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 Revenue Code (the Code).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		Complete all entries in a	ccordance with the motion	ctions to the Form 55	00-31.					
Part		: Identification Information								
For ca	lendar plan year 2012 or f	iscal plan year beginning 01/01	/2012	and ending	12/31/2	2012				
A Thi	s return/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-participant plan				
B Thi	s return/report is:	the first return/report	the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)									
C Ch	eck box if filing under:		DFVC program							
		special extension (enter desc	cription)							
Part	II Basic Plan Info	ormation—enter all requested in	formation							
1a Na	ame of plan	·			1b	Three-digit				
ACCES	SVIA, INC. SNAPPY 401(K) PLAN				plan number				
						(PN) ▶ 001				
					1c	Effective date of plan 01/01/1999				
2a PI	an sponsor's name and a	ddress; include room or suite numb	er (employer if for a single	-employer plan)	2h	Employer Identification Number				
ACCES	SVIA, INC.	darooo, morado room or oano namb	or (omproyor, in for a oringio	omployor plany		(EIN) 91-1332718				
					2c	Sponsor's telephone number				
	ESTERN AVENUE, NO. 5	530				206-285-4994				
SEATTI	LE, WA 98121-1028				2d	Business code (see instructions) 511210				
3a PI	an administrator's name a	nd address XSame as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's EIN				
					2-					
					3C	Administrator's telephone number				
4 If	the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b	EIN				
name, EIN, and the plan number from the last return/report.						4c PN				
	oonsor's name									
		s at the beginning of the plan year.				32				
		s at the end of the plan year			. 5b	34				
		account balances as of the end of			. 5c	24				
		ts during the plan year invested in								
		of the annual examination and repo								
		6? (See instructions on waiver eligit				X Yes No				
		either line 6a or line 6b, the plan								
Cautio	on: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is	established.				
		ther penalties set forth in the instru	•							
SB or	Schedule MB completed a	and signed by an enrolled actuary,								
belief,	it is true, correct, and com	plete.								
SIGN	Filed with authorized	I/valid electronic signature.	07/29/2013	DEAN A. SLEEPER						
HERE	Signature of plan	administrator	dual siç	ning as plan administrator						
SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individ						ividual signing as employer or plan sponsor				
Prepar		name, if applicable) and address; in	nclude room or suite number			parer's telephone number (optional)				

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Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a	Total plan assets						2206679		
	plan liabilities						0		
	Net plan assets (subtract line 7b from line 7a)	7c	172697	<u>0</u> '9			2206679		
	ncome, Expenses, and Transfers for this Plan Year (a) Amoun						(b) Total		
	Contributions received or receivable from:		(a) ranount				(5) 10141		
	(1) Employers								
	(2) Participants	8a(2)	21851	7					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	18929	00					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					500360		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2019)4					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	46	6					
q	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					20660		
	Net income (loss) (subtract line 8h from line 8c)	8i					479700		
	Transfers to (from) the plan (see instructions)	8j		0			110100		
Par	t IV Plan Characteristics	oj .		0					
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2G 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а						X	Amount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a 10b		X			
	Was the plan covered by a fidelity bond?				Χ				
				10c	^		221000		
d	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan					X			
	· · · · · · · · · · · · · · · · · · ·			10f	V				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		,	10g	X		14656		
h	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							
Part	VI Pension Funding Compliance								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of the letter ruling Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	•					Т		
b	b Enter the minimum required contribution for this plan year								

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	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		
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 X 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 brought under the of the PBGC?	control		Yes X No
С	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		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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 filled 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information	s to the Form 5500-	SF.				
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012	and ending	12/31/2012				
A This return/report is for: a single-employer plan a multiple-employer plan (n		a one-participant plan				
B This return/report is:						
an amended return/report a short plan year return/report	ort (less than 12 mor	nths)				
C Check box if filing under: Form 5558 automatic extension		DFVC program				
special extension (enter description)						
Part II Basic Plan Information—enter all requested information						
1a Name of plan		1b Three-digit plan number				
ACCESSVIA, INC. SNAPPY 401(K) PLAN	L	(PN) ► 001				
	Γ	1c Effective date of plan				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer	ever alan)	01/01/1999				
ACCESSVIA, INC.	oyer plan)	2b Employer Identification Number (EIN) 91-1332718				
·	ľ	2c Sponsor's telephone number				
2121 MEGRUPA NURNUE NA C2A	<u>L</u>	(206) 285-4994				
3131 WESTERN AVENUE, NO. 530		2d Business code (see instructions)				
3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Name	121-1028 Inser Address	511210 3b Administrator's EIN				
Can control of the co	_	OF MORNINGERON SERV				
		3c Administrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this name, EIN, and the plan number from the last return/report.	s plan, enter the	4b EIN				
a Sponsor's name		4c PN				
5a Total number of participants at the beginning of the plan year	}- -	5a 32				
b Total number of participants at the end of the plan year		5b 34				
c Number of participants with account balances as of the end of the plan year (defined benefit pla	ans do not	5c 24				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.						
b Are you claiming a walver of the annual examination and report of an independent qualified pub	blic accountant (IQP	A) 0 0				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		XI Yes ∐ No				
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and r						
Caution: A penalty for the late or incomplete filling of this return/report will be assessed unles. Under penalties of perjury and other penalties set forth in the Instructions, I declare that I have exam						
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of	of this return/report.	and to the best of my knowledge and				
belief, it is true, correct, and complete.						
	AN A. SLEEPE	R				
HERE Signature of plan admiristrator Date En	nter name of individu	at signing as plan administrator				
SIGN 1/25/10EA	an a. Sleepei	R				
		al signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (opt	otional)	Preparer's telephone number (optional)				
	Ļ					
	1	. •				

Form 5500-SF 2012			_			(b) End of Year
Part III Financial Information		(a) Beginning of Year 1,726,	979			2,206,679
7 Plan Assets and Liabilities	7a	271247	0			0
a Total plan 889815	7b	1,726,	979	-		2,206,679
b Total plan liabilities	7c	1,720,		├─		(b) Total
C Net plan assets (subtract line 7b from line 7a)	·	(a) Amount		├─		(b) (viai
8 Income, Expenses, and Transfers for this Plan Year		92	, 553	3		
a Contributions received or receivable from: (1) Employers	8a(1)	218	,51	1		
(2) Participants	8a(2)			1		
(3) Others (including rollovers)	8n(3)	189	, 29			
b Other income (loss)	. 8b			1-		500,360
C. Total Income (add lines 8s(1), 8a(2), 8a(3), and 8b)	. 8c			+		
d. Benefits neid (including direct rollovers and insurance premiums	١	20	, 19	4		
to provide benefits)				0		
e Certain deemed and/or corrective distributions (see instructions).	<u>8e</u>		46	6		
f Administrative service providers (salaries, fees, commissions)				0		
g Other expenses	<u>8g</u>			╅		20,660
h Total expenses (add lines &d, Se, &f, and &g)				+		479,700
Net income (loss) (subtract line 8h from line 8c)	81			0		
j Transfers to (from) the plan (see instructions)	··· 8 <u>]</u>			<u> </u>		
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2G 2R 3D b If the plan provides welfare benefits, enter the applicable welfare					_	
Part V Compliance Questions						1
10 During the plan year:			_	Yes	No	Amount
Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F	duciery C	orrection Program)	10a		x	
b Were there any nonexempt transactions with any party-in-intere on line 10a.)		***************************************	10b		Х	
C Was the plan covered by a fidelity bond?			10c	X		221,000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?		-			х	
insurance service or other organization that arreides agents, or o	ther pers	ons by an insurance carrier.	10d		_	
			10e		Х	
the plant taked to provide any benefit when due under the p	lan?		10f		X	
g Did the plan have any participant loans? (if "Yes," enter amount	as of yea	r end.)	10g	X	_	14,656
2520.101-3.)	? (See ins	tructions and 29 CFR	103			14,000
if 10h was answered two and the same same same same same same same sam	*********	***************************************	10h		X	
exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance	01-3		101			
11 Is this a defined benefit to						
11 Is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)	ments? (if	"Yes," see instructions and com	plete :	Sched	ule Sf	3 (Form
III "TOS." COmplete Una 40 "	i i edmisti	IEIIIS OI Soction 449 at the ac-			1a	
granting the webes	na amadi		OF Sec	ilon 3	02 of	ERISA? Yes No
granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedul	-9 mini 05	eu in unis plan year, see instruct	ions,	and en	ter th	e date of the letter miles
if you completed fine 12a, complete lines 3, 9, and 10 of Schedul b Enter the minimum required contribution for this plan year	e MB (Fo	m 5500), and skip to line 13.			Day	Year
To the second se	**********		******	1:	2b	

	F	orm 5500-SF 2012			Page 3		_						
- d		r the amount contributed by the en ract the amount in line 12c from th					Ţ	12c					
	nega	tive amount)	<u> </u>		auca a umina aitu	i io na iai oi s		12d					
8	Walt	he minimum funding amount repo	ted on line 12d be met by t	the funding	deadline?	************			□ Y ₁	es [No	, [N/A
Part	VII	Plan Terminations and 1	ransfers of Assets										
13a	Has	a resolution to terminate the plan bee	n adopted in any plan year?	***************************************	************	**********			Yes	X No			
	II Ye	es," enter the amount of any plan a	ssets that reverted to the e	employer thi	s year	*****************		13a					-
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					e co	ontrol			П	Yes	No No		
C	lf du	ring this plan year, any assets or li h assets or flabillities were transfer	abilities were transferred fo										
1	3c(1)	Name of plan(s):					13	c(2) E	IN(s)		13	ic(3)	PN(s)
Pin-4	X on		-0										
		Trust Information (option	181)		<u> </u>								
148	Name	of trust					1	4b T	'rusl's	EIN			