Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						e OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed u		nd 4065 of the Employe	e	2013		
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19	974 (ERISA), and sec Revenue Code (the C	tions 6057(b) and 6058	(a) of	This Form i	s Open to Public	
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection	
Part I		lentification Information						
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/2	2013		
A This ret	urn/report is for:			an (not multiemployer)		a one-particip	pant plan	
B This ret	urn/report is:		e final return/report					
		an amended return/report	short plan year returr	/report (less than 12 m	onths))		
C Check I	box if filing under:	Form 5558 a	utomatic extension			DFVC progra	m	
		special extension (enter description)						
Part II		nation—enter all requested information	on					
1a Name					1b	Three-digit plan number		
CHIHULY G	ARDEN AND GLASS RE					(PN)	001	
					1c	Effective date of	f plan	
						01/01/	2013	
CENTER AF		ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	P - 7	fication Number 54593	
	R AVENUE NORTH, SU	ITE 100			2c	Sponsor's telep 206-90		
SEATTLE, V					2d Business code (see instruction 712100			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN	
		<u> </u>						
4 If the r	name and/or EIN of the p	olan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN		
	EIN, and the plan numb	per from the last return/report.	·		4c			
		the beginning of the plan year				FN	97	
		t the end of the plan year			5a 5b		126	
		count balances as of the end of the pla			50		120	
	· ·			•	5c		118	
6a Were	all of the plan's assets o	luring the plan year invested in eligible	assets? (See instruct	tions.)			🗙 Yes 🗌 No	
		ne annual examination and report of an					X Yes 🗌 No	
		See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot						
-		plan, is it covered under the PBGC insu					Not determined	
		incomplete filing of this return/report					abla a Cabadula	
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well ete.						
SIGN	Filed with authorized/va	lid electronic signature.	07/28/2014	ROBIN YLVISAKER				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sig	gning as plan adn	ninistrator	
SIGN								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or p					r or plan sponsor			
Preparer's		ne, if applicable) and address; include i					number (optional)	

 Plan Assets and Liabilities a Total plan assets 	7.	(a) Beginning of Yea	ır			(b) End of Year	
a Total plan assets	7-						
	7a		0			133227	
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c		0			133227	
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
a Contributions received or receivable from:		1150	2				
(1) Employers		4156					
(2) Participants		8370	9				
(3) Others (including rollovers)		800	0				
b Other income (loss)				_		400074	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				_		133371	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
e Certain deemed and/or corrective distributions (see instructions)							
f Administrative service providers (salaries, fees, commissions)		14	4				
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)						144	
i Net income (loss) (subtract line 8h from line 8c)	8i					133227	
j Transfers to (from) the plan (see instructions)	····· 8j						
Part IV Plan Characteristics							
2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	e feature codes	from the List of Plan Charac	cteristi	c Cod	les in t	he instructions:	
During the plan year:				Yes	No	Amount	
 Was there a failure to transmit to the plan any participant contr 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F 			10a		Х	, anount	
b Were there any nonexempt transactions with any party-in-inter on line 10a.)	rest? (Do not inc	lude transactions reported	10b		Х		
C Was the plan covered by a fidelity bond?			10c	Х		1000000	
d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?			10d		Х		
e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)	other persons b all of the benefit	y an insurance carrier, ts under the plan? (See	10e		х		
${\bf f}$ ${\ }$ 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 amour	nt as of year end	.)	10g		Х		
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		Х		
 If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. 	d the required n	otice or one of the	10i		Х		
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for current year	ar from Schedule	e SB (Form 5500) line 39			11a		
12 Is this a defined contribution plan subject to the minimum fund	ing requirement	s of section 412 of the Code	e or se	ction :	302 of	ERISA? Yes X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bel							
			ctions,	and e		÷	
a If a waiver of the minimum funding standard for a prior year is a granting the waiver.	-		th		Day	Year	
	-	Mon	th		Day 12b	Year	

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 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?	Ye	es 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 🗙 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) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual R	eturn/Report o 3enefit Plan	f Small Employ	yee	0	MB Nos. 1210-0110 1210-0089		
Department of the Treasury		. -	2(013				
Internal Revenue Service Department of Labor Employee Benefits Security Administration	This form is required to be file Retirement Income Security Act of the Interna	e 3(a) of -	This Form Is Open to Public Inspection					
Pension Benefit Guaranty Corporation	0-SF.	insp						
	entification Information				A 101 1001			
For calendar plan year 2013 or fisc		1/01/2013	and ending		2/31/201			
	k] a single-employer plan	-	an (not multiemployer)		a one-participa	ant plan		
B This return/report is:	the first return/report	the final return/report	heart fam than 10 m	anthal				
Ĩ			/report (less than 12 m	_	DFVC program			
C Check box if filing under:	Form 5558	automatic extension		U	Di vo program			
	special extension (enter description			·				
	nation—enter all requested inform	alion		1b Th	ree-digit			
1a Name of plan Chibuly Garden and	Glass Retirement Plan				an number	0.01		
chinary barden and	Giudo Motifomonio Ilan			1	N) Ifective date of	001.		
					1/01/2013			
2a Plan sponsor's name and addr Center Art LLC	ess; include room or suite number (e	mployer, if for a single-	employer plan)	1	nployer Identifi IN) 27-2154			
Chihuly Garden and	Glass				ponsor's teleph			
223 Taylor Avenue M				· · · · ·	206) 905-:	ee instructions)		
-		WA	98109	4	13111ess code (s 12100	ee instructions)		
Seattle 3a Plan administrator's name and	address XSame as Plan Sponsor N		Sponsor Address	3b Administrator's EIN				
	()			3c Administrator's telephone number				
				JG AC	aninistrator s te	aehitona ironnei		
			: :					
A service of the serv	van sponsor has changed since the l	act tolurokonot filed fo	in this plan enter the	4b El	N			
4 If the name and/or EIN of the p name, EIN, and the plan number	per from the last return/report.	dat letoninoport ned it						
a Sponsor's name				4C PI	N	97		
. ,	t the beginning of the plan year							
	t the end of the plan year			<u>5b</u>		126		
C Number of participants with ac complete this item)	count balances as of the end of the	plan year (defined bene	efft plans do not	5c		118		
	during the plan year invested in eligib					X Yes No		
h Are you claiming a waiver of th	he annual examination and report of	an independent qualifie	ed public accountant (IQ	(PA)		X Yes 🗌 No		
under 29 CFR 2520.104-46?	See instructions on waiver eligibility ter line 6a or line 6b, the plan cann	and conditions.)	and must instead use	Form 55	500.			
If you answered "No" to elu	plan, is it covered under the PBGC in	or use Form 5500-51	FRISA section 4021)?	П ү	es ∏No ∏	Not determined		
Caution: A penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable car	use is es	tablished, iding if applica	ble a Schedule		
Under penalties of perjury and other SB or Schedule MB completed and belief, it is ince, correct, and completed	er penalties set forth in the instruction I signed by an enrolled actuary, as w ete.	ell as the electronic ver	sion of this return/repor	t, and to	the best of my l	knowledge and		
· 1//// ·	Me-li	7/22/11	Robin Ylvisako	er				
SIGN MAN 1	year	- <u>7/~//7</u>	Enter name of individ		no as nian adm	inistrator		
Signature of plan ad	ministrator	Date '		របាល សម្ភារព	ng na htarr adri			
SIGN HERE		Data	Entor name of Individ	ne of individual signing as employer or plan sp				
DERC Signature of employer/plan sponsor Date Enter name of individ Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of individ				Prepar	er's telephone	number (optional)		
t tobara a natio fatorania ann na	net a obbiographic and agained more		•• •		·			
	•	•						
				<u> </u>				
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the Ins	structions for Form 5500	-SF.	1	F	form 5500-SF (2013) v. 130118		

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Pa	rt III Financial Information		· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Y	'ear		
a	Total plan assets	7a			0			13	3,227	
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	70			0	0			3,227	
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
a	Contributions received or receivable from:	9.0/41	4	1,563						
L	(1) Employers	8a(1) 8a(2)		3,70						
	(2) Participants	8a(3)								
	Other income (loss)	8b		8,0	99 🖮					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					133,37			
	Benefits paid (including direct rollovers and insurance premiums	<u>``</u>								
	to provide benefits)	8d			\$93 					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		14	4					
	Other expenses	8g		interes.						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	144	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>				-		551 2022-22	3,227	
]	Transfers to (from) the plan (see instructions)	8j								
-	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare fer anticut for the second secon									
Par	V Compliance Questions									
10	During the plan year:			Yes	No	Amo	unt			
a	a 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 on line 10a.)			10b		х		<u> </u>		
С	Was the plan covered by a fidelily bond?		*******	10c	х			1,000	0,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
6	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	er persons of the bene	s by an insurance carrier, fits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	1?	*****	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	ond.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided in exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101		х				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	/es," see instructions and com	nplete	Sched	iule SI	3 (Form	Yes	X No	
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection a	302 of	ERISA?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				, and e	enter ti Day	ne date of the let Year		ıg	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.							
b	b Enter the minimum required contribution for this plan year									

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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 left of a negative amount)	12d				
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?	******	[] Ye	s	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 2	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?				Yes	⊠ No
C	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.)					
1	3c(1) Name of plan(s): 1	3c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)	, <u>, ,</u>		<u>1</u> .		
			14b Trust's EIN			
<u> </u>						