## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and en-		
	nding 02/15/2017	
		_
a one-participant plan a foreign plan	ation in accordance with	Title form instructions.)
<b>B</b> This return/report is ☐ the first return/report ☐ the first return/report		
an amended return/report a short plan year return/report (less t	than 12 months)	
C Check box if filing under: Form 5558 automatic extension	DFVC prog	gram
special extension (enter description)		
Part II Basic Plan Information—enter all requested information		
1a Name of plan NEWTA TAX DEFERRED ANNUITY RETIREMENT PLAN	<b>1b</b> Three-d plan nui (PN) ▶	mber
	1c Effective	re date of plan 07/01/1990
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)	<b>2b</b> Employe (EIN)	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		or's telephone number 509-326-7740
PO BOX 141953	2d Busines	ss code (see instructions) 624100
SPOKANE VALLEY, WA 99214		024100
3a Plan administrator's name and address X Same as Plan Sponsor.	<b>3b</b> Adminis	strator's EIN
	3C Adminis	strator's telephone number
	<b>3c</b> Adminis	strator's telephone number
	3C Adminis	strator's telephone number
		strator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, er name, EIN, and the plan number from the last return/report.	nter the 4b EIN	strator's telephone number
	nter the 4b EIN 4c PN	strator's telephone number
name, EIN, and the plan number from the last return/report.	10 Ato PN 5a	strator's telephone number
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name	10 Ac PN 5a 5a 51	
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	ter the 4b EIN 4c PN 5a 5b blans 5c	18
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of the plan year (only defined contribution p	ter the	18
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of the plan year (only defined contribution p complete this item)	ter the	18 0
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the plan year (only defined contribution p complete this item)  d(1) Total number of active participants at the beginning of the plan year  d(2) Total number of active participants at the end of the plan year	ter the	18 0 0 8 0
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the plan year (only defined contribution p complete this item)  d(1) Total number of active participants at the beginning of the plan year  d(2) Total number of active participants at the end of the plan year	Ab EIN	18 0 0 8 0
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the plan year (only defined contribution p complete this item)  d(1) Total number of active participants at the beginning of the plan year  d(2) Total number of active participants at the end of the plan year	Ab EIN	18 0 0 8 0 shed. , if applicable, a Schedule
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	Ab EIN	18 0 0 8 0 shed. , if applicable, a Schedule
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	nter the 4b EIN  4c PN  5a  5b  blans 5c  5d(1)  5d(2)  re less 5e  chable cause is established seturn/report, and to the best	18 0 0 8 0 0 shed.  , if applicable, a Schedule est of my knowledge and
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	nter the 4b EIN  4c PN  5a  5b  blans 5c  5d(1)  5d(2)  re less 5e  conable cause is established in the best of individual signing as	shed. , if applicable, a Schedule est of my knowledge and
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	nter the 4b EIN  4c PN  5a  5b  blans 5c  5d(1)  5d(2)  re less 5e  conable cause is established in the best of individual signing as a selection of individual	18 0 0 8 0 shed. , if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	nter the 4b EIN  4c PN  5a  5b  blans 5c  5d(1)  5d(2)  re less 5e  conable cause is established in the best of individual signing as a selection of individual	shed. , if applicable, a Schedule est of my knowledge and
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	nter the 4b EIN  4c PN  5a  5b  blans 5c  5d(1)  5d(2)  re less 5e  conable cause is established in the best of individual signing as a selection of individual	18 0 0 8 0 shed. , if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor

Form 5500-SF 2016 Page **2** 

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not deter	mined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End of	Year	
<u>a</u>	Total plan assets	7a		769878					0	
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		769878	1				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al	
а	Contributions received or receivable from:	0 (4)		0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		29691						
	Other income (loss)	8b		20001	-				29691	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							29091	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		799355						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		214						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				799569				
i	Net income (loss) (subtract line 8h from line 8c)	8i				-769878				
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2L 2M 3D 2F 2G	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	des in t	he instruct	ions:	
Par	t 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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?		V							91000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	delity bond, that was caused			X				
е		her persor ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	2520.101-3.)	` 		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 2520.10			10i						

Page 3-	1	
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co.  A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
<b>-</b>								
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based arbor	d [	erior y test	/ear" ADP
			IП '	"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0 1210-0

2016

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	Complete all entries in	accordance with the in	structions to the Form	5500-SF.	Put	blic Inspection
Part I	Annual Report	Identification Information				<u></u>	·····
For caler	idar plan year 2016 or fis		07/01/2016	and ending	02/	15/201	7
A This r	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer employer information in	) (Filers chec	king this h	noy must attach
		a one-participant plan	a foreign plan	employo, miomizzion m	accordance v	viuri une tor	m instructions.
<b>B</b> This re	eturn/report is	the first return/report	X the final return/repo			•	
C Check	k box if filing under:	an amended return/report		um/report (less than 12)	months)		
O Cilèti	Coox it tilling disder.	☐ Form 5558	automatic extension	ר	DFVC p	rogram	
		special extension (enter descri	The state of the s				
Part II		rmation—enter all requested info	omation				***************************************
1a Name NEWTA 1		NUITY RETIREMENT PLA	N		1b Thre	number	001
The financial training is a finite or a second or a		-			1c Effec		
Mailir	ng address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.O.	Box)		2b Empl		ification Numbe
NORTH	EAST WASHINGTO	, country, and ZIP or foreign posta N TREATMENT ALTERNAT	il code (if foreign, see in IVES	structions)	2c Spon		phone number
PO BOX	141953				2d Busin	ess code	40 (see instruction
SPOKAN	E VALLEY	WA 99214			6241	ŲŲ	
3a Plan	administrator's name and	l address 🛛 Same as Plan Spons	sor.		3b Admir	nistrator's	EIN
					3c Admir	nistrator's	telephone numi
							copione nam
4 If the	name and/or EIN of the p	olan sponsor has changed since the ber from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN		
	or's name				4c PN		
5a Total	number of participants a	t the beginning of the plan year	**************************			***************************************	<del></del>
<b>b</b> Total	number of participants at	t the end of the plan year	***********************************			<del></del>	7
C Numb	er of participants with ac	count balances as of the end of th	e plan vear (only define	d contribution plans	5c		***************************************
		cipants at the beginning of the plar			5d(1)		<del></del>
		cipants at the end of the plan year			5d(2)	**************************************	
e Numb	per of participants that tell 100% vested	rminated employment during the p	lan year with accrued be	enefits that were less	5e		
Caudon. P	t penalty for the late of	incomplete filing of this refurnir	enort will be accorded	timboo manamaki.	use is establ	ished.	
	dule MB completed and rue, correct, and comple	r penalties set forth in the instruction signed by an enrolled actuary, as te.	ons, I declare that I have well as the electronic ve	examined this return/re rision of this return/repor	port, including t, and to the t	g, if applicates of my	able, a Schedu knowledge and
SIGN HERE	Signature of plan adm	neo-Johnson	504/17	Cheryle Jones-			
	Signature or plan apri	MINISTRATORY	Date	Enter name of individu		plan adm	iinistrator
SIGN HERE		nes-filmman	5 24/10	Cheryle Jones-	Johnson		
Prenarer's i	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual signing as	employer	or plan spons
r reparer s r	ione (including limi han	ne, if applicable) and address (incli	ude room or suite numb	er)	Preparer's to	elephone i	number
For Panarur	rk Dadurtion Art Notice c	see the Instructions for Form 5500.5					

i	 rm	55	nn.	-SF	20	11	a

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E	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?</li></ul>								Yes No Yes No	
27132-530-FT-1755	art III Financial Information				······································				Ш	
7	Plan Assets and Liabilities		(a) Beginning	n of Ye	ar			(b) End	of Voor	
а	Total plan assets	. 7a	(-/ - J	***************************************	,878			(b) Liid	OI Teal	
	Total plan liabilities	. 7b		******						
С				769	,878					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		,			(b) T	- 4 - 1	
а	Contributions received or receivable from:		(a) Amor	4111				(b) T	otai	
<del></del>	(1) Employers	. 8a(1)			0					
	(2) Participants	8a(2)			0					
-	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		29	691					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								29,691
ď										
	to provide benefits)	8d		799	355					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f			214	1				
<u>g</u>	Other expenses	8g			0	)				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					799,56			799,569
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i					-769,87			769,878
, 	Transfers to (from) the plan (see instructions)	8j		0						
CV-52/30/25/00/04	t IV Plan Characteristics						***************************************			
Эa	If the plan provides pension benefits, enter the applicable pension $2L\ 2M\ 3D\ 2F\ 2G$	feature co	des from the List of P	lan Cha	racteri	stic C	odes ir	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Char	acteris	lic Co	des in	the instruc	ctions:	
Par	t V Compliance Questions								····	
10	During the plan year:				Yes	No	N/A		Amoun	.+
а	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period	T					Amoun	1
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction			х				
b	Program)	2 /Do not is	naluda transpostions	10a	-					
	reported on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?			10c	х	***************************************				91,000
d		idelity bon	nd that was caused		x			31,000		
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance	10e		х				***************************************
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x			······································	
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	ctions and 29 CFR	10g 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 2520.101	required	notice or one of the	10i						

Form 5500-SF 2016 Page <b>3</b> -				
Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Voc " one instruction and the subject to minimum funding requirements?)	edule S	SB	Yes	∏ No
(Form 5500) and line 11a below)				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	11a n 302 o	f	Yes	X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.		the date o	f the letter rulin Year	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year	12b			
C Enter the amount contributed by the employer to the plan for this plan year	12c			-
G Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N	Α
Tansiers 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			0
control of the PBGC?		х	Yes No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			***************************************
13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s	.1
				<u> </u>
Part VIII Trust Information		L_	······	
14a Name of trust	14b Tr	ust's EIN		
		ustee's or lephone r	r custodian's number	
Part IX IRS Compliance Questions	· · · · · · · · · · · · · · · · · · ·	<del>~</del>		
15a Is the plan a 401(k) plan? If "No," skip b			No	-

14c Name of trustee or custodian	14d Trustee's or custodian's telephone number			
Part IX IRS Compliance Questions				
15a Is the plan a 401(k) plan? If "No," skip b	☐ No			
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:				
	ent year" N/A			
test test	entage Average N/A			
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	∏No			
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter  and the serial number	or advisory letter, enter the date of			
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of letter	of the most recent determination			
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	Yes No			
19 Was any plan participant a 5% owner who had attained at least a 70 to 10.	Yes No			