### 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).

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

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information						
For calend	lar plan year 2013 or	fiscal plan year beginning 01/01/2	013	and ending 1	2/31/2	2013		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
<b>B</b> This re	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	)		
C Check	box if filing under:			DFVC progra	ım			
	Ū	special extension (enter descrip	otion)			<b>—</b>		
Part II	Basic Plan Inf	ormation—enter all requested info	rmation					
1a Name		,			1b	Three-digit		
MUSIC GRO	OUP SERVICES US I	NC. 401K PLAN				plan number		
					10	(PN)	002	
					10	Effective date of 08/01/	•	
2a Plan s	sponsor's name and a	ddress; include room or suite number	(employer, if for a single-	emplover plan)	2h	Employer Identi		
	OUP SERVICES US		(*   1) 1   1   3	- 1 - 1 - 1		, ,	87630	
					2c	Sponsor's telep	hone number	
	TH CREEK PARKWA	AY				425-672	2-0816	
SUITE 200 BOTHELL, 1	WA 98011				2d	Business code (	,	
20.01			. По в	0 411	26	55111		
<b>3a</b> Pian a	administrator's name a	and address XSame as Plan Sponso	r Name Same as Plar	Sponsor Address	30	Administrator's I	EIIN	
					3с	Administrator's t	telephone number	
4 If the	name and/or FIN of t	he plan sponsor has changed since th	ue last return/report filed fo	or this plan enter the	4h	EIN		
		umber from the last return/report.		a tine plan, enter the	70	LIIV		
<b>a</b> Spons	or's name				4c	PN		
<b>5a</b> Total	number of participant	s at the beginning of the plan year			5a		71	
		s at the end of the plan year			5b	b		
		n account balances as of the end of th		-	5c		54	
6a Were	all of the plan's asse	ets during the plan year invested in eli	gible assets? (See instruc	tions.)			X Yes No	
		of the annual examination and report						
		6? (See instructions on waiver eligibili					X Yes   No	
		either line 6a or line 6b, the plan ca					] Not determined	
C if the	pian is a defined beni	efit plan, is it covered under the PBGC	Insurance program (see	ERISA Section 4021)?.		Yes INO	Not determined	
Caution: /	A penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	ıse is	established.		
		other penalties set forth in the instructi and signed by an enrolled actuary, as						
	true, correct, and cor		well as the electronic ver	sion of this return/report	., and	to the best of my	knowledge and	
	Filed with outborize	d/valid algetrapia aignatura	40/45/0044	50050 ANIZA DEDILA				
SIGN HERE		d/valid electronic signature.	10/15/2014	ESPERANZA REDILA	\			
	Signature of plan	administrator	Date	Enter name of individu	ual siç	gning as plan adn	ninistrator	
SIGN								
HERE		oyer/plan sponsor	Date	Enter name of individu				
Preparer's	name (including firm	name, if applicable) and address; inc	lude room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)	
•								

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Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Year	
a	Total plan assets	7a	(a) Beginning of Yea		+	804673		
<u>a</u>	Total plan liabilities	7a 7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	76 7c	80005				804673	
8	, ,	76						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
а	(1) Employers	8a(1)	7633	9				
	(2) Participants	8a(2)	7633	9				
	(3) Others (including rollovers)	8a(3)	609	)1				
b	Other income (loss)	8b	8559	4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					244363	
d	Benefits paid (including direct rollovers and insurance premiums	0.1	23953	Q				
	to provide benefits)	8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	20					
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g		0			200744	
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					239744	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					4619	
	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des 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	es in t	he instructions:	
Par	V Compliance Questions							
10					Yes	No	A	
a	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tione withi	n the time period described in		163	140	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
				10c		Χ		
	Did the plan have a loss, whether or not reimbursed by the plan's			100				
	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 instructions.)			10e		X		
f				10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q	Χ		7956	
h		•		J	Χ			
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the state of the s			10h				
	exceptions to providing the notice applied under 29 CFR 2520.10			10i	X			
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					_ay	1001	
	Enter the minimum required contribution for this plan year	(- 3.	,, p			12b		

Page	3 -		1
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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 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?	Y	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 coof the PBGC?	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 plan(s) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust'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

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2042

OMB Nos. 1210-0110

1210-0089

2013

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		► Complete all en	inoo iii accerac			0-01 .		
Part I		dentification Infor						
For calend	ar plan year 2013 or fis			01/2013	and ending		12/31/2013 —	3
A This ret	turn/report is for:	X a single-employer p	lan 📗 a	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	turn/report is:	the first return/repor	t ∐ t	he final return/report				
		an amended return/	report a	short plan year return	n/report (less than 12 m	onths)	)	
C Check	box if filing under:	X Form 5558		automatic extension			DFVC progra	ım
		special extension (e	nter description	)				
Part II	Basic Plan Infor	<b>mation</b> —enter all rec	uested informat	ion				
1a Name						1b	Three-digit	
MUSIC	GROUP SERVICES	US INC. 401K	PLAN				plan number (PN) ▶	002
						1c	Effective date of	f plan
							08/01/2009	
	ponsor's name and add GROUP SERVICES	ress; include room or si US INC.	uite number (em	ployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 35-228	
						2c	Sponsor's telepl	hone number
	NORTH CREEK PA	RKWAY					425-672-08	
SUITE :		WA	98011			2d	Business code (s 551112	see instructions)
		d address XSame as F		ıme VSame as Plan	Sponsor Address	3h	Administrator's E	=IN
<b>Ja</b> Flama	armiotrator o riamo ari		ian oponoor rea		r openior riadross		, tarrimotrator o E	
						3с	Administrator's t	elephone number
		plan sponsor has chan	•	st return/report filed fo	or this plan, enter the	4b	EIN	
name	, EIN, and the plan num	plan sponsor has chang ber from the last return	•	st return/report filed fo	or this plan, enter the			
name <b>a</b> Spons	, EIN, and the plan num or's name	ber from the last return	report.	<u> </u>	· ·	4c	EIN PN	
name a Spons 5a Total	, EIN, and the plan num or's name number of participants a	ber from the last return	report. lan year			4c 5a		71
name a Spons 5a Total i b Total i	, EIN, and the plan num or's name number of participants a number of participants a	ber from the last return at the beginning of the p at the end of the plan ye	report. lan yearar			4c		71 62
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name a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is is SIGN HERE	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the part the end of the plan year the end of the plan year count balances as of the during the plan year invertible annual examination (See instructions on wather line 6a or line 6b, plan, is it covered under incomplete filling of the plan year invertible annual examination plan, is it covered under incomplete filling of the penalties set forth in disigned by an enrolled lete.	report.  lan year  ar  ne end of the plance and report of artiver eligibility artiver eligibility article PBGC institute instructions, actuary, as well	an year (defined bene- e assets? (See instruct in independent qualifier and conditions.)	fit plans do not  tions.)	Form  See is boort, ir, and ila ual sigual s	PN    5500.   Yes  No  established.   ncluding, if applicate to the best of my  gning as plan adm	54  X Yes No X Yes No Not determined  able, a Schedule knowledge and

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		_
a	Total plan assets	7a	†	0005	4		(2) =	<u> </u>		046	73
	Total plan liabilities	7b			0						C
	Net plan assets (subtract line 7b from line 7a)	7c	81	0005	4				8	046	73
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
	Contributions received or receivable from:		` ,				(2)				
	(1) Employers	8a(1)	·	7633	9						
	(2) Participants	8a(2)		7633							
	(3) Others (including rollovers)	8a(3)		609	1						
b	Other income (loss)	8b	1	8559	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	443	63
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2:	3953	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f		20	6						
g	Other expenses	8g			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	397	44
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								46	19
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instruc	ctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruct	ions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		_
a				10a		Х		7 4111	-		
b	·	? (Do not	include transactions reported	10b		Х					
				40-		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's f	fidelity bo	nd, that was caused by fraud	10c		Х					
	or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or					3.7					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	Χ					79	56
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)			10h	Х						
i	,	e required	d notice or one of the	10i	Х						
Part						<u>I</u>					
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)								Yes	П	No
110	Enter the unpaid minimum required contribution for current year from the second s									т'	
	·		,			11a	EDIOAG	Г	Yes	\_/ N	No
12	Is this a defined contribution plan subject to the minimum funding	•		or se	ction	3UZ Of	EKISA?	LL	168	X I	40
	(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		,	ctions	and .	enter ti	l ne date of t	he I	atter ru	ina	
	granting the waiver.		Mon		anu	Day	uale UI	Yea		ıı ıy	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule  Enter the minimum required contribution for this plan year	-			1	12b					
()	r Emerine minimum required confibilion for this bian véar					10					

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 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 N	0
	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):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	<b>14b</b> ⊤	rust's EIN	

Form 5500-SF 2013

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## (Rev. August 2012)

Department of the Treasury Internal Revenue Service

to prepare this application.

Signature ▶

Identification

Part I

# Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558 OMB No. 1545-0212

File With IRS Only

Α	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identifying number (see instructions)									
	MUSIC GROUP SERVICES US INC.  Number, street, and room or suite no. (If a P.O. box, see instructions)			Employer identification number (EIN) (9 digits XX-XXXXXXX)  35-2287630							
	18912 NORTH CREEK PARKWAY SUITE 200		Socia	Lsecuri	ty number (SSN	J) (9 digits XXX	-XX-XXXX)				
	City or town, state, and ZIP code	1	000,0		.,	,, (e ag, , e a .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	BOTHELL, WA 98011										
С	Plan name			1	Plan year ending—						
	- Figure Harrie	r	numb	er	ММ	DD YYYY					
	MUSIC GROUP SERVICES US INC, 401K PLAN	0	0	2	12	31	2013				
Pai	t II Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SA								
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	first I	-orm	5500 s	series return/	report for th	e plan listed				
2	I request an extension of time until 10 / 15 / 2014 to file Form 8  Note. A signature IS NOT required if you are requesting an extension to file Form				nstructions).						
3	I request an extension of time until 10 / 15 / 2014 to file Form 8	3955-	SSA (	see in	structions).						
	Note. A signature IS NOT required if you are requesting an extension to file For	n 895	5-SS	A.							
Par	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the notation.  Extension of Time To File Form 5330 (see instructions)	this e	xtens	ion is							
4	I request an extension of time until / / to file Form	5330.									
	You may be approved for up to a 6 month extension to file Form 5330, after the	norm	al du	e date	of Form 533	30.					
а	Enter the Code section(s) imposing the tax	•	а								
						1 1					
b	Enter the payment amount attached		•		▶	b					
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a	men	dman	t data		c					
5	State in detail why you need the extension:	arrieri	arrieri	. date							
	otato in actaii iniy you need the extension										

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized

Date ▶