Form 5500-	_	Short Form Annu	al Return/Repo Benefit Plan	•	oyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		This form is required to be file		2016						
Department of Labo Employee Benefits Security Adr	ninistration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		of the Internal This Form is Open Public Inspection					
Pension Benefit Guaranty Co		Complete all entries in a entification Information	accordance with the ins	structions to the Form 5	500-SF.	•				
For calendar plan year 2			016	and ending 12	2/31/2016					
i	×	a single-employer plan		0	Filers check	king this box must attach a				
A This return/report is f	or:	a one-participant plan	list of participating e	employer information in ac	ccordance w	vith the form instructions.)				
B This return/report is		the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)					
C Check box if filing un	der:	Form 5558	automatic extension	I	DFVC p	rogram				
		special extension (enter descr								
Part IIBasic Pla1aName of plan	an Inforn	nation—enter all requested inf	ormation		1b Thre					
RBSI 401(K) PLAN						number				
					1c Effect	tive date of plan 01/01/2010				
Mailing address (inc	lude room,	r, if for a single-employer plan) apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 91-1662134				
RETIREMENT BENEFIT S	PECIALIS	country, and ZIP or foreign posta TS, INC.	ai code (il loreign, see in	structions)	2c Sponsor's telephone number 425-289-0591					
12951 BEL-RED RD., STE BELLEVUE, WA 98005	190				2d Busir	ness code (see instructions) 523120				
3a Plan administrator's	name and	address X Same as Plan Spor	ISOT.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
4 If the name and/or E	IN of the p	lan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
name, EIN, and the a Sponsor's name	plan numb	er from the last return/report.			4c PN					
5a Total number of par	ticipants at	the beginning of the plan year			5a	3				
b Total number of par	ticipants at	the end of the plan year			5b	3				
		count balances as of the end of		•	5c	3				
d(1) Total number of a	active partic	ipants at the beginning of the pla	an year		5d(1)	3				
d(2) Total number of a	active partic	pipants at the end of the plan yea	ar		5d(2)	3				
than 100% vested		minated employment during the	•		5e	C				
		incomplete filing of this return								
SB or Schedule MB com belief, it is true, correct, a	pleted and	 penalties set forth in the instruct signed by an enrolled actuary, a te. 	s well as the electronic v	ve examined this return/repor	t, and to the	ng, if applicable, a Schedule best of my knowledge and				
SIGN Filed with au	thorized/va	id electronic signature.	03/15/2017	J. DEAN LOVELL						
HERE Signature of	of plan adn	ninistrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN						, .				
HERE Signature of	of employe	r/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor				
Preparer's name (includi	ng firm nan	ne, if applicable) and address (in	clude room or suite num	ber)	Preparer's	s telephone number				
	A . (M . 4)	see the Instructions for Form 5500	05			Form 5500-SF (2016)				

	Were all of the plan's assets during the plan year invested in eligib 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 cann If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	an indepe and condi ot use Fo	ndent qualified public accountant (I0 ions.) rm 5500-SF and must instead use	QPA) Yes No
Га 7	Plan Assets and Liabilities		(a) Danimaina of Veen	
<u> </u>		7-	(a) Beginning of Year 941002	(b) End of Year 1081250
<u>a</u>	Total plan assets	7a	041002	1001200
<u>b</u>	Total plan liabilities	7b	941002	1081250
	Net plan assets (subtract line 7b from line 7a)	7c		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	8121	
	(2) Participants	8a(2)	19316	
	(3) Others (including rollovers)	8a(3)		
b		8b	112811	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		140248
d	Benefits paid (including direct rollovers and insurance premiums	00		
ŭ	to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i	Net income (loss) (subtract line 8h from line 8c)	8i		140248
j	Transfers to (from) the plan (see instructions)	8i		
Pa	rt IV Plan Characteristics	- - ,	I I	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
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.).	10e	×			45
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			5038
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 י	′es	No
11a	Ente	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					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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 le tive amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🛛	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
				3c(2)	EIN(s)		13c(3) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
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:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	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	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

	orm 5500-SF	Short Form Annu	al Return/Repo Benefit Plar		oloyee	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	This form is required to be file	d under sections 104 an	d 4065 of the Employee	Retirement	2016		
Employ	Department of Labor ee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of th	ne internal	This Form is Open to		
	on Benefit Guaranty Corporation	Complete all entries in a	► Complete all entries in accordance with the instructions to the Form 5500-SF.					
Part		dentification Information						
		cal plan year beginning 01/01/201		and ending 12				
A This	return/report is for:	a single-employer plan	ist of participating	plan (not multiemployer) employer information in a	(Filers checki accordance wi	ng this box must attach a th the form instructions.)		
B This r	return/report is	the first return/report	the final return/repor					
•	L	an amended return/report	a short plan year ret	urn/report (less than 12 r	nonths)			
C Chec	ck box if filing under:	Form 5558	automatic extension	i	DFVC pro	ogram		
		special extension (enter descri	. ,					
Part I	Basic Plan Inform	mation—enter all requested info	ormation					
RBSI 401	ne of plan (k) PLAN				1b Three- plan n (PN) 1c Effectiv	umber 001		
2 2 Diam					01/01/			
Maili City	ing address (include room, or town, state or province,	r, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign postal	Box) code (if foreign, see ins	tructions)	(EIN) 9	ver Identification Number 11-1662134		
RETIREMI	ENT BENEFIT SPECIALIS	TS, INC.		- ,	2c Sponsor's telephone number (425) 289-0591			
12951 BEL	RED RD., STE 190				2d Busine: 523120	ss code (see instructions)		
BELLEVUE	E, WA 98005							
					3c Adminis	strator's telephone number		
name	e, EIN, and the plan numbe	an sponsor has changed since the er from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN			
	sor's name	· · · · · · · · · · · · · · · · · · ·			4C PN			
		he beginning of the plan year			5a	3		
D Total C Numl	number of participants at t	he end of the plan year			5b	3		
comp	piete this item)	ount balances as of the end of the			5c	3		
d(1) To	tal number of active particip	pants at the beginning of the plan	year		5d(1)	3		
d(2) To	tal number of active partici	pants at the end of the plan year.			5d(2)	3		
e Num than	ber of participants that tern 100% vested	ninated employment during the pl	an year with accrued be	nefits that were less	5e	0		
Under pen	A penalty for the late or in alties of perjury and other	ncomplete filing of this return/re penalties set forth in the instructio igned by an enrolled actuary, as w	port will be assessed	unless reasonable cau	ort including	if applicable a Ochevil I		
belief, it is	true, correct, and complete	2-1				st of my knowledge and		
SIGN HERE	HOONT	rel	3-13-17	x, J. Dean	Lore 1/			
	Signature of plan admi	nistrator	Date	Enter name of individu		lan administrator		
sign Here								
	Signature of employer/	plan sponsor	Date	Enter name of individu	al signing as e	mployer or plan sponsor		
Preparers	name (including firm name	, if applicable) and address (inclu	de room or suite numbe	r)	Preparer's tele	ephone number		
For Paperwa	ork Reduction Act Notice, se	e the Instructions for Form 5500-SF						

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6a L		of an indepen	dent qualified publ	0.0000	intent /				No
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibilit	v and conditi	ons.)						
	If you answered "No" to either line 6a or line 6b, the plan car	nnot use For	m 5500-SF and m	ust ins	tead us	se Fo	rm 5500)	-
P	If the plan is a defined benefit plan, is it covered under the PBGC art III Financial Information	insurance pr	ogram (see ERISA	section	4021)	?	Yes	No Not determ	nined
7	Plan Assets and Liabilities		<u> </u>			r			
<u>–</u>		80000	(a) Beginnin			<u> </u>		(b) End of Year	
	Total plan assets			941	002	<u> </u>		1081250	
	Total plan liabilities				_				
_	Net plan assets (subtract line 7b from line 7a)	CONTRACTOR OF A		941	002			1081250	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amo	unt				(b) Total	
a	(1) Employers	. 8a(1)		8	121				
	(2) Participants			_	316	113115			
	(3) Others (including rollovers)			19	510				
b				440	24.4				
				112	811				
ď	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				2.1.5.00		140248	
	to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)				-+				1 = 7
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses					<u></u>			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			0.000	011-222				26 0
	Net income (loss) (subtract line 8h from line 8c)								
÷	Transfers to (from) the plan (see instructions)	<u>8i</u>						140248	
Pa	t IV Plan Characteristics	8j					1.0		
9a	If the plan provides pension benefits, enter the applicable pension	feature code	s from the List of F	lan Cha	aracteri	stic C	odes in i	the instructions:	
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for								
De									
Par 10	Compliance Questions During the plan year:				1				
a		tions within th	time period	<u> </u>	Yes	No	N/A	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu	ciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not incl	ude transactions	105		х			
С	Was the plan covered by a fidelity bond?			10c	x	-			5000
d		fidelity bond	that was caused	100 10d		x			
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.).			10a	x				45
f	Has the plan failed to provide any benefit when due under the plan			10f	┝──╂	x		······································	—
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x				038
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instructio	ons 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	e required no	tice or one of the	101	-+				
							the second second	and the second	

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Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)			SB		Yes	No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	ode or so	otion 202	of	Тп	Yes X	
ERISA?					_	
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.	lonth	and enter Da		e of the le Yea		9
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1						
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				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	eft of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	4
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes		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 brough control of the PBGC?			Yes	X No		
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plar	n(s) to				
13c(1) Name of plan(s):	13c	(2) EIN(s)		13c	3) PN(s)	
					<u>, (</u> ,	
Part VIII Trust Information					_	
14a Name of trust		445 -		<u> </u>		
		140 1	rust's E	IN		
14c Name of trustee or custodian				or custor e number		
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan? If "No," skip b	Yes] 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:		ign-based harbor		"Prior y test	ear" ADF	>
		rent year" ? test		N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rat per test	centage		erage hefit test	<u> </u> №/	/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?	Yes		[
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number						f
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	r the date	of the mo	st recen	t determi	nation	
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 separation.	ted from	Yes	Π	No		
service?			-			