Form 5500-SF	Short Form Annu	•	-	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plar	-	etirement	2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in		structions to the Form 55	500-SF.	
Part IAnnual ReporFor calendar plan year 2015 or	t Identification Information		and ending 06	6/30/2016	
<b>A</b> This return/report is for:	a single-employer plan       a one-participant plan	a multiple-employe	r plan (not multiemployer) employer information in ac	(Filers checkir	•
<b>B</b> This return/report is	the first return/report	the final return/repo	rt turn/report (less than 12 m	onths)	
<b>C</b> Check box if filing under:	Form 5558	automatic extensio	n		√C program
Part II Basic Plan Inf	ormation—enter all requested in	1 ,			
<b>1a</b> Name of plan NEWTA TAX DEFERRED ANNU				1b Three-c plan nu (PN) ▶ 1c Effectiv	mber 001 e date of plan
Mailing address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Employ (EIN)	07/01/1990 er Identification Number 91-1288898
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTH EAST WASHINGTON TREATMENT ALTERNATIVES					r's telephone number 509-326-7740
224 N ASH ST SPOKANE, WA 99201-2802				2d Busines	s code (see instructions) 624100
<b>3a</b> Plan administrator's name a	and address Same as Plan Spon	sor.		<b>3b</b> Adminis	
IORTH EAST WASHINGTON TF		ASH ST NE, WA 99201-2802		3c Adminis	91-1288898 trator's telephone number
					509-326-7740
	ne plan sponsor has changed since umber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN	
<b>a</b> Sponsor's name				<b>4c</b> PN	
5a Total number of participant	s at the beginning of the plan year.			5a	20
	s at the end of the plan year			5b	18
	n account balances as of the end of			5c	16
	articipants at the beginning of the p			5d(1)	12
	articipants at the end of the plan ye			5d(2)	8
than 100% vested	at terminated employment during the			5e	0
Under penalties of perjury and of SB or Schedule MB completed	e or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I ha	ve examined this return/rep	oort, including,	if applicable, a Schedule
belief, it is true, correct, and corSIGNFiled with authorized	d/valid electronic signature.	09/22/2016	CHERYLE JONES-JC	HNSON	
HERE Signature of plan	administrator	Date	Enter name of individe	ual signing as	plan administrator
SIGN HERE Signature of omn	lovor/plan spansor	Data	Entor nome of individu	ial cigning of	
	loyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite nun			employer or plan sponsor lephone number
For Paperwork Reduction Act Not	ice and OMB Control Numbers, see th	e instructions for Form 55	00-SF.		Form 5500-SF (2015)

	F0111 5500-5F 2015		Faye Z								
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	s 🗌 No	
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public a	account	ant (IQ	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann								× Yes	s No	
	If the plan is a defined benefit plan, is it covered under the PBGC in							No	Not deter	rmined	
	t III Financial Information				521).	····· _	100				
	Plan Assets and Liabilities		(a) Boginning					(b) Er	nd of Year		
	Total plan assets	7a	(a) Beginning	<u>907 907</u>				(0) EI	7698	878	
	Total plan liabilities	7a 7b		001	011				1000	510	
	Net plan assets (subtract line 7b from line 7a)	7c		907	677				7698	878	
-	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b	) Total		
	Contributions received or receivable from:		(4) /					(	/ ! • • •		
	(1) Employers	8a(1)		7	419						
	(2) Participants	8a(2)		18	963						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		6	002	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					32384				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		169	938						
	Certain deemed and/or corrective distributions (see instructions)	8e			0						
-	Administrative service providers (salaries, fees, commissions)	8f			245						
	Other expenses	8g			0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							170 <sup>-</sup>	183	
	Net income (loss) (subtract line 8h from line 8c)	8i							-137	799	
	Transfers to (from) the plan (see instructions)	8j			0						
Par		IJ			•						
	If the plan provides pension benefits, enter the applicable pension $2L$ 2M 3D 2F 2G	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the inst	ructions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instru	ictions:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-		10-		х					
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		~					
	reported on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	X					91000	
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x					
e	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.).					х					
f						Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i							

Part	t VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schec ) and line 11a below)		(Form	Yes		No
11a	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X	No

10j

j Did the plan trust incur unrelated business taxable income?

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<ul> <li>(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 instructions, and enter the date of the letter ruling granting the waiver.</li> </ul>								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day _						
<b>b</b> Enter the minimum required contribution for this plan year		12b						
		12c						
<ul> <li>C Enter the amount contributed by the employer to the plan for this plan year</li> <li>d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the</li> </ul>								
negative amount)		12d			1			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part VII Plan Terminations and Transfers of Assets		-						
13a Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol		Yes 🗙	No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1						
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part VIII Trust Information								
14a Name of trust		14b Trust's EIN						
14c Name of trustee or custodian		<b>14d</b> Trustee's or custodian's telephone number						
Part IX IRS Compliance Questions		I						
<b>15a</b> Is the plan a 401(k) plan?		Ye:	S	No				
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	e ADP/ACP test				
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st	e Average benefit test				
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No				
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A			
<b>17b</b> Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	_ (See ins	structions			
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial n		ct to a fa	vorable IF	RS opinion	or			
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable				
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19 Were in-service distributions made during the plan year?		Ye	s	No				
If "Yes," enter amount		19						
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A			

Forn	n 5500-SF	Short Form Annu	al Return/Report of Sn Benefit Plan	nall Employee	OMB Nos. 1210-0 1210-0			
	ent of the Treasury Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee					
Employee Bene	irtment of Labor fits Security Administration	Income Security Act of 1974	6058(a) of the Internal	This Form is Open to Public Inspection				
Pension Bene	fit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions	to the Form 5500-SF.	i ubile inspection			
		dentification Information			,			
For calendar		cal plan year beginning	r	······································	(30/2016			
A This return	n/report is for:	X a single-employer plan	a multiple-employer plan (not n list of participating employer in a foreign plan					
B This return	/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return/report (l	ess than 12 months)				
C Check bo	x if filing under:	Form 5558	automatic extension		OFVC program			
		special extension (enter desc	ription)					
Part II	Basic Plan Infor	mation-enter all requested ir	formation					
1a Name of				1b Thre	<b>v</b>			
NEWTA TA	X DEFERRED AN	NUITY RETIREMENT PI	JAN	(PN)	number 001			
				1c Effect	tive date of plan 01/1990			
Mailing a	ddress (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.0			oyer Identification Number 91-1288898			
		, country, and ZIP or foreign pos	tal code (if foreign, see instructions) ATIVES	2c Spor	nsor's telephone number - 326 - 7740			
1224 N .	ASH ST			2d Busi	ness code (see instructions			
				624	100			
SPOKANE		WA 99201-28	02					
3a Plan adm	ninistrator's name and	l address Same as Plan Spon	sor.		nistrator's EIN			
NORTH EA	AST WASHINGTO	N TREATMENT ALTERNA	TIVES	-	L288898			
1004 NT 7					nistrator's telephone numb ·326-7740			
1224 N A	SH ST				0			
SPOKANE		WA 99201-2802						
	ne and/or EIN of the		the last return/report filed for this pla	n, enter the 4b EIN				
		ber from the last return/report.						
a Sponsor'	s name			4c PN				
5a Total nur	mber of participants a	t the beginning of the plan year.		<u>5a</u>				
			the plan year (defined benefit plans of					
			lan year					
			ar					
			e plan year with accrued benefits that					
than 10	0% vested			Je				
			n/report will be assessed unless re ctions, I declare that I have examined					
SB or Schedu		I signed by an enrolled actuary,	as well as the electronic version of th					
SIGN	Change Lon	es-Johnson	Chery	le Jones-Johnso	n			
HERE	Signature of plan ad		Date 9/22/10 Enter n	ame of individual signing	as plan administrator			
SIGN	A II	1 1		le Jones-Johnso				
HERE -	Signature of employ	arnianenoneor						
		me, if applicable) and address (ii	nclude room or suite number )	X	as employer or plan sponse telephone number			
,	,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					

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6a b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an indeper and condit	ndent qualified public	accoun	tant (IC	)PA)			X Yes X Yes	No   No	
c	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	1021)?		] Yes		lot determ	ined	
Pa	rt III Financial Information									*******	
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End of	Year		
<u>a</u>	Total plan assets	. 7a		90	7,67	'7				,878	
b	Total plan liabilities	. 7b							****		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c		90	7,67	7			769	,878	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Tot	al		
а	Contributions received or receivable from:										
<del></del>	(1) Employers	. 8a(1)			7,41						
······	(2) Participants	. 8a(2)		1	8,96	3					
h	(3) Others (including rollovers)	. 8a(3)				0					
	Other income (loss)	. 8b			6,00	2					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c					esolule: Cor		32	,384	
u	to provide benefits)	. 8d		16	9,93	8	8				
е	Certain deemed and/or corrective distributions (see instructions)	8e				0					
f	Administrative service providers (salaries, fees, commissions)	. 8f			24	5		hang da san se			
g	Other expenses	. 8g				0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							170	,183	
	Net income (loss) (subtract line 8h from line 8c)	. 8i					-137,7				
	Transfers to (from) the plan (see instructions)	. 8i				0					
Par	t IV Plan Characteristics	<u> </u>				Later					
9a B	If the plan provides pension benefits, enter the applicable pension 2L 2M 3D 2F 2G If the plan provides welfare benefits, enter the applicable welfare for										
Parl	V Compliance Questions	_									
10	During the plan year:				Yes	No	N/A	A	mount	******	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		x					
С	Was the plan covered by a fidelity bond?			10c	x				9	1,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	the benefits under	10e		x					
f				10f		х		İ			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		x					
h						х					
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10h							
j	Did the plan trust incur unrelated business taxable income?			10i 10i							
Part		······		,	L		L	I			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions a	and con	nplete	Sched	ule SB	(Form	 │ Yes 「	 7 No	
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding							RISA?	Yes 🛛	No No	

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	(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, granting the waiver	and er	nter the Day	e date of t	he letter ru Year	lling	
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	<u></u>	12b				
	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				
- 120 Acres (122)	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						
_ <u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b	of the PBGC?		ntrol		Yes 🕱	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): 13	c(2) E	IN(s)		13c(3)	PN(s)	
Part	VIII Trust Information						
14a	Name of trust	1	<b>14b</b> ⊤	rust's EIN	ļ		
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions	l					
15a	Is the plan a 401(k) plan?	[	Yes	6	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ba	sign- sed safe rbor ethod	ADF test	P/ACP	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	1	] Yes	3	No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ra Pei tes	rcentage		erage efit test	
165	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		] Yes	;	No	****	
17a	Has the plan been timely amended for all required tax law changes?	[	Yes	5	🗌 No	[] N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted	·				nstructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is su advisory letter, enter the date of that favorable letter and the letter's serial number			·		ог	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the dat determination letter	e of th	e plan	`s last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	[	Yes		No		
19	Were in-service distributions made during the plan year?	[[	Yes		No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no retired), as required under section 401(a)(9)?	ot [	Yes		No	N/A	