor's name       4c PN         3 Total number of participants at the edginning of the plan year       5a       2         5 Number of participants with account balances as of the end of the plan year (defined benefit plans)       Sb       2         5 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA)       W Yes   N         9 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA)       W Yes   N         9 Are you cl						1b	Three-digit	
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a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       O7/01/1990 <sup>1</sup> IORTH EAST WASHINGTON TREATMENT ALITERNATIVES       2b Employer identification Number (EIN) 91-1288893         224 N ASH ST       509-326-7740         POKANE       WA 99201-2802         PORANE       WA 99201-2802         PORANE       WA 99201-2802         ORTH EAST WASHINGTON TREATMENT ALITERNATIVES       3b Administrator's liN         224 N ASH ST       91-1288898         224 N ASH ST       Same as Plan Sponsor Name Same as Plan Sponsor Address         ORTH EAST WASHINGTON TREATMENT ALITERNATIVES       3b Administrator's liN         224 N ASH ST       9201-2802         POKANE       WA 99201-2802         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 form the last return/report.       4b EIN         2 Number of participants at the end of the plan year       5a       2         2 Number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions).       Se Por       5c         2 Are aud of the plan savered "No" to elifer Ine 6a or independent qualified public accountant (IQPA)       Yes N       N         Are you claiming a waiver of the siturutions on waiver eligibility and conditions.)       Yes N       N								
a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (EIN) 91-1288998         224 N ASH ST       2c Sponsor's talephone number 509-326-7740         POKANE       WA       99201-2802         a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         ORTH EAST       Same as Plan Sponsor Name       Same as Plan Sponsor Address         ORTH EAST       WA       99201-2802         224 N ASH ST       Soft Administrator's telephone number 509-326-7740         224 N ASH ST       Same as Plan Sponsor Name       Same as Plan Sponsor Address         224 N ASH ST       Same as Plan Sponsor Address       Sb Administrator's telephone number 509-326-7740         POKANE       WA       99201-2802       Hen ame 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.       4b EIN         A Total number of participants at the edigining of the plan year       5a       2         Data number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Yes [] N         A Preva claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes [] N         A rey ou claiming a waiver of the annuel examination								
CORTH EAST WASHINGTON TREATMENT ALTERNATIVES       (EIN) 91-1288898         224 N ASH ST       2C Sponsor's telephone number         POKANE       WA 99201-2802 <b>2</b> Pan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         CRTH EAST WASHINGTON TREATMENT ALTERNATIVES <b>3</b> DAdministrator's EIN         SORTH EAST WASHINGTON TREATMENT ALTERNATIVES <b>3</b> DAdministrator's EIN         224 N ASH ST       91-1288898         224 N ASH ST       9201-2802         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>4b</b> EIN         A doministrator's telephone number of participants at the end of the plan year <b>5a</b> 2         Total number of participants at the end of the plan year <b>5a</b> 2         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> 2         A ver vou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       W Yes N N       Yes N         If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes No       Not determined         under yearly for the late or incomplete filing of this return/report will be assessed unless rea	a Dian (	popporto pomo and adde					·····	
224 N ASH ST       509-326-7740         POKANE       WA       99201-2802         a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         a Plan administrator's name and address       Same as Plan Sponsor Address       3b Administrator's ElN         a Plan ASH ST       91-128828       3c Administrator's telephone number         224 N ASH ST       9201-2802       4b ElN         POKANE       WA 99201-2802       4b ElN         if the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. ElN and the plan number from the last return/report.       4b ElN         3 Posor's name       4c PN         3 Total number of participants at the end of the plan year       5a       2         5 Number of participants at the end of the plan year       5a       2         3 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xers ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xers ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xers ou claiming a waiver of the filen 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yers N </td <td>orth</td> <td>EAST WASHINGTON</td> <td>ess, include room of suite number (el 1 TREATMENT ALTERNATIV:</td> <td>mployer, if for a single ES</td> <td>e-employer plan)</td> <td>2b</td> <td></td>	orth	EAST WASHINGTON	ess, include room of suite number (el 1 TREATMENT ALTERNATIV:	mployer, if for a single ES	e-employer plan)	2b		
IPOKANE       WA       99201-2802       624100         a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's EIN         IORTH       EAST       WASHINGTON       TREATMENT       ALTERNATIVES       3c       Administrator's telephone number         224       N ASH       ST       Sc       Administrator's telephone number       509-326-7740         POKANE       WA       99201-2802       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 form the last return/report.       4b       EIN         a Sponsor's name       4c       PN         a Total number of participants at the beginning of the plan year       5a       2         D Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         2       Number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions.)       Xers II of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xers II of the plan's assets during the plan cannot use Form 5500.         2       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xers II of the plan's assets during the plan cannot use Form 55	.224 N	ASH ST				2c		
IORTH EAST WASHINGTON TREATMENT ALTERNATIVES       91–1288898         3C Administrator's telephone number         224 N ASH ST         POKANE       WA 99201–2802         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.       4b EIN         a Sponsor's name       4c PN         a Total number of participants at the beginning of the plan year       5a       2         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       2         a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xeres IN       Xeres IN       Yes IN         f you answered "No" to either line fao to line 6b, the plan contituse Form 5500.5F and must instead use Form 5500.       Yes IN       Not determined         a Uter you claiming a volver of the annual examination and report of an independent qualified public accountant (IQPA)       Xeres IN       Yes IN         if you answered "No" to either line fao tine 6b, the plan cannot use Form 5500.5F and must instead use Form 5500.       Yes IN       Not determined         aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Not determined         aution: A penalty for the late or incomplete filing of this return/report will be	POKAN	Έ	WA 99201-2802			2d		
IORTH EAST WASHINGTON TREATMENT ALTERNATIVES       91-1288898         3C Administrator's telephone number         224 N ASH ST       509-326-7740         POKANE       WA 99201-2802         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.       4b EIN         a Sponsor's name       4c PN         a Total number of participants at the end of the plan year       5a       2         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       2         a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xeres IN       Yes IN         f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes IN       Not determined         a Or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule and Signed and other penalties of the plan year enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and lief, it is true, correct, and complete.         So Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule and Signed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Sc	a Plan a	administrator's name and	address Same as Plan Sponsor N	ame Same as Pla	n Sponsor Address	3b	Administrator's EIN	
3C       Administrator's telephone number         224 N ASH ST       509-326-7740         POKANE         WA       99201-2802         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.       4b         A sponsor's name       4c         Total number of participants at the beginning of the plan year       5a         2       Number of participants at the end of the plan year       5b         2       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       2c         2       Number of participants with account balances as of the end of an independent qualified public accountant (IQPA)       Xes   N         A Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes   N         3       Yes   N       Yes   N         4       Yes   N       Yes   N         5       N       Yes   N         4       Yes   N       N         4       Yes   N       N         5       N       N         5       Yes   N       N         6       N       the plan cannot use Form 5500-SF and must instead use Form 5500.         <				·				
name, EIN, and the plan number from the last return/report.       4c PN         a Sponsor's name       4c PN         a Total number of participants at the beginning of the plan year       5a       2         b Total number of participants at the end of the plan year       5b       2         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X Yes       N         o Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         o Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         o Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       N         c Stockale MB complete and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule as 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 lief, it is true, correct, and complete.         GN       I2 - 19 - 1/4       Lorenzo L. Dr								
a       Total number of participants at the beginning of the plan year       5a       2         b       Total number of participants at the end of the plan year       5b       2         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X Yes       N         c       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         o       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         o       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         c       Hyou answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       N         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         aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Accepted and complete.       Accepted and complete.       Accepted and complete.       Accepted and com	name	, EIN, and the plan numb	er from the last return/report.	ast return/report filed f	or this plan, enter the	4b	EIN	
b       Total number of participants at the end of the plan year       5b       2         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       N         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       N         c       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       N         c       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       N         c       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       N         c       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       N         c       If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       N       Not determined         c       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4						4c	PN	
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X Yes       N         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         c       If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       N         c       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No         c       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       Not determined         aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Account of the plan is a defined by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and lief, it is true, correct, and complete.         GN       I2 - 19 - 14       Lorenzo L. Driggs         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor         GN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	_					5a	2	
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       2         A       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       N         O       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       N         O       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       N         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Not determined         aber 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 B 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 lief, it is true, correct, and complete.         GN       I2 - 19 - 14       Lorenzo L. Driggs         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponso	<b>b</b> Total	number of participants at	the end of the plan year	••••••		5b	2	
a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Yes       N         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Yes       N         c)       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Yes       N         c)       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Yes       N         c)       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Yes       N         c)       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Yes       N         c)       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Yes       N         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         aution:       A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       No       Not determined         abor Schedule MB completed and signed by an enrolled actuary, as well as the electronic version o	C Numb comp	er of participants with acc lete this item)	count balances as of the end of the p	an year (defined bene	efit plans do not	5c	2:	
Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions on waiver eligibility and conditions.)         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Ves in the section incomplete filing of this return/report will be assessed unless reasonable cause is established.         If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Ves in the section incomplete filing of this return/report will be assessed unless reasonable cause is established.         Inder 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 BG 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 lief, it is true, correct, and complete.         Image: Provide the set of plan administrator       Date       Enter name of individual signing as plan administrator         Image: Provide the set of plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	<b>a</b> Were	all of the plan's assets di	uring the plan year invested in eligible	e assets? (See instruc	tions.)		Yes No.	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       X       Yes       N         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         adder 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 B 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 lief, it is true, correct, and complete.         GN       12-19-14       Lorenzo L. Driggs         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         GN       12-19-14       Lorenzo L. Driggs         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	Are yo	ou claiming a waiver of th	e annual examination and report of a	n independent qualifie	ed public accountant (IQ	PA)		
If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No       No       Not determined         aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       No       Not determined         adder 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       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         Bignature of plan administrator       I2-I9-I4       Lorenzo L. Driggs         Signature of employer/plan sponsor       I2-I9-I4       Lorenzo L. Driggs         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	under	29 CFR 2520.104-46? (S	See instructions on waiver eligibility a	nd conditions.)			X Yes 🗌 N	
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         adder 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 B 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 lief, it is true, correct, and complete.         Signature of plan administrator       I2 -19 - 14       Lorenzo L. Driggs         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor								
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der 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 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 lief, it is true, correct, and complete.	ution <sup>.</sup> A	penalty for the late or i	ncomplete filing of this roturn/ron	art will be accorded				
Signature of purpleted and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and lief, it is true, correct, and complete.         Image: Signature of purpleted and ministrator       Image:								
RE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         GN       I2-I9-I4       Lorenzo L. Driggs         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	s or Sche	dule MB completed and s	signed by an enrolled actuary, as wel	I as the electronic ver	examined this return/report, sion of this return/report,	, and to	cluding, if applicable, a Schedule the best of my knowledge and	
RE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         GN       I2-I9-I4       Lorenzo L. Driggs         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	GN	~	1	10 10 1.	Lorenzo I D~;	aaa		
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       GN     12-19-14     Lorenzo L. Driggs       Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor			magen	12-19-14				
RE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	1	Signature of plan adm	Inistrator VV	Date	Enter name of individu	ual sigr	ning as plan administrator	
RE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	GN	Themas Planger 12-1			Lorenzo L. Dri	ggs		
g de empleyer el plan openeer	RE	Signature of employer	/plan sponsor					
	eparer's				r (optional)			
							(optional)	

Page **2** 

-	Plan Assets and Liabilities	1.1.1	(a) Beginning of Ye	ear			(b) End	of Year	
a	Total plan assets	7a		7731	94		<u> </u>		88741
b	Total plan liabilities	7b							····
C	Net plan assets (subtract line 7b from line 7a)	7c	-	7731	94				88741
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from:			4.05			(=) .		
	(1) Employers	8a(1)		185	-				
	(2) Participants	8a(2)	-9	286	21			2014	
	(3) Others (including rollovers)	8a(3)			0			S. Parks	
	Other income (loss)	8b	1	1637	30				•
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							21094
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9644	15				
e	Certain deemed and/or corrective distributions (see instructions)			504.	0				-
-		8e			-			1	
	Administrative service providers (salaries, fees, commissions)	8f		28	55	-	-	-	
	Other expenses	8g		1000	0	1.634		1445	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-		9673
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>	alarta kan alarta.		-				11423
-	Transfers to (from) the plan (see instructions)	8j			0		n and a star		
art	V Compliance Questions		rom the List of Plan Chara						
art	V Compliance Questions During the plan year:				Yes	No		Amount	
art	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	ions within the	time period described in on Program)						
art 0	Compliance Questions     During the plan year:     Was there a failure to transmit to the plan any participant contribut     29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure     Were there any nonexempt transactions with any party-in-interest?	ions within the ciary Correctio ? (Do not inclu	e time period described in on Program)			No			
art ) a	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	ions within the ciary Correctio ? (Do not inclu	e time period described in on Program) de transactions reported	10a 10b		No X			8900
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art 0 a b c d e f g h i i	V         Compliance Questions           During the plan year:         Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest? on line 10a.)           Was the plan covered by a fidelity bond?           Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?           Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)           Has the plan failed to provide any benefit when due under the plan           Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S 2520.101-3.)           If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.           If bits is a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ions within the ciary Correction ? (Do not inclu idelity bond, the er persons by if the benefits ? of year end.). See instruction a required noti 3. nts? (If "Yes,"	e time period described in on Program) de transactions reported nat was caused by fraud an insurance carrier, under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X	No           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           Image: Note that the set of t	(Form	Amount	8900
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С	Enter the amount contributed by the employer to the plan for this plan year	<b>—</b>	12c	Т						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (article amount in line 12c from the amount in line 12b.									
	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)									
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Π	Yes	Π	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?		$\square$	Yes	X	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Т						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	e control					Yes	No No		
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan( which assets or liabilities were transferred. (See instructions.)	s) to								
13c(1) Name of plan(s):				13c(2) EIN(s)				13c(3) PN(s)		
			<u>```</u>	`		+		/ (0)		
			*****							
Part	VIII Trust Information (optional)				******					
14a Name of trust					14b Trust's EIN					