## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number DOVETAIL, INC. 401(K) PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 07/01/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DOVETAIL, INC. 91-1724608 (EIN) 2c Sponsor's telephone number 206-545-0722 4300 FREMONT AVE NORTH SEATTLE, WA 98103 2d Business code (see instructions) 238300 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1724608 4300 FREMONT AVE NORTH DOVETAIL INC SEATTLE, WA 98103 3c Administrator's telephone number 206-545-0722 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 25 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 19 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 825132 840546 Total plan assets..... 7a 7b Total plan liabilities..... 825132 840546 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 27897 8a(1) (1) Employers ..... 73575 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -20378 **b** Other income (loss)..... 8b 81094 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 65680 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 65680 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 15414 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

Form	5500-	SF	201

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Part IV	I Plan	Charac	cteristics

- **9a** 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:

Part	V Compliance Questions			ı			
10	During the plan year:		Yes	No	A	Mount	
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			100	00000
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	Χ				31565
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			•	☐ Yes >	X No
12	5500))					Yes	× No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00	otion	JOZ 01 1	LICIO/C:		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc						
14.	granting the waiverMont you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day	`	′ear	
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of						
-	negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	′es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				_
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) P	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ıse is	establ	ished.		
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					le, a Sched	lule

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.	07/12/2012	SCOTT EDWARDS			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	07/12/2012	SCOTT EDWARDS			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			

## Form 5500-SF

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## 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

98	art   Annual Report	Identification Information							
Fort	he calendar plan year 2011 or f	······································	01/0	1/2011	and ending	12	/31/2011		
A 1	This return/report is for:	x a single-employer plan	a multiple	-employer plan	(not multiemployer)	Г	a one-participant plan		
	This return/report is:	the first return/report		eturn/report	,	L			
	THO PORTINI POPOLETA.	· '	<del> </del>	'					
<u>.</u>		an amended return/report		•	eport (less than 12 mo	ontns) –			
U	Check box if filing under:	Form 5558	<b>→</b>	extension			DFVC program		
		special extension (enter description	on)						
Pa	rt II   Basiç Plan Info	rmation enter all requested int	iormation.	<del></del>					
1a	Name of plan						Three-digit		
	DOVETAIL, INC. 401(K	) PROFIT SHARING PLAN					olan number PN) ► 001		
						-	Effective date of plan		
		Millian Marian Mari				E .	07/01/2001		
2 <b>a</b>	Plan sponsor's name and addr DOVETAIL, INC.	ress; include room or suite number (e	imployer, if fo	or single-employ	er plan)	2b	Employer Identification Number		
	DOTMINING THU,						EIN) 91-1724608		
							Plan sponsor's telephone number		
	4300 FREMONT AVE NOR	гн					(206) 545-0722		
***	SEATTLE						Business code (see instructions)		
us Ja		wA 98103 address (if same as plan sponsor, e	nter "Same")			ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Administrator's EIN		
	Same	addition (if salifo do plati sponsor, ci	moi dame,			34	Administrators EIN		
						3-			
						3C /	Administrator's telephone number		
	The state of the s	***************************************	***************************************						
4	If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the later from the last return/report	ast return/rep	ort filed for this	plan, enter the	4b EIN			
	Sponsor's Name	or work the last return report.				4c PN			
		the beginning of the plan year				5a	25		
		the end of the plan year				5 <b>b</b>	25		
		count balances as of the end of the p				5 <b>c</b>	and the second s		
6 <b>a</b>	Were all of the plan's assets du	ring the plan year invested in eligible	assets2 (Se	e instructions )	* * * * * * * * * * * * * * * * * * * *		19		
		e annual examination and report of a					Yes No		
	under 29 CFR 2520.104-467 (S	See instructions on waiver eligibility a	nd conditions	3.)			· · · · X Yes No		
		er 6a or 6b, the plan cannot use For	rm 5500-SF	and must inste	ad use Form 5500.				
Par	t III   Financial Inform	ıation		·	**************************************				
7	Plan Assets and Liabilities			(a) <b>Be</b>	ginning of Year		(b) End of Year		
a	Total plan assets		. 7a		825,132		840,546		
þ	Total plan liabilities		. 7b		**************************************				
	Net plan assets (subtract line 7)		. 7c		825,132		840,546		
	Income, Expenses, and Transfe Contributions received or receiv			(6	) Amount		(b) Total		
	Continuations received or received.  (1) Employers		. 8a(1)		27,897				
	(2) Participants		. 8a(2)		73,575	7			
	(3) Others (including rollovers)		. 8a(3)						
	Other income (loss)		. 8b		(20,378)	1			
c ·	Total income (add lines 8a(1), 8	Ba(2), 8a(3), and 8b)	. 8c			_	21 004		
		ollovers and insurance premiums			65,680	-	81,094		
		ve distributions (see instructions)	, 8e			1			
		(salaries, fees, commissions)	. 8f			1			
		• • • • • • • • • • • •	. 8g			1			
-		e, 8f, and 8g)	. 8h		<del></del>	1	65,680		
	Vet income (loss) (subtract line					<del> </del>			
	Fransfers to (from) the plan (see	•	. 91	A			15,414		

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Page 2-	

	Form 5500-SF 2011	ρ	age 2-		-				
Part	IV Plan Characteristics								
	f the plan provides pension benefits, enter the applicable pension fe	ature codes from the Li	st of Plan Characte	ristic (	Codes	in the	instructions:		
	2E 2F 2J 2K								
D II	f the plan provides welfare benefits, enter the applicable welfare fea	lifile codes non the cis	OF FIAN CHARACTER	3110 01	Ju <del>e</del> a 1	ii uio ii	istructions.		
Part	V Compliance Questions			***************************************					
10	During the plan year:				Yes	No	А	mount	
a	Was there a failure to transmit to the plan any participant contribut	tions within the time per	iod described in	10-		x			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	iary Correction Program  2 (Do not include transa	n)	10a			·/		
a	on line 10a.)			10Ь		x	***************************************	***************************************	
C	Was the plan covered by a fidelity bond?			10c	х			1,	000,000
đ	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond, that was c	aused by fraud			x			
	or dishonesty?			10d		<del>  ^</del> _			
9	Were any fees or commissions paid to any brokers, agents, or othe insurance services or other organization that provides some or all	er persons by an insurar	nce carrier,						
	instructions.)	· · · · · · · · · ·	• • • • • • •	10e		X			
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	s of year end.)		10g	х				81,56
h	If this is an individual account plan, was there a blackout period? (	(See instructions and 29	CFR	100		x			
i	2520.101-3.)			1011	<del>                                     </del>	<del> </del>			
1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	<u></u>				
Parl	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500))							∐Yes	<b>X</b> No
12	Is this a defined contribution plan subject to the minimum funding								X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applied								
а	If a waiver of the minimum funding standard for a prior year is being	ng amortized in this plar	n year, see instruction	ons, a	nd en	ter the	date of the le	etter ruling	}
lf v	granting the waiver	MB (Form 5500), and	skip to line 13.			Ua		rear	and a lateral management of the lateral mana
b	Enter the minimum required contribution for this plan year				. [	12b			
C	Enter the amount contributed by the employer to the plan for this				1	12c			
đ	Subtract the amount in line 12c from the amount in line 12b. Enter	r the result (enter a mini	us sign to the left of	a		12 <b>d</b>			
	negative amount)				٠ ـ		l TYes	Пио	□N/A
	Will the minimum funding amount reported on line 12d be met by  VII Plan Terminations and Transfers of Assets		* * * * * *	• •		<u> </u>		1	
				······				Tyes	X No
ısa	Has a resolution to terminate the plan been adopted in any plan year. If "Yes," enter the amount of any plan assets that reverted to the				٦	13a	T		
b			plan, or prought un	der th	e con	troi	<u> </u>		
~	of the PBGC?							Yes	X No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	om this plan to another p	plan(s), identify the	pian(s	) to				
	13c(1) Name of plan(s):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		13	3c(2) ∈	IN(s)	13c(3	) PN(s)
		namen,		ļ					
	And the state of t	a will be consequed up	long regentation	1	• act	hlinba			
	on: A penalty for the late or incomplete filing of this return/report penalties of perjury and other penalties set forth in the instructions.							Schodul	Δ
SB or	r penames or penury and one penames set form in the instructions.  Schedule MB[cpmpleted and signed by an enrolled actuary, as well	l as the electronic version	on of this return/repo	ort, an	d to th	ne best	of my knowl	ledge and	i
	, it is true, correct, and complete		<b>-</b>						
SIG	in Mary Co	7/6/2012	Switt Edu				f# *	11	mbar
HE	RE Signature of plant derpinistrator	Date	Enter name of inc					***************************************	
SIG	sn yway	07/06/2012					lanagine	7	
HE	RE Signature of employer/plan sponsor	Date	Enter name of inc	dividu	al sign	ing as	employer of	plan spor	nsor
	•								