Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This 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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/15/1996

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.

PO BOX 10
WEST FRANKFORT, IL 62896

805 S LOGAN ST
WEST FRANKFORT, IL 62896

2b Employer Identification Number (EIN)
37-1354652

2c Sponsor's telephone number
618-937-6412

2d Business code (see instructions)
511110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/12/2012	KRISTEN AHLBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.

PO BOX 10
WEST FRANKFORT, IL 62896

3b Administrator's EIN
37-1354652

3c Administrator's telephone number
618-937-6412

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	442
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	385
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	66
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	451
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	452
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	280
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
37-1354652

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	RECORDKEEPER	9296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
37-1354652

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31856	31271
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	18825	18114
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1557527	1646190
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1608208	1695575
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1608208	1695575

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	172345	
	(C) Others (including rollovers)	2a(1)(C)	565	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		172910
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1056	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1059
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	55986	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		55986
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-85460
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		144495
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47832	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		47832
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9296	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9296
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		57128
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		87367
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KERBER ECK & BRAECKEL **(2)** EIN: 43-0352985

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
37-1354652

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

COMMUNITY MEDIA GROUP
MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

DECEMBER 31, 2011 AND 2010

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

DECEMBER 31, 2011 AND 2010

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CPAs and
Management Consultants

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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Community Media Group
Management Services, Inc.
Retirement Savings Plan
West Frankfort, Illinois

We were engaged to audit the accompanying statements of net assets available for plan benefits of Community Media Group Management Services, Inc. Retirement Savings Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for plan benefits for the years then ended and the supplementary schedule on page 12. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures on the information summarized in Note F, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing that information with the related information included in the financial statements and supplementary schedules. We have been informed by the plan administrator that the investment company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the investment company as of and for the years ended December 31, 2011 and 2010 that the information provided to the plan administrator by the investment company is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplementary schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the insurance company have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kerber, Eck & Braeckel LLP

Carbondale, Illinois
October 10, 2012

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR
PLAN BENEFITS

December 31

	2011	2010
ASSETS		
Investments (Note C)		
Interest in registered investment companies (mutual funds)	$ 1,646,190	$ 1,557,527
Money market funds	31,271	31,856
	1,677,461	1,589,383
Notes receivable from participants	18,114	18,825
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 1,695,575	$ 1,608,208

The accompanying notes are an integral part of these statements.

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS

Years Ended December 31, 2011 and 2010

	2011	2010
Investment income		
Interest	$ 3	$ 8
Dividends	55,986	38,779
Investment gains (Note C)	(85,460)	140,972
	(29,471)	179,759
Interest income on notes receivable from participants	1,056	1,158
Contributions		
Participant	172,345	160,194
Participants rollovers	565	4,380
	172,910	164,574
Total additions	144,495	345,491
Benefits paid to participants	47,832	58,946
Administrative expenses	9,296	7,912
Deemed distributions of participant loans	-	322
Total deductions	57,128	67,180
NET INCREASE	87,367	278,311
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	1,608,208	1,329,897
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	$ 1,695,575	$ 1,608,208

The accompanying notes are an integral part of these statements.

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

NOTE A - DESCRIPTION OF THE PLAN

The foregoing description of the Plan provides only general information. Employees should refer to the pamphlet "Community Media Group Management Services, Inc., Retirement Savings Plan Summary Plan Description" for a more complete description of the Plan's provisions. Copies of the pamphlet are available from the sponsor.

1. General

The Plan is a defined contribution plan covering substantially all employees who are at least 21 years of age. The Plan is subject to the provision of ERISA.

2. Contributions

A separate contribution account is established for each employee eligible for participation in the Plan. Employees are automatically enrolled in salary deferral upon hire unless a waiver is completed. Each participant may defer up to 100% of eligible compensation annually not to exceed $16,500 in 2011 and 2010. The employer may make matching contributions to participant accounts in a percentage set by the employer prior to the end of each plan year. As of December 31, 2011 and 2010, no such contributions have been made.

3. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations, plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. Vesting

Vesting in a participant's employer contributions account is based on the employee's years of service and in accordance with the following schedule for plans which are not top heavy:

Vesting Service (whole years)	Percentage Vested
Less than 3	-
3 years or more	100%

The Plan has met the minimum funding as required by ERISA.

Participants are 100% vested in the part of their account that resulted from employee contributions.

NOTE A - DESCRIPTION OF THE PLAN - CONTINUED

5. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates equal to any reasonable rate charged by lenders in similar situations. Loans are for a five-year period, except loans to purchase a residence, which may be made for ten years. Principal and interest is paid ratably through payroll deductions.

6. Payment of Benefits

The normal retirement age is 65. At normal retirement, employees are eligible to receive the full amount in their contribution accounts as a single lump sum payment. Withdrawals in cases of hardship, as defined by the Plan, are also permitted.

7. Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, employees become fully vested in their accounts.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

2. Valuation of Investments

The fair value of the participation units owned by the Plan in separate accounts is based on the fair market value on the last day of the business year. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements.

3. Income Tax Status

The Internal Revenue Service has ruled that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC). Differences may exist between these financial statements and the IRS Form 5500 tax return as the tax return is prepared on the tax basis of accounting.

The Plan adopted the accounting standards for uncertainty in income taxes effective January 1, 2009. This guidance prescribes a comprehensive model for financial statement recognition, measurement, classification and disclosure of uncertain tax positions. The implementation of the standards had no net effect on net assets available for the benefits.

NOTE B - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

3. Income Tax Status - Continued

As of December 31, 2011, the Plan has recognized in the financial statements the effects of all tax positions and continually evaluates expiring statutes of limitations, audits, changes in tax law and new authoritative rulings. The Plan is not aware of any circumstances or events that make it reasonably possible that unrecognized tax benefits may increase or decrease within 12 months of the statement of net assets available for benefits date. Penalties and interest assessed by taxing authorities are included in the provision for income taxes, if applicable. There were no interest or penalties paid during 2011.

The Plan files Form 5500 annually in the U.S. federal jurisdiction.

4. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

5. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

6. Payment of Benefits

Benefits are recorded when paid.

7. Administrative Expenses

Plan expenses are paid by the Plan sponsor.

NOTE C - INVESTMENTS

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	2011	2010
FID Balanced	$ 184,654	$ 181,787
Fidelity Freedom 2010	139,583	130,413
Fidelity Freedom 2020	735,357	679,382
Fidelity Freedom 2030	97,348	88,456
Fidelity Freedom 2040	-	84,641
Fidelity Freedom 2025	167,663	171,374
Fidelity Freedom 2035	-	77,554
	1,324,605	1,413,607
Other investments representing less than 5% of net assets	352,856	175,776
	$ 1,677,461	$ 1,589,383

During 2011, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $85,460 as follows:

Mutual Funds	$ (85,460)

NOTE D - RISKS AND UNCERTANTIES

The financial industry has experienced a significant amount of negative events including consolidation, bankruptcy and government intervention to prevent failures. The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will continue to occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE E - FAIR VALUE MEASUREMENT

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820) addresses fair value measurement standards in financial statements prepared according to Generally Accepted Accounting Principles. FASB ASC 820 establishes a principles-based framework for measuring fair value of both assets and liabilities and clarifies the definition of fair value within the framework and expands disclosures about the use of fair value measurement. FASB ASC 820 sets forth a fair value hierarchy for inputs that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels.

NOTE E - FAIR VALUE MEASUREMENT - CONTINUED

Level 1- Valuation is based on quoted prices in active markets for identical assets and liabilities.

Level 2- Valuation is determined from quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar instruments in markets that are not active or by model-based techniques which significant inputs are observable in the market.

Level 3- Valuation is derived from model-based techniques in which at least one significant input is unobservable and based on the Company's own estimates about the assumptions that market participants would use to value the asset or liability.

Input levels by investment category of the Plan's net assets at December 31, 2011 are as follows:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common Trust Fund				
Fixed Income	$ 31,271	$ -	$ 31,271	$ -
Mutual Fund				
Large Blend	1,405,911	1,405,911	-	-
Moderate Allocation	184,654	184,654	-	-
Other	55,625	55,625	-	-
Total	$ 1,677,461	$ 1,646,190	$ 31,271	$ -

Input levels by investment category of the Plan's net assets at December 31, 2010 are as follows:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common Trust Fund				
Fixed Income	$ 31,856	$ -	$ 31,856	$ -
Mutual Fund				
Large Blend	1,322,459	1,322,459	-	-
Moderate Allocation	181,787	181,787	-	-
Other	53,281	53,281	-	-
Total	$ 1,589,383	$ 1,557,527	$ 31,856	$ -

NOTE F - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following unaudited information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee, Fidelity Management Trust Company, for the years ended December 31:

	2011	2010
Investments, at fair value	$ 1,677,461	$ 1,589,383
Investment income (loss)	(29,471)	179,759

NOTE G - PARTY-IN-INTEREST TRANSACTIONS

In 2011 and 2010, Fidelity Investments was the custodian of the Plan's assets and is considered a party-in-interest as defined by ERISA. As of December 31, 2011and 2010, the Plan assets managed by Fidelity Investments totaled $1,695,575 and $1,608,208.

NOTE H - SUBSEQUENT EVENT

Management evaluated all events and transactions that occurred after December 31, 2011 through October 10, 2012, the issue date of these financial statements. No subsequent events were identified.

SUPPLEMENTARY SCHEDULES

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

EIN 37-1354652 PN 001

SCHEDULE H, LINE 4i; ASSETS HELD FOR INVESTMENT

December 31, 2011

	Issuer	Investment Description	Cost	Current Value
*	Fidelity Management Trust Company	Money Market Funds		
		Fidelity Retirement Money Market	**	$ 31,271
*	Fidelity Management Trust Company	Mutual Funds		
		Fidelity Capital and Income	**	20,180
		Fidelity Value	**	2,804
		Fidelity Leveraged Co Stock	**	7,522
		Fidelity Balanced	**	184,654
		Fidelity Discovery	**	1,987
		Fidelity Capital Appreciation	**	3,459
		Fidelity Strategic Income	**	15,172
		Fidelity Freedom Income	**	39
		Fidelity Freedom 2000	**	7,985
		Fidelity Freedom 2010	**	139,583
		Fidelity Freedom 2020	**	735,357
		Fidelity Freedom 2030	**	97,348
		Spartan US Eq. Index	**	2,509
		Fidelity Freedom 2040	**	81,799
		Fidelity Mid Cap Growth	**	1,065
		Fidelity Blue Chip Value	**	1,170
		Fidelity Freedom 2005	**	272
		Fidelity Freedom 2015	**	22,445
		Fidelity Freedom 2025	**	167,663
		Fidelity Freedom 2035	**	81,512
		Fidelity Small Cap Value	**	1,216
		Fidelity Freedom 2045	**	40,728
		Fidelity Freedom 2050	**	28,501
		Fidelity LC Gr Eng Index	**	1,050
		Spartan Ext Mkt Index		170
				1,677,461
*	Fidelity Management Trust Company	Loan Fund 6% to 8.5% interest rate		18,114
				$ 1,695,575

* Party-in-interest
** Investments are participant-directed, therefore, historical cost information is not required.

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
Community Media Group Management Services, Inc.
Number, street, and room or suite no. (If a P.O. box, see instructions)
PO Box 10
City or town, state, and ZIP code
West Frankfort, IL 62896

B **Filer's identifying number (see instructions)**
Employer identification number (EIN)
37-1354652
Social security number (SSN) (see instructions)

C	Plan name	Plan number	Plan year ending- MM	DD	YYYY
1	Community Media Group Management Services, Inc. Retirement Savings Plan	001	12	31	2011
2					
3					

Part II Extension of Time To File Form 5500 series, and/or Form 8955-SSA

1 I request an extension of time until 10 / 15 / 2012 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until 10 / 15 / 2012 to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

3 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 normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ **a**

b Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ▶ **c**

4 **State in detail why 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 to prepare this application.

Signature ▶ **Date** ▶ 07/05/2012

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

COMMUNITY MEDIA GROUP
MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

DECEMBER 31, 2011 AND 2010

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

DECEMBER 31, 2011 AND 2010

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Management Consultants

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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Community Media Group
Management Services, Inc.
Retirement Savings Plan
West Frankfort, Illinois

We were engaged to audit the accompanying statements of net assets available for plan benefits of Community Media Group Management Services, Inc. Retirement Savings Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for plan benefits for the years then ended and the supplementary schedule on page 12. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures on the information summarized in Note F, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing that information with the related information included in the financial statements and supplementary schedules. We have been informed by the plan administrator that the investment company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the investment company as of and for the years ended December 31, 2011 and 2010 that the information provided to the plan administrator by the investment company is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplementary schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the insurance company have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kerber, Eck & Braeckel LLP

Carbondale, Illinois
October 10, 2012

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR
PLAN BENEFITS

December 31

	2011	2010
ASSETS		
Investments (Note C)		
Interest in registered investment companies (mutual funds)	$ 1,646,190	$ 1,557,527
Money market funds	31,271	31,856
	1,677,461	1,589,383
Notes receivable from participants	18,114	18,825
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 1,695,575	$ 1,608,208

The accompanying notes are an integral part of these statements.

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS

Years Ended December 31, 2011 and 2010

	2011	2010
Investment income		
Interest	$ 3	$ 8
Dividends	55,986	38,779
Investment gains (Note C)	(85,460)	140,972
	(29,471)	179,759
Interest income on notes receivable from participants	1,056	1,158
Contributions		
Participant	172,345	160,194
Participants rollovers	565	4,380
	172,910	164,574
Total additions	144,495	345,491
Benefits paid to participants	47,832	58,946
Administrative expenses	9,296	7,912
Deemed distributions of participant loans	-	322
Total deductions	57,128	67,180
NET INCREASE	87,367	278,311
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	1,608,208	1,329,897
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	$ 1,695,575	$ 1,608,208

The accompanying notes are an integral part of these statements.

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

NOTE A - DESCRIPTION OF THE PLAN

The foregoing description of the Plan provides only general information. Employees should refer to the pamphlet "Community Media Group Management Services, Inc., Retirement Savings Plan Summary Plan Description" for a more complete description of the Plan's provisions. Copies of the pamphlet are available from the sponsor.

1. General

The Plan is a defined contribution plan covering substantially all employees who are at least 21 years of age. The Plan is subject to the provision of ERISA.

2. Contributions

A separate contribution account is established for each employee eligible for participation in the Plan. Employees are automatically enrolled in salary deferral upon hire unless a waiver is completed. Each participant may defer up to 100% of eligible compensation annually not to exceed $16,500 in 2011 and 2010. The employer may make matching contributions to participant accounts in a percentage set by the employer prior to the end of each plan year. As of December 31, 2011 and 2010, no such contributions have been made.

3. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations, plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. Vesting

Vesting in a participant's employer contributions account is based on the employee's years of service and in accordance with the following schedule for plans which are not top heavy:

Vesting Service (whole years)	Percentage Vested
Less than 3	-
3 years or more	100%

The Plan has met the minimum funding as required by ERISA.

Participants are 100% vested in the part of their account that resulted from employee contributions.

NOTE A - DESCRIPTION OF THE PLAN - CONTINUED

5. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates equal to any reasonable rate charged by lenders in similar situations. Loans are for a five-year period, except loans to purchase a residence, which may be made for ten years. Principal and interest is paid ratably through payroll deductions.

6. Payment of Benefits

The normal retirement age is 65. At normal retirement, employees are eligible to receive the full amount in their contribution accounts as a single lump sum payment. Withdrawals in cases of hardship, as defined by the Plan, are also permitted.

7. Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, employees become fully vested in their accounts.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

2. Valuation of Investments

The fair value of the participation units owned by the Plan in separate accounts is based on the fair market value on the last day of the business year. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements.

3. Income Tax Status

The Internal Revenue Service has ruled that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC). Differences may exist between these financial statements and the IRS Form 5500 tax return as the tax return is prepared on the tax basis of accounting.

The Plan adopted the accounting standards for uncertainty in income taxes effective January 1, 2009. This guidance prescribes a comprehensive model for financial statement recognition, measurement, classification and disclosure of uncertain tax positions. The implementation of the standards had no net effect on net assets available for the benefits.

NOTE B - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

3. Income Tax Status - Continued

As of December 31, 2011, the Plan has recognized in the financial statements the effects of all tax positions and continually evaluates expiring statutes of limitations, audits, changes in tax law and new authoritative rulings. The Plan is not aware of any circumstances or events that make it reasonably possible that unrecognized tax benefits may increase or decrease within 12 months of the statement of net assets available for benefits date. Penalties and interest assessed by taxing authorities are included in the provision for income taxes, if applicable. There were no interest or penalties paid during 2011.

The Plan files Form 5500 annually in the U.S. federal jurisdiction.

4. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

5. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

6. Payment of Benefits

Benefits are recorded when paid.

7. Administrative Expenses

Plan expenses are paid by the Plan sponsor.

NOTE C - INVESTMENTS

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	2011	2010
FID Balanced	$ 184,654	$ 181,787
Fidelity Freedom 2010	139,583	130,413
Fidelity Freedom 2020	735,357	679,382
Fidelity Freedom 2030	97,348	88,456
Fidelity Freedom 2040	-	84,641
Fidelity Freedom 2025	167,663	171,374
Fidelity Freedom 2035	-	77,554
	1,324,605	1,413,607
Other investments representing less than 5% of net assets	352,856	175,776
	$ 1,677,461	$ 1,589,383

During 2011, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $85,460 as follows:

Mutual Funds	$ (85,460)

NOTE D - RISKS AND UNCERTANTIES

The financial industry has experienced a significant amount of negative events including consolidation, bankruptcy and government intervention to prevent failures. The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will continue to occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE E - FAIR VALUE MEASUREMENT

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820) addresses fair value measurement standards in financial statements prepared according to Generally Accepted Accounting Principles. FASB ASC 820 establishes a principles-based framework for measuring fair value of both assets and liabilities and clarifies the definition of fair value within the framework and expands disclosures about the use of fair value measurement. FASB ASC 820 sets forth a fair value hierarchy for inputs that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels.

NOTE E - FAIR VALUE MEASUREMENT - CONTINUED

Level 1- Valuation is based on quoted prices in active markets for identical assets and liabilities.

Level 2- Valuation is determined from quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar instruments in markets that are not active or by model-based techniques which significant inputs are observable in the market.

Level 3- Valuation is derived from model-based techniques in which at least one significant input is unobservable and based on the Company's own estimates about the assumptions that market participants would use to value the asset or liability.

Input levels by investment category of the Plan's net assets at December 31, 2011 are as follows:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common Trust Fund				
Fixed Income	$ 31,271	$ -	$ 31,271	$ -
Mutual Fund				
Large Blend	1,405,911	1,405,911	-	-
Moderate Allocation	184,654	184,654	-	-
Other	55,625	55,625	-	-
Total	$ 1,677,461	$ 1,646,190	$ 31,271	$ -

Input levels by investment category of the Plan's net assets at December 31, 2010 are as follows:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common Trust Fund				
Fixed Income	$ 31,856	$ -	$ 31,856	$ -
Mutual Fund				
Large Blend	1,322,459	1,322,459	-	-
Moderate Allocation	181,787	181,787	-	-
Other	53,281	53,281	-	-
Total	$ 1,589,383	$ 1,557,527	$ 31,856	$ -

NOTE F - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following unaudited information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee, Fidelity Management Trust Company, for the years ended December 31:

	2011	2010
Investments, at fair value	$ 1,677,461	$ 1,589,383
Investment income (loss)	(29,471)	179,759

NOTE G - PARTY-IN-INTEREST TRANSACTIONS

In 2011 and 2010, Fidelity Investments was the custodian of the Plan's assets and is considered a party-in-interest as defined by ERISA. As of December 31, 2011and 2010, the Plan assets managed by Fidelity Investments totaled $1,695,575 and $1,608,208.

NOTE H - SUBSEQUENT EVENT

Management evaluated all events and transactions that occurred after December 31, 2011 through October 10, 2012, the issue date of these financial statements. No subsequent events were identified.

SUPPLEMENTARY SCHEDULES

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN

EIN 37-1354652 PN 001

SCHEDULE H, LINE 4i; ASSETS HELD FOR INVESTMENT

December 31, 2011

	Issuer	Investment Description	Cost	Current Value
*	Fidelity Management Trust Company	Money Market Funds		
		Fidelity Retirement Money Market	**	$ 31,271
*	Fidelity Management Trust Company	Mutual Funds		
		Fidelity Capital and Income	**	20,180
		Fidelity Value	**	2,804
		Fidelity Leveraged Co Stock	**	7,522
		Fidelity Balanced	**	184,654
		Fidelity Discovery	**	1,987
		Fidelity Capital Appreciation	**	3,459
		Fidelity Strategic Income	**	15,172
		Fidelity Freedom Income	**	39
		Fidelity Freedom 2000	**	7,985
		Fidelity Freedom 2010	**	139,583
		Fidelity Freedom 2020	**	735,357
		Fidelity Freedom 2030	**	97,348
		Spartan US Eq. Index	**	2,509
		Fidelity Freedom 2040	**	81,799
		Fidelity Mid Cap Growth	**	1,065
		Fidelity Blue Chip Value	**	1,170
		Fidelity Freedom 2005	**	272
		Fidelity Freedom 2015	**	22,445
		Fidelity Freedom 2025	**	167,663
		Fidelity Freedom 2035	**	81,512
		Fidelity Small Cap Value	**	1,216
		Fidelity Freedom 2045	**	40,728
		Fidelity Freedom 2050	**	28,501
		Fidelity LC Gr Eng Index	**	1,050
		Spartan Ext Mkt Index		170
				1,677,461
*	Fidelity Management Trust Company	Loan Fund 6% to 8.5% interest rate		18,114
				$ 1,695,575

* Party-in-interest
** Investments are participant-directed, therefore, historical cost information is not required.