# 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

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**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; include room or suite number (employer, if for a single-employer plan)

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.

PO BOX 10
WEST FRANKFORT, IL 62896-0010

805 S LOGAN ST
WEST FRANKFORT, IL 62896-0010

**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. | 10/14/2014 | 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 |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **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: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 539 |
| **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** | 499 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 107 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 606 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 607 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 435 |
| **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 Characteristics 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 Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**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? |
|---|---|---|---|---|---|---|
| 37 64 65 | RECORDKEEPER | 16264 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(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 |
|---|---|---|
| | | |

| (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 |
|---|---|---|
| | | |

| (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 |
|---|---|---|
| | | |

## 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

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 38721 | 33642 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 22103 | 62385 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 2154607 | 3306623 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 2215431 | 3402650 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **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 | 2215431 | 3402650 |

## 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) | 0 | |
| **(B)** Participants | 2a(1)(B) | 346778 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 540893 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 887671 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 4 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 2193 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 2197 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 137620 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 137620 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 288909 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1316397 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 112914 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 112914 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 16264 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 16264 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 129178 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1187219 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (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)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

**(1)** Name: KERBER ECK & BRAECKEL LLP **(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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 | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| 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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# 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

**2013**

**This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**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**

**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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 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

EIN 37-1354652 PN 001

DECEMBER 31, 2013 AND 2012

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN
EIN 37-1354652 PN 001

DECEMBER 31, 2013 AND 2012

CONTENTS


| | PAGE |
|---|---|
| INDEPENDENT AUDITORS' REPORT | 3 - 4 |
| FINANCIAL STATEMENTS | |
| STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS | 5 |
| STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS | 6 |
| NOTES TO FINANCIAL STATEMENTS | 7 - 13 |
| SUPPLEMENTARY SCHEDULES | |
| ASSETS HELD FOR INVESTMENT | 14 |


*Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Kerber, Eck & Braeckel LLP

CPAs and
Management Consultants
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Carbondale, IL 62901-2335
ph 618.529.1040
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# INDEPENDENT AUDITORS' REPORT

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

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Community Media Group Management Services, Inc. Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

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, any auditing procedures with respect to the information summarized in Note F, which was certified by Fidelity Management Trust Company, the third party administrator of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the third party administrator holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the third party administrator as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by Fidelity Management Trust Company is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held for Investment, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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 14, 2014

FINANCIAL STATMENTS

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN
EIN 37-1354652 PN 001

STATEMENTS OF NET ASSETS AVAILABLE FOR
PLAN BENEFITS

December 31

| | 2013 | 2012 |
|---|---|---|
| ASSETS | | |
| Investments (Note C) | | |
| Interest in registered investment companies (mutual funds) | $ 3,306,623 | $ 2,154,607 |
| Money market funds | 33,642 | 38,721 |
| | 3,340,625 | 2,193,328 |
| Notes receivable from participants | 62,385 | 22,103 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $ 3,402,650 | $ 2,215,431 |

The accompanying notes are an integral part of these statements.

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN
EIN 37-1354652 PN 001

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS

Years Ended December 31, 2013 and 2012

| | 2013 | 2012 |
|---|---|---|
| Investment income | | |
| Interest | $ 4 | $ 3 |
| Dividends | 137,620 | 48,422 |
| Investment gains (loss) (Note C) | 288,909 | 170,861 |
| | 426,533 | 219,286 |
| Interest income on notes receivable from participants | 2,193 | 1,069 |
| Contributions | | |
| Participant | 346,778 | 263,571 |
| Participant rollovers | 540,893 | 105,935 |
| | 887,671 | 369,506 |
| Total additions | 1,316,397 | 589,861 |
| Benefits paid to participants | 112,914 | 59,193 |
| Administrative expenses | 16,264 | 10,812 |
| Total deductions | 129,178 | 70,005 |
| NET INCREASE | 1,187,219 | 519,856 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR | 2,215,431 | 1,695,575 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR | $ 3,402,650 | $ 2,215,431 |

The accompanying notes are an integral part of these statements.

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN
EIN 37-1354652 PN 001

NOTES TO FINANCIAL STATEMENTS

December 31, 2013 and 2012

## NOTE A - DESCRIPTION OF THE PLAN

The following 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 provisions 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 $17,500 in 2013 and $17,000 in 2012. 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, 2013 and 2012, 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 underlying nonstandardized prototype plan has received a notification letter dated March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, is in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE B - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

3. Income Tax Status - Continued

As of December 31, 2013, 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 2013.

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

4. Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could 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:

| | 2013 | 2012 |
|---|---|---|
| FID Balanced | $ 326,463 | $ 215,476 |
| Fidelity Freedom 2010 | 170,325 | 165,792 |
| Fidelity Freedom 2020 | 1,022,587 | 902,954 |
| Fidelity Freedom 2025 | 556,412 | 265,806 |
| Fidelity Freedom 2030 | 244,420 | 137,448 |
| Fidelity Freedom 2035 | 272,100 | 163,881 |
| Fidelity Freedom 2040 | 171,724 | 110,367 |
| | 2,764,031 | 1,961,724 |
| Other investments representing less than 5% of net assets | 576,594 | 231,604 |
| | $ 3,340,625 | $ 2,193,328 |

During 2013, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $288,909 as follows:

| | |
|---|---|
| Mutual Funds | $ 288,909 |

## 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

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There are three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

*Money Markets*: Are valued at amortized cost, which approximates fair value.

*Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE E - FAIR VALUE MEASUREMENT - CONTINUED

Input levels by investment category of the Plan's net assets at December 31, 2013 are as follows:

| Investment Category | Fair Value | Level 1 Inputs | Level 2 Inputs | Level 3 Inputs |
|---|---|---|---|---|
| Common Trust Fund | | | | |
| Fixed Income | | | | |
| Money Market | $ 33,642 | $ - | $ 33,642 | $ - |
| Mutual Fund | | | | |
| Large Blend | 2,754,314 | 2,754,314 | - | - |
| Moderate Allocation | 326,463 | 326,463 | - | - |
| Other | 225,845 | 225,845 | - | - |
| Total | $ 3,340,264 | $ 3,306,622 | $ 33,642 | $ - |

Input levels by investment category of the Plan's net assets at December 31, 2012 are as follows:

| Investment Category | Fair Value | Level 1 Inputs | Level 2 Inputs | Level 3 Inputs |
|---|---|---|---|---|
| Common Trust Fund | | | | |
| Fixed Income | | | | |
| Money Market | $ 38,721 | $ - | $ 38,721 | $ - |
| Mutual Fund | | | | |
| Large Blend | 1,901,611 | 1,901,611 | - | - |
| Moderate Allocation | 215,476 | 215,476 | - | - |
| Other | 37,520 | 37,520 | - | - |
| Total | $ 2,193,328 | $ 2,154,607 | $ 38,721 | $ - |

NOTE F - INFORMATION PREPARED AND CERTIFIED BY THE THIRD PARTY ADMINISTRATOR

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 third party administrator, Fidelity Management Trust Company, for the years ended December 31:

| | 2013 | 2012 |
|---|---|---|
| Investments, at fair value | $ 3,340,625 | $ 2,193,328 |
| Investment income (loss) | 426,533 | 219,286 |

## NOTE G - PARTY-IN-INTEREST TRANSACTIONS

In 2013 and 2012, 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, 2013 and 2012, the Plan assets managed by Fidelity Investments totaled $3,402,650 and $2,215,431.

## NOTE H - SUBSEQUENT EVENT

Management evaluated all events and transactions that occurred after December 31, 2013 through October 14, 2014, 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, 2013

| | Issuer | Investment Description | Cost | Current Value |
|---|---|---|---|---|
| * | Fidelity Management Trust Company | Money Market Funds | | |
| | | Fidelity Retirement Money Market | ** | $ 33,642 |
| * | Fidelity Management Trust Company | Mutual Funds | | |
| | | Fidelity Capital and Income | ** | 23,156 |
| | | Fidelity Value | ** | 15,322 |
| | | Fidelity Leveraged Co Stock | ** | 21,328 |
| | | Fidelity Balanced | ** | 326,463 |
| | | Fidelity Intl Discovery | ** | 22,484 |
| | | Fidelity Capital Appreciation | ** | 54,554 |
| | | Fidelity Strategic Income | ** | 9,166 |
| | | Fidelity Freedom 2000 | ** | 10,636 |
| | | Fidelity Freedom 2010 | ** | 170,325 |
| | | Fidelity Freedom 2020 | ** | 1,022,587 |
| | | Fidelity Freedom 2030 | ** | 244,420 |
| | | Fidelity Stock Selee Large Cap Value | ** | 20,002 |
| | | Spartan 500 Index Adv | ** | 38,613 |
| | | Spartan Ext Mkt Index Adv | ** | 527 |
| | | Fidelity Freedom 2040 | ** | 171,724 |
| | | Fidelity Advisor Stock Selector Mid Cap | ** | 1,319 |
| | | Fidelity Blue Chip Value | ** | 1,026 |
| | | Fidelity Freedom 2005 | ** | 294 |
| | | Fidelity Freedom 2015 | ** | 127,771 |
| | | Fidelity Freedom 2025 | ** | 556,412 |
| | | Fidelity Freedom 2035 | ** | 272,100 |
| | | Fidelity Small Cap Value | ** | 24,581 |
| | | Fidelity Freedom 2045 | ** | 89,864 |
| | | Fidelity Freedom 2050 | ** | 49,862 |
| | | Fidelity LC Val Enh Index | ** | 1,853 |
| | | Fidelity LC Gr Eng Index | ** | 1,595 |
| | | Spartan US Bond Index Adv | ** | 15,159 |
| | | Fidelity Freedom 2055 | ** | 13,480 |
| | | | | 3,340,265 |
| * | Fidelity Management Trust Company | Loan Fund 6% to 8.5% interest rate | | 62,385 |
| | | | | $ 3,402,650 |

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

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

# COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC. RETIREMENT SAVINGS PLAN

EIN 37-1354652 PN 001

DECEMBER 31, 2013 AND 2012

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN
EIN 37-1354652 PN 001

DECEMBER 31, 2013 AND 2012

CONTENTS


| | PAGE |
|---|---|
| INDEPENDENT AUDITORS' REPORT | 3 - 4 |
| FINANCIAL STATEMENTS | |
| STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS | 5 |
| STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS | 6 |
| NOTES TO FINANCIAL STATEMENTS | 7 - 13 |
| SUPPLEMENTARY SCHEDULES | |
| ASSETS HELD FOR INVESTMENT | 14 |


*Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Kerber, Eck & Braeckel LLP

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# INDEPENDENT AUDITORS' REPORT

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

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Community Media Group Management Services, Inc. Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

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, any auditing procedures with respect to the information summarized in Note F, which was certified by Fidelity Management Trust Company, the third party administrator of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the third party administrator holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the third party administrator as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by Fidelity Management Trust Company is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held for Investment, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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 14, 2014

FINANCIAL STATMENTS

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN
EIN 37-1354652 PN 001

STATEMENTS OF NET ASSETS AVAILABLE FOR
PLAN BENEFITS

December 31

| | 2013 | 2012 |
|---|---|---|
| ASSETS | | |
| Investments (Note C) | | |
| Interest in registered investment companies (mutual funds) | $ 3,306,623 | $ 2,154,607 |
| Money market funds | 33,642 | 38,721 |
| | 3,340,625 | 2,193,328 |
| Notes receivable from participants | 62,385 | 22,103 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $ 3,402,650 | $ 2,215,431 |

The accompanying notes are an integral part of these statements.

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN
EIN 37-1354652 PN 001

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS

Years Ended December 31, 2013 and 2012

| | 2013 | 2012 |
|---|---|---|
| Investment income | | |
| Interest | $ 4 | $ 3 |
| Dividends | 137,620 | 48,422 |
| Investment gains (loss) (Note C) | 288,909 | 170,861 |
| | 426,533 | 219,286 |
| Interest income on notes receivable from participants | 2,193 | 1,069 |
| Contributions | | |
| Participant | 346,778 | 263,571 |
| Participant rollovers | 540,893 | 105,935 |
| | 887,671 | 369,506 |
| Total additions | 1,316,397 | 589,861 |
| Benefits paid to participants | 112,914 | 59,193 |
| Administrative expenses | 16,264 | 10,812 |
| Total deductions | 129,178 | 70,005 |
| NET INCREASE | 1,187,219 | 519,856 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR | 2,215,431 | 1,695,575 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR | $ 3,402,650 | $ 2,215,431 |

The accompanying notes are an integral part of these statements.

COMMUNITY MEDIA GROUP MANAGEMENT SERVICES, INC.
RETIREMENT SAVINGS PLAN
EIN 37-1354652 PN 001

NOTES TO FINANCIAL STATEMENTS

December 31, 2013 and 2012

## NOTE A - DESCRIPTION OF THE PLAN

The following 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 provisions 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 $17,500 in 2013 and $17,000 in 2012. 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, 2013 and 2012, 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 underlying nonstandardized prototype plan has received a notification letter dated March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, is in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE B - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

3. Income Tax Status - Continued

As of December 31, 2013, 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 2013.

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

4. Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could 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:

| | 2013 | 2012 |
|---|---|---|
| FID Balanced | $ 326,463 | $ 215,476 |
| Fidelity Freedom 2010 | 170,325 | 165,792 |
| Fidelity Freedom 2020 | 1,022,587 | 902,954 |
| Fidelity Freedom 2025 | 556,412 | 265,806 |
| Fidelity Freedom 2030 | 244,420 | 137,448 |
| Fidelity Freedom 2035 | 272,100 | 163,881 |
| Fidelity Freedom 2040 | 171,724 | 110,367 |
| | 2,764,031 | 1,961,724 |
| Other investments representing less than 5% of net assets | 576,594 | 231,604 |
| | $ 3,340,625 | $ 2,193,328 |

During 2013, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $288,909 as follows:

| | |
|---|---|
| Mutual Funds | $ 288,909 |

## 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

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There are three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

*Money Markets*: Are valued at amortized cost, which approximates fair value.

*Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE E - FAIR VALUE MEASUREMENT - CONTINUED

Input levels by investment category of the Plan's net assets at December 31, 2013 are as follows:

| Investment Category | Fair Value | Level 1 Inputs | Level 2 Inputs | Level 3 Inputs |
|---|---|---|---|---|
| Common Trust Fund | | | | |
| Fixed Income | | | | |
| Money Market | $ 33,642 | $ - | $ 33,642 | $ - |
| Mutual Fund | | | | |
| Large Blend | 2,754,314 | 2,754,314 | - | - |
| Moderate Allocation | 326,463 | 326,463 | - | - |
| Other | 225,845 | 225,845 | - | - |
| Total | $ 3,340,264 | $ 3,306,622 | $ 33,642 | $ - |

Input levels by investment category of the Plan's net assets at December 31, 2012 are as follows:

| Investment Category | Fair Value | Level 1 Inputs | Level 2 Inputs | Level 3 Inputs |
|---|---|---|---|---|
| Common Trust Fund | | | | |
| Fixed Income | | | | |
| Money Market | $ 38,721 | $ - | $ 38,721 | $ - |
| Mutual Fund | | | | |
| Large Blend | 1,901,611 | 1,901,611 | - | - |
| Moderate Allocation | 215,476 | 215,476 | - | - |
| Other | 37,520 | 37,520 | - | - |
| Total | $ 2,193,328 | $ 2,154,607 | $ 38,721 | $ - |

NOTE F - INFORMATION PREPARED AND CERTIFIED BY THE THIRD PARTY ADMINISTRATOR

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 third party administrator, Fidelity Management Trust Company, for the years ended December 31:

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|---|---|---|
| Investments, at fair value | $ 3,340,625 | $ 2,193,328 |
| Investment income (loss) | 426,533 | 219,286 |

## NOTE G - PARTY-IN-INTEREST TRANSACTIONS

In 2013 and 2012, 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, 2013 and 2012, the Plan assets managed by Fidelity Investments totaled $3,402,650 and $2,215,431.

## NOTE H - SUBSEQUENT EVENT

Management evaluated all events and transactions that occurred after December 31, 2013 through October 14, 2014, 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, 2013

| | Issuer | Investment Description | Cost | Current Value |
|---|---|---|---|---|
| * | Fidelity Management Trust Company | Money Market Funds | | |
| | | Fidelity Retirement Money Market | ** | $ 33,642 |
| * | Fidelity Management Trust Company | Mutual Funds | | |
| | | Fidelity Capital and Income | ** | 23,156 |
| | | Fidelity Value | ** | 15,322 |
| | | Fidelity Leveraged Co Stock | ** | 21,328 |
| | | Fidelity Balanced | ** | 326,463 |
| | | Fidelity Intl Discovery | ** | 22,484 |
| | | Fidelity Capital Appreciation | ** | 54,554 |
| | | Fidelity Strategic Income | ** | 9,166 |
| | | Fidelity Freedom 2000 | ** | 10,636 |
| | | Fidelity Freedom 2010 | ** | 170,325 |
| | | Fidelity Freedom 2020 | ** | 1,022,587 |
| | | Fidelity Freedom 2030 | ** | 244,420 |
| | | Fidelity Stock Selee Large Cap Value | ** | 20,002 |
| | | Spartan 500 Index Adv | ** | 38,613 |
| | | Spartan Ext Mkt Index Adv | ** | 527 |
| | | Fidelity Freedom 2040 | ** | 171,724 |
| | | Fidelity Advisor Stock Selector Mid Cap | ** | 1,319 |
| | | Fidelity Blue Chip Value | ** | 1,026 |
| | | Fidelity Freedom 2005 | ** | 294 |
| | | Fidelity Freedom 2015 | ** | 127,771 |
| | | Fidelity Freedom 2025 | ** | 556,412 |
| | | Fidelity Freedom 2035 | ** | 272,100 |
| | | Fidelity Small Cap Value | ** | 24,581 |
| | | Fidelity Freedom 2045 | ** | 89,864 |
| | | Fidelity Freedom 2050 | ** | 49,862 |
| | | Fidelity LC Val Enh Index | ** | 1,853 |
| | | Fidelity LC Gr Eng Index | ** | 1,595 |
| | | Spartan US Bond Index Adv | ** | 15,159 |
| | | Fidelity Freedom 2055 | ** | 13,480 |
| | | | | 3,340,265 |
| * | Fidelity Management Trust Company | Loan Fund 6% to 8.5% interest rate | | 62,385 |
| | | | | $ 3,402,650 |

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