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 section 6058(a) of the Internal Revenue Code (the Code).

2010

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010			
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В -	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progr	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
ACCI	ESSVIA, INC. SNAPPY 401(K)	PLAN				plan number	001		
					10	(PN)	of plan		
					10	Effective date of 01/01/			
	Plan sponsor's name and addressVIA, INC.	ess (employer, if for single-employer	r plan)		2b	Employer Ident	ification Number		
71001	2007171, 1110.				2c	Plan sponsor's	telephone number		
	WESTERN AVENUE, NO. 530 ITLE, WA 98121-1028					206-285-4994			
	,				2d	Business code 51121	(see instructions)		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's			
ACCI	ESSVIA, INC.	SEATTLE, V		IÚE, NO. 530 1028	3c	91-133 Administrator's	telephone number		
4 1	f the name and/or EIN of the pla	an sponsor has changed since the la	ıst return/re	port filed for this plan, enter the		206-285-4994 4b EIN			
ı	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name	•					
52	Total number of participants at	the beginning of the plan year				PN	38		
		the end of the plan year			5a	35			
		ith account balances as of the end o			5b				
				•	5c		27		
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQ			X Yes ☐ No		
				ions.)SF and must instead use Form 55		•••••			
Pa	rt III Financial Informa		0	or and made motoda add r orm do					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year		
а	Total plan assets		7a	1465445	5	()	1725125		
b	Total plan liabilities			560	50 150				
С	Net plan assets (subtract line 7	7b from line 7a)	7с	1464885	5		1724975		
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b)	Total		
а	Contributions received or received			51263	3				
				120654					
				120032	_				
	, ,)	` '	127486					
	,	- / /		127400	,		299403		
C C		8a(2), 8a(3), and 8b)	8c				299403		
d		rollovers and insurance premiums	8d	38728	3				
е		tive distributions (see instructions)		500	4				
f	Administrative service provider	rs (salaries, fees, commissions)	8f	585					
g	•						00010		
h		8e, 8f, and 8g)					39313		
į		e 8h from line 8c)					260090		
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charace 2E 2F 2J 2K 2G 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charace				
ırt	V Compliance Questions				
)	During the plan year:		Yes	No	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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		220000
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		X	
е	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		X	
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 of year end.)	10g	X		50272
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			
rt	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				` X X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	302 of I	ERISA? Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver				
lf y	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	
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 (enter a minus sign to the left of	of a		12d	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

N/A

No

No

Yes

Yes X No

Yes

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under 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 SB 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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/06/2011	KEVIN BOERCKER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

Pension Benefit Guaranty Corporation

	V Complete an entries in accor	ualice wit	n the manuc	cuons to the Form se	00-01.		
P	art I Annual Report Identification Information						
Foi	calendar plan year 2010 or fiscal plan year beginning	01/01/2	2010	and ending		12/31/201	.0
Α	This return/report is for: Single-employer plan	multiple-	employer plar	(not multiemployer)		one-participa	nt plan
	This return/report is for: first return/report	final retu	rn/report			_	
_	an amended return/report	<u>.</u>	•	report (less than 12 m	onths)		
_		4	c extension	roport (1000 than 12 h	o,	☐ DFVC progra	ım
C		J	CEXICIISION			D bi vo biogia	•
	special extension (enter descripti						
***************************************	art II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan				1b	Three-digit plan number	
	ACCESSVIA, INC. SNAPPY 401(K) PLAN				ļ	(PN)	001
					10	Effective date of	
						01/01/199	
2a	Plan sponsor's name and address (employer, if for single-employer ACCESSVIA, INC.	r plan)			2b	Employer Identi	fication Number
	ACCESSVIA, INC.					(EIN) 91-133	2718
					2c		elephone number
	3131 WESTERN AVENUE, NO. 530				04	(206) 285-	
	SEATTLE		147 7	98121-1028	20	Business code (511210	see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, e	enter "Sam		90121-1020	3h	Administrator's I	=IN
- u	SAME	ontor our	. ,			, idiiiiiioti atoi o i	
					3c	Administrator's 1	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la		eport filed for	this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	oi s name			4c	PN	
5a	Total number of participants at the beginning of the plan year					<u> </u>	38
	Total number of participants at the end of the plan year				—		35
	Total number of participants with account balances as of the end of				5b		33
·	complete this item)				. 5c		27
6a	Were all of the plan's assets during the plan year invested in eligib						X Yes No
	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 6a or 6b, the plan cannot use F	orm 5500-	SF and mus	t instead use Form 5	500.		
	it III Financial Information	To be seen as	1				
7	Plan Assets and Liabilities		(a) E	Beginning of Year	_	(b) End	
а	Total plan assets	7a		1,465,4	45		1,725,125
b	Total plan liabilities	7b		5	60		150
C	Net plan assets (subtract line 7b from line 7a)	. 7c		1,464,8	85		1,724,975
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal
а	Contributions received or receivable from:			r1 0			
	(1) Employers	. 8a(1)		51,2	38248		
	(2) Participants		ļ	120,6	54		
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	8b		127,4	86	24	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					299,403
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	. 8d		38,7	∠8		
е	Certain deemed and/or corrective distributions (see instructions)	. <u>8e</u>			4.6		
f	Administrative service providers (salaries, fees, commissions)	. 8f		5	A - 170000		
_					85		
g	Other expenses			J	85		
9 h	Other expenses (add lines 8d, 8e, 8f, and 8g)	. 8g		J	85		39,313
		. 8g . 8h			85		39,313 260,090

Form	5	5	0	n	-S	F	21	71	(

Plan Characteristics

Part IV

Page 2-		
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9a	If the plan provides pension benefits, enter the applicable pension feature of the plan provides pension benefits, enter the applicable pension feature of the plan provides pension benefits, enter the applicable pension feature of the plan provides pension benefits, enter the applicable pension feature of the plan provides pension benefits, enter the applicable pension feature of the plan provides pension benefits, enter the applicable pension feature of the plan provides pension benefits, enter the applicable pension feature of the plan provides pension benefits and the plan provides pension benefits are the plan provides pension feature of the plan provides pension benefits are the plan provides pension feature of the plan pension feature of the plan provides pension feature of the plan provides pension feature of the plan pens	odes from the	List of Plan Chara	cteris	tic Co	des in	the instructio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare feature co	des from the l	List of Plan Charad	cterist	ic Cod	les in t	he instructior	ns:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Aı	mount		
а	Was there a failure to transmit to the plan any participant contributions with 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co.	rection Progra	am)	10a		Х				
b										
C	Was the plan covered by a fidelity bond?			10c	Х			2	25,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity be or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other person insurance service or other organization that provides some or all of the ber instructions.)	efits under the	e plan? (See	10e		Х				
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 of year	end.)		10g	Х			ı	50,272	
h	If this is an individual account plan, was there a blackout period? (See instraction 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3	ed notice or on	e of the	10i		Х				
Part										
11	Is this a defined benefit plan subject to minimum funding requirements? (If 5500))	'Yes," see inst	tructions and comp	plete	Sched	ule SB	(Form	Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirem							Yes	X No	
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortigating the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For		Mont					letter ru ear		
	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 resu negative amount)	lt (enter a mini	us sign to the left of	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the fundir	g deadline?					Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan year of	any prior yea	r?		Г			Yes	X No	
L	If "Yes," enter the amount of any plan assets that reverted to the employer	his year				13a				
	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?					ntrol		Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	an to another	pian(s), identily th	ie piai			700			
1	3c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will l	e assessed i	unless reasonabl	e cau	se is	establi	ished.			
SBo	r penalties of perjury and other penalties set forth in the instructions, I declar Schedule MB completed and signed by an enrolled actuary, as well as the , it is true, correct, and complete.									
SIGI	08	128/2011	DEAN A. SLE	EEPE	R					
HER			Enter name of in	dividu	al sign	ning as	plan admini	strator		
SIGN	08	1001001	DEAN A. SLE							
HER	Signature of employer/plan sponsor Date	08	Enter name of inc	dividu	al sigr	ning as	employer or	plan sp	onsor	