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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t identification informatio	n				
For calend	lar plan year 2014 or	fiscal plan year beginning 07/01/	2014	and ending 06	5/30/2015		
A This re	eturn/report is for:	X a single-employer plan		er plan (not multiemployer) ployer information in accor	`		
		a one-participant plan	a foreign plan				
B This ret	urn/report is	the first return/report	the final return/repo	ort			
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC pi	ogram	
		special extension (enter des	cription)				
Part II	Basic Plan Inf	ormation—enter all requested i	nformation				
1a Name					1b Three-digit		
NEWTA TA	X DEFERRED ANNU	JITY RETIREMENT PLAN			plan numbe		
					(PN) 1c Effective da	001	
						7/01/1990	
		address; include room or suite num REATMENT ALTERNATIVES	ber (employer, if for a sin	gle-employer plan)		dentification Number	
1224 N ASH	ST					elephone number 9-326-7740	
	WA 99201-2802					ode (see instructions)	
3a Plan a	administrator's name	and address Same as Plan Spo	nsor.		3b Administrat		
	ST WASHINGTON TI		ASH ST			91-1288898	
ALTERNATI	VES	SPOKA	NE, WA 99201-2802			or's telephone number 9-326-7740	
		he plan sponsor has changed sinc umber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN		
	sor's name				4c PN		
5a Total	number of participan	ts at the beginning of the plan year			5a	21	
		ts at the end of the plan year			5b	20	
compl	lete this item)	h account balances as of the end c			5c	20	
d(1) Tot	tal number of active p	participants at the beginning of the	plan year		5d(1)	10	
d(2) Tot	tal number of active p	participants at the end of the plan y	ear		5d(2)	12	
		terminated employment during the			5e	C	
		e or incomplete filing of this retu			use is established	l.	
Under pen SB or Scho	nalties of perjury and edule MB completed	other penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I ha	ave examined this return/re	port, including, if a	pplicable, a Schedule	
	Filed with authorize	mplete. d/valid electronic signature.					
SIGN HERE							
	Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	administrator	
SIGN HERE							
		loyer/plan sponsor	Date Cinclude room or quite nur			ployer or plan sponsor	
Preparers	name (including firm	name, if applicable) and address	include room or suite nur	nber) (optional)	Preparer's telepr	none number (optional)	

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information	1	1				
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
<u>a</u>	Total plan assets	7a	8874	111			907677
	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	8874	111			907677
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	198	303			
	2) Participants	8a(2)	309				
		8a(3)		0			
	3) Others (including rollovers)	8b	540				
	` /		0.0				104811
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					104011
	o provide benefits)	8d	842	290			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	2	255			
g	Other expenses	8g		0			
h ·	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					84545
	Net income (loss) (subtract line 8h from line 8c)	8i					20266
	Fransfers to (from) the plan (see instructions)	8i		0			
Part	IV Plan Characteristics	<u> </u>	l				
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····	'	10b		X	
c	Was the plan covered by a fidelity bond?			10c	X		91000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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**

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	identification information		WARRIED TO STATE OF THE STATE O		
For calendar plan year 2014 or fi		07/01/2014	and ending	06/30	/2015
	x a single-employer plan	Land .			this box must attach a list
A This return/report is for:			yer information in accor	dance with the fo	orm instructions)
D = 4.	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558	automatic extension		∏ DFVC	program
Check box if fining drider.	special extension (enter descri	ntion\		<u>u</u>	
	: `	·			
Part II Basic Plan Info	rmation—enter all requested info	ormation			
1a Name of plan				1b Three-dig	
NEWTA TAX DEFERRED A	ANNUITY RETIREMENT PL	AN		plan num (PN) ▶	ber 001
				1c Effective	date of plan
				07/01	
2a Plan sponsor's name and ad	dress; include room or suite numbe	r (employer, if for a single-	-employer plan)	2b Employe	Identification Number
NORTH EAST WASHINGTO	ON TREATMENT ALTERNAT	IVES			1288898
100/ 12 101				2c Sponsor'	s telephone number
1224 N ASH ST					26-7740
SPOKANE	WA 99201-2802			2 d Business 624100	code (see instructions)
3a Plan administrator's name ar				3b Administr	
	ON TREATMENT ALTERNAT			91-128	
NORIH EASI WASHINGI	ON IRBAIMENT ALTERNAT	IAED		3c Administr	ator's telephone number
1224 N ASH ST				509-32	6-7740
SPOKANE	WA 99201-2802				
4 If the name and/or FIN of the	e plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4b EIN	
	mber from the last return/report.	io last retainineport mea n	or this plant, enter the	7D EIN	
a Sponsor's name		·		4c PN	
5a Total number of participants	at the beginning of the plan year			. 5a	21
b Total number of participants	at the end of the plan year	······		. 5b	20
	account balances as of the end of the	, ,	•	5c	0.0
	Aliana and a skilling to a little of the skilling of the skill				20
u(1) Total number of active pa	rticipants at the beginning of the pla	n year		5d(1)	10
d(2) Total number of active pa	rticipants at the end of the plan year	•		5d(2)	12
e Number of participants that to	erminated employment during the pl	an year with accrued bene	efits that were	5e	
less than 100% vested					0
	or incomplete filing of this return				
	ner penalties set forth in the instruct nd signed by an enrolled actuary, as				
belief, it is true, correct, and comp			,	.,	or my miorioago and
SIGN	Fluin		Lorenzo L. Dr	iggs	
HERE Signature of plan a	dministrator	Date /-7-/6	Enter name of individ	lual signing as pl	an administrator
SIGN	4		Lorenzo L. Dr		
HERE Signature of emplo	verinian endnear	Date 1-7-16	Enter name of individ	lual eigning as or	nployer or plan sponsor
	ame, if applicable) and address (inc				phone number (optional)
	, , , , , , , , , , , , , , , , , , , ,		, , ,	'	. , ,
·					
				Limb of the	

	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of								X Yes	; []	No
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)	ani (ic	764)				X Yes	; П	No
	If you answered "No" to either line 6a or line 6b, the plan can									لسما	
C	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	program (see ERISA section 4	021)?	[Yes	No	N	ot dete	rmin	ed
Pa	rt III Financial Information								·····		
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	T	***************************************	(b) En	d of	Year		
а	Total plan assets	. 7a	1	874	11			<u> </u>		907	7677
b	Total plan liabilities										
	Net plan assets (subtract line 7b from line 7a)		8	874	11		***************************************		***************************************	907	7677
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	***************************************	$\neg \vdash$		(h)	Tota			
а	Contributions received or receivable from:	- Control of the Cont					(2)		•		
	(1) Employers	. 8a(1)		1980	03						
***************************************	(2) Participants	. 8a(2)		309.	77						
	(3) Others (including rollovers)				0						
	Other income (loss)			5403	31						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								104	811
d	Benefits paid (including direct rollovers and insurance premiums	0.4		8429	امد						
	to provide benefits)			012.	0						
f	Administrative service providers (salaries, fees, commissions)	. 8e		2.5	20000						
g		1		25	0						
	Other expenses (add lines 2d, 2e, 26, and 2n)	·									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1					·····		***************************************		545
- <u>-</u>	Net income (loss) (subtract line 8h from line 8c)	1							ANADA SA	20	266
j Iza		· 8j	<u>L</u>		0						
A2015(125),10	rt IV Plan Characteristics										
Ja	If the plan provides pension benefits, enter the applicable pension 2L 2M 3D 2F 2G	reature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ıction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cor	les in	the instru	tions	•		
				otoriot		100 111	ine moduce	J. 10110	•		
Par	t V Compliance Questions										*****
10	During the plan year:			***************************************	Yes	No		An	ount		
а	The second secon	itions within	n the time period described in			T.					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
į,	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
				100	7,7	 					
				10c	Х	ļ	ļ			91	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х					
е				100	<u> </u>		_				
	insurance service, or other organization that provides some or all	of the bene	efits under the plan? (See			x					
	instructions.)		······································	10e		<u> </u>	ļ				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х					
h	portion ,					х					
	2520.101-3.)			10h					3 (7)		
Ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part		1-0		101		L		1000000			
11	Is this a defined benefit plan subject to minimum funding requirem	onto 2 (If II)	/aa !! aaa inatmotisms and assa		0-1	or	- /F				
• •	5500) and line 11a below)	ents?(II "	res," see instructions and com	piete	Sched	iule St	3 (Form	1	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			***************************************		***************************************
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	ТГ	Yes	x	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				J., J., 1			<u></u>		<u> Lîl</u>	
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instruc	ctions,	and e	enter th	ne date of	the le	etter ru	ling	
	granting the waiver		Mon	th		Day		Ye			

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form 5500), and	d skip to line 13.				
b	Enter the minimum required contribution for this plan year				12b		
С	Enter the amount contributed by the employer to the plan for this p	olan year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)				12d		
е	Will the minimum funding amount reported on line 12d be met by t	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 e	employer this year			13a		
b	Were all the plan assets distributed to participants or beneficiaries of the PBGC?	-		the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See instructions.)	om this plan to another p	plan(s), identify the pla	n(s) t	0		
	3c(1) Name of plan(s):			1;	3c(2) E	IN(s)	13c(3) PN(s)
	VIII Trust Information (optional)						
14a	Name of trust				14b ⊺	rust's EIN	1