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

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information						
For	or calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009						
Α	This return/report is for: Single-employer plan	one-participant plan					
В	This return/report is for: first return/report	t return/report final return/report					
	an amended return/report	year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558		DFVC program				
	special extension (enter description	n)			_		
Pa	art II Basic Plan Information—enter all requested informa	ation					
	Name of plan			1b	Three-digit		
DOV	ETAIL, INC. 401(K) PROFIT SHARING PLAN				plan number		
			10	(PN)			
				'	Effective date of plan 07/01/2001		
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number		
DOV	ETAIL, INC.				(EIN) 91-1724608		
4200	A EDEMONT AVE NODTH			2c	Plan sponsor's telephone number 206-545-0722		
) FREMONT AVE NORTH TTLE, WA 98103			2d	Business code (see instructions)		
					236200		
	Plan administrator's name and address (if same as Plan sponsor, en ETAIL, INC. 4300 FREMO			3b	Administrator's EIN		
DOV	ETAIL, INC. 4300 FREMO SEATTLE, W		NORTH	30	91-1724608 Administrator's telephone number		
					206-545-0722		
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Sponsor	rs name		4c	PN		
5a	Total number of participants at the beginning of the plan year				35		
b				5b	31		
С	Total number of participants with account balances as of the end of			0.0			
	complete this item)			5c	27		
6a	, , , ,		,		Yes No		
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•				
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	40456	3	651444		
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	40456	3	651444		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	3674	4			
	(2) Participants	8a(2)	11035				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	13579	0			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			282888		
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	3600	/			
e	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			36007		
i :	Net income (loss) (subtract line 8h from line 8c)	8i			246881		
J	Transfers to (from) the plan (see instructions)	8j					

Form 5500-SF 2009	Page 2- 1
-------------------	------------------

		•	
Part IV	Dian	(`haract	Orietics
гант	ган	CHALACI	.ci isiics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

2E 2F 2J 2K

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

		plan provides wellare benefits, enter the applicable wellare realtire codes from the List of Flan Chara	1010110		200 111		otionio.		
art	٧	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amo	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					1000000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					112232
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					<u> </u>	Yes	X No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.		Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ting the waiver							
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		I			
b	Ente	r the minimum required contribution for this plan year			12b				
		r 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 left tive amount)			12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	Ю	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?			ntrol	•		Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3	PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	ished.			
Jnde SB or	r pena Sche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	urn/re _l	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	06/29/2010	ADAM TURNER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/29/2010	ADAM TURNER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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).

Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

Part I Annual Report Identification Information											
For	the calendar plan year 200	9 or fiscal plan year beginning	2009-	-01-01	and ending	200	09-12-31				
Α	This return/report is for:	x single-employer plan	multiple-er	mployer plan (n	ot multiemployer)	one-participant plan					
В	This return/report is for:	first return/report	final return	/report		_					
	an amended return/report short plan year return/report (less than 12 mont)										
С	Check box if filing under:	Form 5558	automatic	extension		Γ	DFVC program	m			
		special extension (enter descript	ப ion)			_	, ,				
_	art II Basic Plan In	formation enter all requested in									
	Name of plan	TOTTINGTION enter air requested in	HOTHIAUUT.			1b T	hree-digit	·····			
DOVETAIL, INC. 401(K) PROFIT SHARING PLAN						р	lan number	001			
	DOVERALL, INC. 401	(A) PROFIL SHARING PLAN					(PN) ▶ 001 1C Effective date of plan				
							2001-07-01				
2a		ddress (employer, if for single-employe	r plan)				mployer Identif				
	DOVETAIL, INC.						EIN) 91-172	24608 elephone number			
	4300 FREMONT AVE N	ORTH					1206) 545-0				
បន	SEATTLE	WA 98103						see instructions)			
		and address (If same as plan employer,	enter "Same"	<u></u>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	:36200 kdministrator's E	IN			
	Same			,							
						3c A	dministrator's to	elephone number			
	If the name and/or FIM of th	ne plan sponsor has changed since the	fact return/ren	ort filed for this	olon, enter the	4b EIN					
7		mber from the last return. Sponsor's Na		on med for this	plati, effici tile	4c PN					
5a				······································		5a					
oa b	, ,	s at the beginning of the plan years at the end of the plan year			ŀ	5b		35 31			
C		s with account balances as of the end o									
		· · · · · · · · · · · · · · · · · · ·				5c		27			
6a	· ·	s during the plan year invested in eligible	· ·	•		• •		X Yes No			
D		f the annual examination and report of ? (See instructions on waiver eligibility a	,		` '			X Yes No			
	If you answered "No" to ei	ither 6a or 6b, the plan cannot use Fo	orm 5500-SF a	and must inste	ad use Form 5500.						
Pa	rt III Financial Info	rmation									
7	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End	of Year			
а	Total plan assets		7a		404,563			651,444			
b	Total plan liabilities .		7b								
С	Net plan assets (subtract lin	e 7b from line 7a)	7c		404,563			651,444			
8	Income, Expenses, and Train	nsfers for this Plan Year		(8	a) Amount	No. 20. (20.)	(b) T	otal otal			
а	Contributions received or re- (1) Employers	ceivable from:	8a(1)		36,744						
			8a(2)		110,354						
	•	ers)			,						
b	- · · · · · · · · · · · · · · · · · · ·				135,790						
С	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			à		282,888			
d	, , ,	ct rollovers and insurance premiums									
			<u> </u>		36,007						
e		ective distributions (see instructions) .	\			-					
f		ders (salaries, fees, commissions)									
g	·	• • • • • • • • • • • • • • • • • • •		geronga kitak		1459758 11					
h :	•	d, 8e, 8f, and 8g)				i:		36,007			
1		ne 8h from line 8c)	}			3. (83.855)		246,881			
		A SECTION AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT ASSESS	3 XI			 * ***********************************	医二氏性乳腺性乳腺性皮肤 医皮肤 医二氏虫虫 医皮肤炎 医甲基二氏				

		Form 5500-SF (2009)	F	age 2-		_				
Pa	rt IV	Plan Characteristics								
	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
		r prantiple made monare solitone, and the approach monare real		or rian onaracion						
Pa	rt V	Compliance Questions						,		
10	Du	ring the plan year:				Yes	No	Aı	mount	
a		as there a failure to transmit to the plan any participant contribution			10a		x			
k	o w	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar ere there any nonexempt transactions with any party-in-interest? (I line 10a.)	Do not include transa	ctions reported	10b		х			
c	: w	as the plan covered by a fidelity bond?			10c	х			1,0	00,000
c	Di	If the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?	elity bond, that was c		10d		х			
e	ins	ere any fees or commisions paid to any brokers, agents, or other purance services or other organization that provides some or all of tructions.)	the benefits under the	e plan? (See	10e		x			
f		s the plan failed to provide any benefit when due under the plan?			10f		х			
ç		I the plan have any participant loans? (If "Yes," enter amount as o			10g	х			1	12,232
h	l Ift	nis is an individual account plan, was there a blackout period? (Se 20.101-3.)	e instructions and 29	CFR	10g		х			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i					
	_	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirement							□Yes	X No
12		his a defined contribution plan subject to the minimum funding req							Yes	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab								
a	gra	waiver of the minimum funding standard for a prior year is being a nting the waiver		Mon						
b		completed line 12a, complete lines 3, 9, and 10 of Schedule Mi		· ·		Г	12b			
C		er the minimum required contribution for this plan year					12c			
d	Su	otract the amount in line 12c from the amount in line 12b. Enter the patrior this part				.	12d			0
е	Wi	I the minimum funding amount reported on line 12d be met by the	funding deadline? .					Yes [No []N/A
CONTRACTOR OF	The second second	Plan Terminations and Transfers of Assets	9							
		s a resolution to terminate the plan been adopted during the plan y	ear or any prior year	?					Yes	X No
		Yes," enter the amount of any plan assets that reverted to the emp					13a			
b	of t	re all the plan assets distributed to participants or beneficiaries, tra					rol		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the p	lan(s)	to				
	13c() Name of plan(s):				13	c(2) E	IN(s)	13c(3) F	PN(s)

		penalty for the late or incomplete filing of this return/report v								
SB o	r Sch	alties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have exa the electronic version	amined this return/re n of this return/repo	eport, rt, and	includ to th	ding, if ie best	applicable, a of my knowle	Schedule edge and	
		Polis	6/8/10	Adam Tu	ım	2				
SIC	100000	Signature of plan administrator	Date	Enter name of indi			ing as	nlan administ	trator	
SIC		all 111 -	6/8/10	A 1	widua			pian administ		
	DE	Signature of employer/plan sponsor	Date	Enter name of indi	n = 000000000 = 0	NS DIGIT IN		employer or r	olan spone	or .
ALCOHOLD !	THE PERSON NAMED IN	A 20 20 20 20 20 20 20 20 20 20 20 20 20	- 2.0	oramo or ma	···ua	. 0.911	9 43	ampioyor or h	,an oponst	J.