

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Zoom Group INC.	
Program Name: Zoom Group Cleanup	Request Amount: \$5000.00
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
Request form: Is the funding proposed less than or <u>equal</u> to the request amount?	Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?	Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	N/A
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	NO/NA
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	N/A
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 	Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	Yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
Operating Budget: Is the organization’s current fiscal year operating budget included?	Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	NO
Board Members: Is the entity’s board member list (with term length/term limits) included?	Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	Yes
Rent Requests: Is a copy of signed lease included?	NO
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	Yes
IRS Form W-9: Is the IRS Form W-9 included?	Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	NO
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	N/A
Prepared by: <i>Jane L. Lay</i>	Date: 8-6-2014



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Zoom Group Inc.	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1904 Embassy Square Blvd., Louisville, KY 40299			
Website: www.zoomgroup.org			
Applicant Contact:	Kim Prather	Title:	Director of Programs
Phone:	502-581-0658	Email:	kprather@zoomgroup.org
Financial Contact:	Barbara Kampfhammer	Title:	Finance Manager
Phone:	502-581-0658	Email:	bkampfhammer@zoomgroup.org
Organization's Representative who attended NDF Training: Kim Prather			
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Highlands Beautification			
Total Request: (\$)	5000	Total Metro Award (this program) in previous year: (\$)	5000
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Louisville Metro Council	Amount: (\$)	5000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Initials *XP*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Zoom Group's mission is to help adults with developmental disabilities choose their vocation and reach their full potential.

Zoom Group is dedicated to providing opportunities through meaningful work at community-based jobs and/or participation in our day training programs. For the team members and artists that we serve, working affords them an opportunity to pursue interests, take part in the community, enhance daily living skills as well as the satisfaction of earning a paycheck.

We envision a world where all people with developmental disabilities have the opportunity to become everything they are capable of becoming. We see a world where everyone is able to live in a community where they can be themselves, feel safe, not anxious, accepted, loved, loving, and living a fulfilling life.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The project start date will run from July 1, 2014 through June 30, 2015. The Douglas Loop and some surrounding areas will receive weekly cleaning and sweeping. This includes the removal of cigarette butts, pulling weeds and monthly trimming of area bushes and shrubbery. This service will be performed year round.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
Funding will pay salaries of adults with developmental disabilities and one supervisor.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Zoom Group will continue to maintain the Douglas Loop area after June 30, 2014 and before the grant is approved. This will provide a continuation of services to the City, allow our team members to maintain and keep Douglas Loop area in good condition.

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Effective April 2014

Applicant's Initials

KL



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
Highlands Beautification

The results of routine cleaning and maintenance of the Douglas Loop and surrounding areas will be seen by all who pass in the areas, who shop at the Douglas Loop or live in the neighborhood. This community based setting will allow an opportunity for our adults with developmental disabilities to contribute to the community, earn a paycheck and experience a sense of belonging.

The method of data collection is collecting hours worked and salaries paid.

Indicators of success will be seen by all who visit this area of the 8th District.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Zoom Group is a part of several groups and coalitions that support our agency goals. Some of these include Metro United Way, Seven Counties Services Affiliate, Workforce Diversity Coalition, The Council on Developmental Disabilities, The Center for Non Profit Excellence, Greater Louisville Inc., The Highlands Commerce Guild, The SCL Provider Coalition and the Kentucky Association of Private Providers.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	5000	0	5000
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	5000	0	5000
% of Program Budget	100 %	0 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	

**Total of Column 1 MUST match "Total Request on Page 1, Section 2"*

***Must equal or exceed total in column 2.*

JP



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Total Value of In-Kind <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)		

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1, 2014

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

Applicant's Initials *KP*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

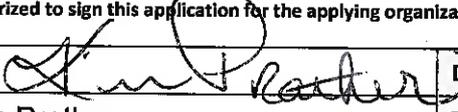
Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:			Date:	06/25/2014
Legal Signatory: (please print):		Kim Prather	Title:	Director of Programs
Phone:	502-581-0658	Extension:		Email: kprather@zoomgroup.org

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: C Name of organization: C.G.M. SERVICES, INC. DBA ZOOM GROUP. D Employer identification number. E Telephone number: (502) 581-0658. G Gross receipts: 3,161,439. H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. I Tax-exempt status: 501(c)(3). J Website: WWW.ZOOMGROUP.ORG. K Form of organization: Corporation. L Year of formation: 1986. M State of legal domicile: KY.

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expenses.

Part II Signature Block. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer MS. TAMMIE HOLLAR, CEO. Preparer: DARRELL L MORRIS, DEMING MALONE LIVESAY & OSTROFF PSC.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

C.G.M. SERVICES, INC.
DBA ZOOM GROUP



Form 990 (2012)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

CGM SERVICES INC. DBA ZOOM GROUP EXISTS TO HELP ADULTS WITH DEVELOPMENTAL DISABILITIES EXPERIENCE A SENSE OF BELONGING IN OUR COMMUNITY. WE DO THIS BY PROVIDING COMMUNITY REHABILITATION PROGRAMS, ADULT DAY PROGRAMS/ART STUDIO AND A SUPPORTED EMPLOYMENT PROGRAM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,757,970. including grants of \$) (Revenue \$ 2,487,084.)
JOB PLACEMENT AND COMMERCIAL OPERATIONS PROGRAMS PROVIDE SUPPORTED EMPLOYMENT FOR ADULTS WITH DEVELOPMENTAL DISABILITIES. ALSO PROVIDE OR ARRANGE FOR WORK OR TRAINING OPPORTUNITIES IN THE COMMUNITY.

4b (Code:) (Expenses \$ 587,951. including grants of \$) (Revenue \$ 477,297.)
DAY SERVICES PROGRAMS PROVIDE SOCIAL, RECREATIONAL, AND VOCATIONAL ACTIVITIES FOR SEVERELY AND PROFOUNDLY DEVELOPMENTALLY DISABLED ADULTS AT 3 NEIGHBORHOOD LOCATIONS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,345,921.

232002
12-10-12

Form 990 (2012)

**C.G.M. SERVICES, INC.
DBA ZOOM GROUP**

Form 990 (2012)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	20b	

Form 990 (2012)

**C.G.M. SERVICES, INC.
DBA ZOOM GROUP**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of those persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2012)

**C.G.M. SERVICES, INC.
DBA ZOOM GROUP**

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Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 20		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 201		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	5a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**C.G.M. SERVICES, INC.
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7, and for each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	12													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		12												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
10b														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done				X										
12c														
13 Did the organization have a written whistleblower policy?														X
14 Did the organization have a written document retention and destruction policy?													X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official											X			
b Other officers or key employees of the organization											X			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														
16b														

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **▶ KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
ZOOM GROUP - (502) 581-0658
1904 EMBASSY SQUARE BLVD., LOUISVILLE, KY 40299

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**C.G.M. SERVICES, INC.
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors



Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK T. HURST CHAIR	1.00	X		X				0.	0.	0.
(2) FRANK GIACALONE DIRECTOR	1.00	X						0.	0.	0.
(3) CLIFF VATTER DIRECTOR	1.00	X						0.	0.	0.
(4) STEVE SANDMAN TREASURER	1.00	X		X				0.	0.	0.
(5) NATALIE SEMARIA DIRECTOR	1.00	X						0.	0.	0.
(6) TREVOR HOWIE DIRECTOR	1.00	X						0.	0.	0.
(7) JILL KEENEY DIRECTOR	1.00	X						0.	0.	0.
(8) DOUGLAS FOSTER DIRECTOR	1.00	X						0.	0.	0.
(9) SCOTT BALLARD DIRECTOR	1.00	X						0.	0.	0.
(10) ANGELO REEVES VICE CHAIR	1.00	X		X				0.	0.	0.
(11) JEREMY GARRIS SECRETARY	1.00	X		X				0.	0.	0.
(12) JENNIFER BALL DIRECTOR	1.00	X						0.	0.	0.
(13) KEN RICHEY PREVIOUS CFO	40.00			X				62,026.	0.	0.
(14) TAMMIE HOLLAR EXECUTIVE DIRECTOR	40.00			X				0.	0.	0.
(15) ROBERT KAISER CONTROLLER	40.00			X				0.	0.	0.

**C.G.M. SERVICES, INC.
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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 17,018.			
	b Membership dues	1b			
	c Fundraising events	1c 61,506.			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 91,093.			
	g Noncash contributions included in lines 1a-1f \$	5,000.			
h Total. Add lines 1a-1f		169,617.			
Program Service Revenue	2 a <u>PROGRAM SERVICES</u>	Business Code 900099	1,539,954.	1,539,954.	
	b <u>MEDICAID REVENUE</u>	900099	1,257,070.	1,257,070.	
	c <u>SEVEN COUNTIES REVENUE</u>	900099	162,065.	162,065.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		2,959,089.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,899.		10,899.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ 61,506. of contributions reported on line 1c). See Part IV, line 18	a 5,146.			
	b Less: direct expenses	b 27,280.			
	c Net income or (loss) from fundraising events		<22,134.>		<22,134.>
	9 a Gross income from gaming activities. See Part IV, line 19	a			
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a 16,205.				
b Less: cost of goods sold	b 11,396.				
c Net income or (loss) from sales of inventory		4,809.	4,809.		
Miscellaneous Revenue		Business Code			
11 a <u>MISCELLANEOUS</u>	900099	483.	483.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		483.			
12 Total revenue. See instructions.		3,122,763.	2,964,381.	0.	<11,235.>

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**C.G.M. SERVICES, INC.
DBA ZOOM GROUP**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	119,044.	33,234.	83,441.	2,369.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(o)(3)(B)				
7 Other salaries and wages	1,971,304.	1,731,009.	231,393.	8,902.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,934.	9,817.	3,015.	102.
9 Other employee benefits	119,918.	98,132.	21,098.	688.
10 Payroll taxes	151,187.	127,515.	22,543.	1,129.
11 Fees for services (non-employees):				
a Management				
b Legal	4,231.		4,231.	
c Accounting	12,300.		12,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	59,914.	100.	59,814.	
12 Advertising and promotion	2,339.	1,698.	619.	22.
13 Office expenses	93,891.	59,641.	26,747.	7,503.
14 Information technology				
15 Royalties				
16 Occupancy	139,073.	111,450.	26,692.	931.
17 Travel	33,758.	26,097.	7,253.	408.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,533.	1,658.	3,740.	135.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,770.	21,284.	4,445.	1,041.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	46,836.	31,398.	1,689.	13,749.
b MISCELLANEOUS	31,549.	17,959.	12,794.	796.
c STAFF DEVELOPMENT	31,264.	19,085.	11,612.	567.
d PROVIDER TAX	27,499.	27,499.		
e All other expenses	46,466.	28,345.	17,491.	630.
25 Total functional expenses. Add lines 1 through 24e	2,935,810.	2,345,921.	550,917.	38,972.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 95-2 (ASC 958-720)

**C.G.M. SERVICES, INC.
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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	427,054.	1	278,370.
	2	Savings and temporary cash investments	56,976.	2	47,528.
	3	Pledges and grants receivable, net	45,680.	3	17,018.
	4	Accounts receivable, net	224,437.	4	341,578.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,143.	9	13,489.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,312,090.	10a	
	b	Less: accumulated depreciation	264,904.	10b	
			103,409.	10c	1,047,186.
	11	Investments - publicly traded securities	499,001.	11	480,164.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	8,854.	15	9,407.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,374,554.	16	2,234,740.	
Liabilities	17	Accounts payable and accrued expenses	153,030.	17	209,587.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	591,847.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,185.	25	5,186.
	26	Total liabilities. Add lines 17 through 25	158,215.	26	806,620.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,137,879.	27	1,381,085.
	28	Temporarily restricted net assets	78,460.	28	47,035.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,216,339.	33	1,428,120.	
34	Total liabilities and net assets/fund balances	1,374,554.	34	2,234,740.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,122,763.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,935,810.
3	Revenue less expenses. Subtract line 2 from line 1	3	186,953.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,216,339.
5	Net unrealized gains (losses) on investments	5	24,828.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,428,120.

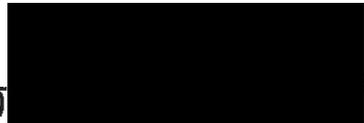
Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

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C.G.M. SERVICES, INC.



Schedule A (Form 990 or 990-EZ) 2012 **DBA ZOOM GROUP**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	146,405.	126,530.	161,794.	135,231.	169,617.	739,577.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	146,405.	126,530.	161,794.	135,231.	169,617.	739,577.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16,668.
6 Public support. Subtract line 5 from line 4.						722,909.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	146,405.	126,530.	161,794.	135,231.	169,617.	739,577.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	14,361.	19,380.	17,899.	18,179.	10,899.	80,718.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,829.	8,198.	193.	284.	483.	12,987.
11 Total support. Add lines 7 through 10						833,282.
12 Gross receipts from related activities, etc. (see instructions)					12	13,603,701.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	86.75 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	16	86.52 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Section 708(b)(6))						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

**C.G.M. SERVICES, INC.
DBA ZOOM GROUP**

Employer identification number



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
C.G.M. SERVICES, INC.
DBA ZOOM GROUP

Employer identification number



Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 17,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

**C.G.M. SERVICES, INC.
DBA ZOOM GROUP**

Employer identification number



Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization
**C.G.M. SERVICES, INC.
 DBA ZOOM GROUP**

Employer identification number
XXXXXXXXXX

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (d) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization **C.G.M. SERVICES, INC.**
DBA ZOOM GROUP

Employer identification number [REDACTED]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where properly subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

C.G.M. SERVICES, INC.
DBA ZOOM GROUP

Schedule D (Form 990) 2012

Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Objects

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
 b Scholarly research
 c Preservation for future generations
 d Loan or exchange programs
 e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		300,000.		300,000.
b Buildings		468,314.		468,314.
c Leasehold improvements		73,513.	38,128.	35,385.
d Equipment		289,015.	226,776.	62,239.
e Other		181,248.		181,248.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,047,186.

Schedule D (Form 990) 2012

C.G.M. SERVICES, INC.

Schedule D (Form 990) 2012

DBA ZOOM GROUP

3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	5,186.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,186.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

232053
12-10-12

C.G.M. SERVICES, INC.

Schedule D (Form 990) 2012

DBA ZOOM GROUP

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per

1	Total revenue, gains, and other support per audited financial statements		1	3,161,121.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	24,828.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	24,828.	
3	Subtract line 2e from line 1	3	3,156,293.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	<33,530.>	
c	Add lines 4a and 4b	4c	<33,530.>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,122,763.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	2,969,340.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	2,969,340.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	<33,530.>	
c	Add lines 4a and 4b	4c	<33,530.>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,935,810.	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL, STATE AND

LOCAL INCOME TAXES AS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER

INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION FILES AN

INFORMATIONAL TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE

KENTUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME FROM CERTAIN

ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE

MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

Schedule D (Form 990) 2012



Part XIII Supplemental Information (continued)

AS OF JUNE 30, 2013, THE ORGANIZATION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEAR THEN ENDED. TAX YEARS STILL OPEN UNDER FEDERAL AND STATE STATUTE OF LIMITATIONS REMAIN SUBJECT TO REVIEW AND CHANGE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON 990 PART VIII LINE 10B	-11,396.
SPECIAL EVENT DIRECT EXPENSE	-22,134.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-33,530.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON 990 PART VIII LINE 10B	-11,396.
SPECIAL EVENTS DIRECT EXPENSES	-22,134.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-33,530.

Multiple horizontal lines for additional supplemental information.

C.G.M. SERVICES, INC.

Schedule G (Form 990 or 990-EZ) 2012 **DBA ZOOM GROUP**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		SPRING ZING (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	66,652.		66,652.
	2	Less: Contributions	61,506.		61,506.
	3	Gross income (line 1 minus line 2)	5,146.		5,146.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	2,878.		2,878.
	7	Food and beverages	1,518.		1,518.
	8	Entertainment	350.		350.
	9	Other direct expenses	22,534.		22,534.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(27,280)
11	Net income summary. Combine line 3, column (d), and line 10			<22,134.>	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

C.G.M. SERVICES, INC.

Schedule G (Form 990 or 990-EZ) 2012 DBA ZOOM GROUP

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a The organization's facility	13a	%	
b An outside facility	13b	%	
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: YORK MANAGEMENT INC.

(I) ADDRESS OF FUNDRAISER:

310 BLANKENBAKER LANE, LOUISVILLE, KY 40207-1235

C.G.M. SERVICES, INC.

Schedule L (Form 990 or 990-EZ) 2012 **DBA ZOOM GROUP**

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK HURST	MARK HURST, BOARD M	4,231.	STOLL, KEEN		X
CLIFF VATTER	CLIFF VATTER, BOARD	0.	CLIFF IS A		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARK HURST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MARK HURST, BOARD MEMBER, IS AN ATTORNEY WITH STOLL, KEENON & OGDEN PLLC.

(D) DESCRIPTION OF TRANSACTION: STOLL, KEENON & OGDEN PLLC PROVIDED LEGAL SERVICES FOR THE ORGANIZATION.

(A) NAME OF PERSON: CLIFF VATTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CLIFF VATTER, BOARD MEMBER, IS A FINANCIAL ADVISOR WITH RAYMOND JAMES.

(D) DESCRIPTION OF TRANSACTION: CLIFF IS A MEMBER OF THE FINANCE COMMITTEE AND PROVIDED FINANCIAL ADVISOR SERVICES TO THE ORGANIZATION. CLIFF RECEIVED A PORTION OF THE FEES FOR THESE SERVICES; THE REMAINDER OF THE FEES GOES TO THE MANAGED FUND.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public

C.G.M. SERVICES, INC.
DBA ZOOM GROUP

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**SENSE OF BELONGING IN OUR COMMUNITY. WE DO THIS BY PROVIDING COMMUNITY
REHABILITATION PROGRAMS, ADULT DAY PROGRAMS/ART STUDIO AND A SUPPORTED
EMPLOYMENT PROGRAM.**

**FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR AND
CONTROLLER WILL REVIEW THE 990 DRAFT AND THEN PRESENT IT TO THE FULL BOARD,
WHICH WILL THEN APPROVE THE 990 AT THE NEXT SCHEDULED BOARD MEETING.**

**FORM 990, PART VI, SECTION B, LINE 12C: POTENTIAL BOARD MEMBERS ARE MADE
AWARE OF THE POLICY AT FIRST SERVICE, AND THEY ARE REQUIRED TO DISCLOSE
POSSIBLE CONFLICTS AT THIS TIME. THE POLICY IS OTHERWISE MONITORED AS NEW
ISSUES ARISE.**

**FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR IS REVIEWED
ANNUALLY BY THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR'S COMPENSATION
IS SET BY THE BOARD OF DIRECTORS AS PART OF THE BUDGETING PROCESS.**

**FORM 990, PART VI, SECTION C, LINE 19: THE 990 IS AVAILABLE ON THE
ORGANIZATION'S WEBSITE. ALSO, THE ANNUAL REPORT AND PRIVACY POLICY ARE
PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S
OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.**

FORM 990, PART XI, LINE 2C:

SELECTION OF INDEPENDENT AUDITORS:

THE ANNUAL AUDITOR IS CONTRACTED BY THE EXECUTIVE DIRECTOR OF THE

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization C.G.M. SERVICES, INC.
DBA ZOOM GROUP



ORGANIZATION. THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS
RESPONSIBLE FOR CAUSING TO PREPARE A COMPLETE FINANCIAL REPORT AFTER
THE CLOSE OF THE FISCAL YEAR IN ACCORDANCE WITH THE BY-LAWS OF THE
ORGANIZATION ARTICLE IX , SECTION 2. THE ANNUAL AUDIT IS REVIEWED AND
APPROVED BY THE FINANCE COMMITTEE AND SUBSEQUENTLY PRESENTED TO THE
FULL BOARD OF DIRECTORS FOR APPROVAL.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. C.G.M. SERVICES, INC. DBA ZOOM GROUP	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 410 WEST CHESTNUT STREET, NO. 900	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ZOOM GROUP

- The books are in the care of ▶ **1904 EMBASSY SQUARE BLVD. - LOUISVILLE, KY 40299**

Telephone No. ▶ **(502) 581-0658** FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: OCT 10 2007

Person to Contact:
Gregory Renier
ID# 31-07231
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
[REDACTED]

C.G.M. SERVICES, INC
DBA ZOOM GROUP
410 W CHESTNUT ST STE 900
LOUISVILLE KY 40202

Dear Sir or Madam:

This is in response to your amended articles of incorporation filed with the state on November 13, 2006. We have updated our records to reflect the DBA name change from Louisville Diversified Services to Zoom Group.

Our records indicate that a determination letter was issued in January 1986 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott
Manager, Exempt Organizations
Determinations

Zoom Group
Operating Budget 6/30/15
Compared to Projected and Budgeted FY 2014

	Total Budget FYE 6/30/15		Total Annualized FYE 6/30/14	6/30/2015 Budget Difference		Total Budget FYE 6/30/14	6/30/2015 Budget Difference
REVENUES							
FUNDRAISING ACTIVITIES							
Donations - Board & Staff	\$ -		\$ -	\$ -		\$ -	\$ -
Donations - Annual Campaign	\$ 14,000		\$ 12,894	\$ 1,106		\$ 13,000	\$ 1,000
Donations - Individuals	\$ 12,000		\$ 12,000	\$ -		\$ 17,000	\$ (5,000)
Donations - Foundations	\$ -		\$ -	\$ -		\$ 10,000	\$ (10,000)
Donations - Corporate	\$ -		\$ -	\$ -		\$ 185,600	\$ (185,600)
Donations - Events	\$ 132,000		\$ 130,000	\$ 2,000		\$ 68,000	\$ 68,000
TOTAL FUNDRAISING ACTIVITIES	\$ 156,000	4.4%	\$ 154,894	\$ 3,106		\$ 291,600	\$ (133,600)
SUPPORTED EMPLOYMENT							
OVR Fee	\$ 108,000		\$ 11,637	\$ 96,363		\$ 58,550	\$ 49,450
Medicaid - SCL	\$ 5,146		\$ 116	\$ 5,031		\$ 2,400	\$ 2,746
Medicaid - Michelle P	\$ 9,317		\$ 5,317	\$ 3,999		\$ 12,300	\$ (2,983)
Private Pay/Other	\$ 1,080		\$ 809	\$ 271		\$ 89,462	\$ (86,402)
TOTAL SUPPORTED EMPLOYMENT	\$ 123,542	3.8%	\$ 17,879	\$ 105,393		\$ 162,732	\$ 49,212
DAY PROGRAMS							
Medicaid - SCL	\$ 271,959		\$ 185,580	\$ 86,379		\$ 207,540	\$ 64,419
Medicaid - Michelle P	\$ 50,009		\$ 39,267	\$ 10,742		\$ 45,540	\$ 4,469
Miscellaneous (Plant sales, etc.)	\$ -		\$ 6,032	\$ (6,032)		\$ 5,990	\$ (5,990)
TOTAL DAY PROGRAMS	\$ 321,967	9.1%	\$ 230,879	\$ 91,088		\$ 259,070	\$ 62,897
COMMUNITY ACCESS							
Medicaid - SCL	\$ 44,979		\$ -	\$ 44,979		\$ -	\$ 44,979
TOTAL COMMUNITY ACCESS	\$ 44,979	1.3%	\$ -	\$ 44,979		\$ -	\$ 44,979
STUDIOWORKS							
Medicaid - SCL	\$ 147,437		\$ 144,346	\$ 3,091		\$ 119,832	\$ 27,605
Medicaid - Michelle P	\$ 223,641		\$ 129,178	\$ 94,465		\$ 109,476	\$ 114,165
Art Sales	\$ 22,500		\$ 20,285	\$ 2,215		\$ 14,400	\$ 8,100
Tuition from Families	\$ 3,800		\$ 7,247	\$ (3,647)		\$ 14,400	\$ (10,800)
Miscellaneous	\$ -		\$ 5,015	\$ -		\$ 5,395	\$ (5,395)
TOTAL STUDIOWORKS	\$ 397,178	11.2%	\$ 306,069	\$ 96,124		\$ 263,663	\$ 133,676
COMMERCIAL OPS - UPS							
Medicaid - SCL	\$ 141,193		\$ 158,643	\$ (17,450)		\$ 143,076	\$ (1,863)
Medicaid - Michelle P	\$ 653,943		\$ 530,028	\$ 123,915		\$ 476,076	\$ 177,867
Private Contract Rev	\$ 613,012		\$ 672,427	\$ 140,585		\$ 759,000	\$ 53,412
Miscellaneous	\$ -		\$ 93,528	\$ (93,528)		\$ 54,050	\$ (54,050)
TOTAL COMMERCIAL OPS - UPS	\$ 1,608,147	45.2%	\$ 1,484,628	\$ 153,621		\$ 1,432,802	\$ 176,345
COMMERCIAL OPS - VA							
Medicaid - SCL	\$ 84,080		\$ 85,823	\$ (1,542)		\$ 70,932	\$ 7,148
Medicaid - Michelle P	\$ 151,648		\$ 150,184	\$ 1,464		\$ 169,548	\$ (17,900)
Private Contract Rev	\$ 654,528		\$ 682,235	\$ (27,707)		\$ 701,423	\$ (46,895)
Miscellaneous	\$ -		\$ 53	\$ (53)		\$ -	\$ -
TOTAL COMMERCIAL OPS - VA	\$ 890,256	25.0%	\$ 918,074	\$ (27,818)		\$ 947,903	\$ (57,647)
HORTICULTURE							
Medicaid - SCL	\$ 1,988		\$ 4,958	\$ (2,968)		\$ 6,300	\$ (4,312)
Medicaid - Michelle P	\$ 1,242		\$ 1,041	\$ 201		\$ -	\$ 1,242
Hort Job Rev	\$ 8,874		\$ 13,733	\$ (4,859)		\$ 16,320	\$ (7,446)
TOTAL HORTICULTURE	\$ 12,104	0.3%	\$ 19,731	\$ (7,626)		\$ 22,920	\$ (10,616)
Interest Income (See Below)							
TOTAL REVENUES	\$ 3,556,176		\$ 3,102,151	\$ 454,023		\$ 3,380,230	\$ 176,945

**Zoom Group
Operating Budget 6/30/15
Compared to Projected and Budgeted FY 2014**

	Total Budget FYE 6/30/15	Total Annualized FYE 6/30/14	6/30/2015 Budget Difference	Total Budget FYE 6/30/14	6/30/2015 Budget Difference
EXPENSES					
EMPLOYMENT EXPENSES					
Wages/Salaries - Staff	\$ 1,808,209	\$ 1,558,815	\$ 247,694	\$ 1,882,843	\$ 123,388
Wages - Clients	\$ 525,117	\$ 508,609	\$ 16,508	\$ 511,717	\$ 13,400
Employee Benefits	\$ 167,379	\$ 124,871	\$ 42,508	\$ 137,117	\$ 30,262
Bonuses	\$ 100,989	\$ 47,923	\$ 53,066	\$ 70,173	\$ 30,816
FICA - Staff	\$ 145,323	\$ 120,108	\$ 25,215	\$ 134,100	\$ 11,217
FICA - Client	\$ 40,171	\$ 37,898	\$ 2,273	\$ 39,146	\$ 1,025
Unemployment	\$ -	\$ 651	\$ (651)	\$ 8,262	\$ (8,262)
Workers Comp	\$ 24,300	\$ 24,283	\$ 17	\$ 18,000	\$ 6,300
Payroll and HR Processing	\$ 14,400	\$ 15,689	\$ (1,289)	\$ 16,404	\$ (2,004)
403B Expenses	\$ 2,400	\$ 3,133	\$ (733)	\$ 1,700	\$ 700
Retirement 403B	\$ 11,948	\$ 11,657	\$ 290	\$ 12,060	\$ (112)
Tuition Reimbursement	\$ 13,200	\$ 47	\$ 13,153	\$ 22,000	\$ (8,800)
TOTAL EMPLOYMENT EXPENSES	\$ 2,851,437	\$ 2,453,362	\$ 398,075	\$ 2,653,628	\$ 197,909
PROFESSIONAL SERVICES					
Source America Payments	\$ 24,545	\$ 26,265	\$ (1,721)	\$ 26,303	\$ (1,758)
Marketing Labor	\$ -	\$ -	\$ -	\$ -	\$ -
Vaccinations- TB tests, etc.	\$ 4,680	\$ 4,456	\$ 224	\$ 1,890	\$ 2,790
Temp To Hire Expense	\$ 21,000	\$ 48,030	\$ (27,036)	\$ 17,000	\$ 4,000
CRC Fees	\$ 1,260	\$ 1,180	\$ 80	\$ 880	\$ 380
Filing Fees	\$ 14,004	\$ 20	\$ 13,984	\$ 4,800	\$ 9,204
Professional Fees	\$ 22,200	\$ 45,628	\$ (23,428)	\$ 29,350	\$ (7,150)
Billing Services	\$ 4,300	\$ 25,605	\$ (21,305)	\$ 26,800	\$ (21,500)
Provider Tax	\$ 35,520	\$ 31,983	\$ 3,537	\$ 30,616	\$ 4,902
TOTAL PROFESSIONAL SERVICES	\$ 127,505	\$ 183,153	\$ (55,648)	\$ 136,641	\$ (9,133)
OFFICE EXPENSES					
Supplies	\$ 22,454	\$ 19,637	\$ 2,817	\$ 17,088	\$ 5,366
Art Supplies	\$ 6,600	\$ 5,668	\$ 932	\$ 6,000	\$ 600
Office Supplies	\$ 9,540	\$ 9,344	\$ 196	\$ 8,100	\$ 1,440
Postage	\$ 4,200	\$ 3,931	\$ 269	\$ 4,010	\$ (410)
Office Equipment Expense	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OFFICE EXPENSES	\$ 42,794	\$ 38,580	\$ 4,214	\$ 35,798	\$ 6,996
TECHNOLOGY EXPENSES					
Communications	\$ 49,764	\$ 44,671	\$ 5,093	\$ 43,392	\$ 6,372
Computer Lease	\$ 1,800	\$ 1,468	\$ 332	\$ 2,400	\$ (600)
Client Services Data Base	\$ 2,880	\$ 2,947	\$ (67)	\$ 2,880	\$ -
Technology Support	\$ 31,200	\$ 29,839	\$ 1,361	\$ 16,200	\$ 15,000
TOTAL TECHNOLOGY EXPENSES	\$ 85,644	\$ 78,924	\$ 6,720	\$ 64,872	\$ 20,772
PROPERTY EXPENSES					
Maintenance Expenses	\$ 31,800	\$ 33,893	\$ (2,093)	\$ 28,050	\$ 3,750
Facility Rental	\$ 65,064	\$ 67,816	\$ (2,752)	\$ 67,106	\$ (2,042)
Utilities	\$ 28,800	\$ 27,523	\$ 1,277	\$ 22,150	\$ 6,650
Equipment Rental	\$ -	\$ -	\$ -	\$ 180	\$ (180)
TOTAL PROPERTY EXPENSES	\$ 125,664	\$ 129,232	\$ (3,568)	\$ 117,486	\$ 8,178
MARKETING EXPENSES					
Commissions for Art Sales	\$ 18,000	\$ 15,559	\$ 2,441	\$ 11,520	\$ 6,480
Marketing Projects	\$ 15,300	\$ 13,153	\$ 2,147	\$ 8,000	\$ 9,300
Printing	\$ 10,780	\$ 9,809	\$ 971	\$ 13,850	\$ (3,070)
TOTAL MARKETING EXPENSES	\$ 44,080	\$ 38,521	\$ 5,559	\$ 31,380	\$ 12,700

**Zoom Group
Operating Budget 6/30/15
Compared to Projected and Budgeted FY 2014**

	Total Budget FYE 6/30/15		Total Annualized FYE 6/30/14		6/30/2015 Budget Difference		Total Budget FYE 6/30/14		6/30/2015 Budget Difference
AUTO EXPENSES									
Vehicle Expense	\$ 3,360		\$ 5,960		\$ (2,600)		\$ 10,320		\$ (8,960)
Local Mileage	\$ 28,284		\$ 20,901		\$ 7,383		\$ 14,230		\$ 14,054
Parking	\$ 540		\$ 883		\$ (343)		\$ 1,710		\$ (1,170)
TOTAL AUTO EXPENSES	\$ 32,184	0.9%	\$ 27,744		\$ 4,440		\$ 26,260		\$ 5,924
DEVELOPMENT EXPENSES									
Business Development	\$ 32,400		\$ 5,467		\$ 26,933		\$ -		\$ 32,400
Board Development & Expense	\$ 1,200		\$ 1,240		\$ (40)		\$ 1,200		\$ -
Employee Expenses	\$ 2,460		\$ 2,071		\$ 389		\$ 1,080		\$ 1,380
Training Expenses	\$ 16,560		\$ 15,773		\$ 787		\$ 33,300		\$ (16,740)
Conferences and Meetings	\$ 4,140		\$ (1,637)		\$ 5,777		\$ 2,880		\$ 1,260
TOTAL DEVELOPMENT EXPENSES	\$ 56,760	1.6%	\$ 22,913		\$ 33,847		\$ 38,460		\$ 18,300
RECOGNITION & ACTIVITIES									
Client Recognition	\$ 4,008		\$ 1,473		\$ 2,535		\$ 2,166		\$ 1,842
Employee Recognition	\$ 8,940		\$ 9,872		\$ (932)		\$ 4,449		\$ 4,491
Activities Expense	\$ 22,140		\$ 20,877		\$ 1,263		\$ 3,305		\$ 18,835
Client Events	\$ -		\$ -		\$ -		\$ 8,400		\$ (8,400)
TOTAL RECOGNITION & ACTIVITIES	\$ 35,088	1.0%	\$ 32,223		\$ 2,865		\$ 18,320		\$ 16,768
FUNDRAISING EXPENSES									
Fundraising Expenses	\$ 31,600		\$ 36,000		\$ (4,400)		\$ 34,000		\$ (2,400)
TOTAL FUNDRAISING EXPENSES	\$ 31,600	0.9%	\$ 36,000		\$ (4,400)		\$ 34,000		\$ (2,400)
OTHER EXPENSES									
Meals & Entertainment	\$ 4,500		\$ 3,084		\$ 1,416		\$ -		\$ 4,500
General Liability Insurance	\$ 23,640		\$ 24,195		\$ (555)		\$ 21,840		\$ 1,800
Dues & Publications	\$ 4,920		\$ 5,315		\$ (395)		\$ 6,280		\$ (1,360)
Job Advertising	\$ 1,400		\$ 1,272		\$ 128		\$ 1,680		\$ (260)
Miscellaneous	\$ -		\$ 5,487		\$ (5,487)		\$ 2,808		\$ (2,808)
TOTAL OTHER EXPENSES	\$ 34,460	1.0%	\$ 39,332		\$ (4,872)		\$ 32,386		\$ 2,074
TOTAL EXPENSES	\$ 3,467,219		\$ 3,079,984		\$ 387,235		\$ 3,189,131		\$ 278,088
Not Income From Operations	\$ 88,956		\$ 22,167		\$ 66,789		\$ 191,099		\$ (102,143)
Depreciation	\$ (37,284)		\$ (46,967)		\$ 9,683		\$ (45,252)		\$ 7,968
Bad Debt Expense	\$ -		\$ -		\$ -		\$ -		\$ -
Interest Expense	\$ (20,640)		\$ (23,252)		\$ 2,612		\$ (24,324)		\$ 3,684
Interest and Dividends	\$ 18,000		\$ 17,387		\$ 613		\$ 12,000		\$ 6,000
Unrealized Gains (Losses)	\$ -		\$ 23,062		\$ (23,062)		\$ -		\$ -
Service Charges	\$ (600)		\$ (1,068)		\$ 468		\$ (2,400)		\$ 1,800
Allocated Admin Costs	\$ -		\$ -		\$ -		\$ -		\$ -
Other Income (Expense)	\$ (40,524)		\$ (30,836)		\$ (9,688)		\$ (59,976)		\$ 50,290
Net Income (Loss)	\$ 48,432		\$ (8,671)		\$ 57,103		\$ 131,123		\$ (82,691)

Income Statement
For The 11 Periods Ended 5/31/2014

ZOOM GROUP (CGM)

	Period to Date	Prior Period	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
REVENUE								
DONATED ITEMS & INCOME	0.00	0.00	0.00	0.00	1,972.00	0.00	1,972.00	0.00
RESTRICTED DONATIONS	0.00	0.00	0.00	0.00	1,046.60	2,926.80	(1,880.20)	(64.24)
UNITED WAY GRANT MONIES	1,418.13	1,418.13	0.00	0.00	15,599.44	0.00	15,599.44	0.00
OVR FEE FOR SERV REV	900.00	900.00	0.00	0.00	10,527.75	21,462.25	(10,934.50)	(50.95)
MEDICAID	64,569.23	52,912.92	11,656.31	22.03	533,487.13	525,354.54	8,132.59	1.55
MEDICAID-MICHELE P	86,532.65	69,047.71	17,484.94	25.32	759,801.34	621,641.32	138,160.02	22.23
SCS CONTRACT REV SUP EMP	7,125.00	7,125.00	0.00	0.00	78,375.00	141,586.17	(63,211.17)	(44.66)
SCS CONTRACT REV SUP EMP	0.00	0.00	0.00	0.00	0.00	6,875.00	(6,875.00)	(100.00)
TUITION FROM FAMILIES	285.00	235.00	50.00	21.28	5,955.50	13,607.50	(7,652.00)	(56.23)
CLIENT NEEDS PAYMENTS	55.00	(50.00)	105.00	210.00	75.00	223.00	(148.00)	(65.91)
GREETING CARDS REVENUE	0.00	0.00	0.00	0.00	367.37	242.72	124.65	51.36
OTHER PRIVATE CONTRACTS	90.00	45.00	45.00	100.00	742.50	0.00	742.50	0.00
PRIVATE CONTRACT REV	112,352.02	110,089.13	2,262.89	2.06	1,240,029.28	1,389,934.47	(149,905.19)	(10.79)
HORT JOB REV	378.73	378.73	(0.01)	0.00	11,057.49	5,420.00	5,637.49	104.01
GENERAL DONATIONS	7,789.36	501.07	7,288.29	1,450.55	17,222.86	65,214.65	(47,991.79)	(79.59)
DIRECT APPEAL	46,170.00	0.00	46,170.00	0.00	59,073.62	25,428.89	33,644.73	132.33
FUNDRAISING	0.00	0.00	0.00	0.00	28.23	1,347.31	(1,319.08)	(97.90)
FUNDRAISING-ZOOMTOBERFEST	0.00	0.00	0.00	0.00	858.00	0.00	858.00	0.00
FUNDRAISING-SPRING ZING	30,790.00	0.00	30,790.00	0.00	32,420.92	18,808.54	13,612.38	72.42
FUNDRAISING-MEMORIAL FUNDS	0.00	0.00	0.00	0.00	20.00	200.00	(180.00)	(90.00)
SPONSOR REVENUE - SPRING ZING	12,000.00	10,000.00	2,000.00	20.00	22,000.00	15,250.00	6,750.00	44.26
TABLES REVENUE - SPONSORSHIPS	11,450.00	1,375.00	10,075.00	732.73	13,575.00	4,775.00	8,800.00	184.29
Ticket Sales - Spring Zing	0.00	0.00	0.00	0.00	0.00	375.00	(375.00)	(100.00)
DIRECT APPEAL WITH	0.00	0.00	0.00	0.00	0.00	1,042.39	(1,042.39)	(100.00)
Plant Sale Income	0.00	0.00	0.00	0.00	0.00	1,215.08	(1,215.08)	(100.00)
ART SALES	1,724.99	2,638.82	(913.83)	(34.59)	18,991.34	13,994.40	4,996.94	35.71
NET ART SALES-VENDOR PD SALES TAX	0.00	267.00	(267.00)	(100.00)	850.75	0.00	850.75	0.00
MISCELLANEOUS REVENUE	0.00	0.00	0.00	0.00	100.00	0.00	100.00	0.00
Total REVENUE:	383,610.16	256,881.57	126,728.59	49.33	2,824,184.92	2,877,020.13	(52,835.21)	(1.84)
GROSS PROFIT:	383,610.16	256,881.57	126,728.59	49.33	2,824,184.92	2,877,020.13	(52,835.21)	(1.84)
EXPENSES								
WAGES	131,319.76	135,067.98	3,768.22	2.79	1,424,255.24	1,322,281.76	101,973.48	(7.70)
CLIENT WAGES	48,822.65	45,268.28	3,554.37	(7.35)	483,179.05	483,071.09	(107.96)	(0.02)
VACATION PAY	0.00	0.00	0.00	0.00	27,402.27	44,971.72	17,569.45	39.07
EMPLOYEE BENEFITS	11,853.66	10,728.19	1,125.47	(10.49)	117,137.89	94,584.67	22,553.22	(23.84)
WELLNESS BENEFITS	553.76	298.61	255.15	(84.70)	1,127.70	0.00	1,127.70	0.00
EMPLOYEE BONUS AND INCENTIVES	0.00	0.00	0.00	0.00	36,342.29	18,385.89	(17,956.40)	(97.66)

Income Statement
For The 11 Periods Ended 5/31/2014

ZOOM GROUP (CGM)

	Period to Date	Prior Period	Variance	Var %	Year to Date	Year to Date	Variance	Var %
EMPLOYER FICA	9,756.17	9,370.39	(425.78)	(4.54)	110,309.27	100,436.49	(9,872.78)	(9.83)
EMPLOYER CLIENT FICA	3,678.13	3,997.19	319.06	7.88	36,578.22	36,859.52	181.30	0.49
UNEMPLOYMENT	0.00	0.00	0.00	0.00	413.04	8,778.24	8,365.20	95.29
WORKERS COMP	3,126.00	2,025.00	(1,101.00)	(54.57)	23,362.66	17,242.45	(6,120.21)	(35.50)
ABILITY ONE PAYMENTS	2,101.67	2,075.40	(26.27)	(1.27)	28,876.09	28,084.54	2,208.45	8.47
MARKETING-PROFESSIONAL	0.00	0.00	0.00	0.00	0.00	14,237.50	14,237.50	100.00
VACCINATIONS-INJECTIONS-TB TESTS	400.00	335.00	(65.00)	(19.40)	4,123.28	3,020.97	(1,102.31)	(36.49)
TEMP TO HIRE EXPENSE	2,374.37	3,748.52	1,374.25	36.66	42,876.72	39,541.98	(2,934.73)	(7.35)
TEMPORARY LABOR	0.00	0.00	0.00	0.00	883.63	6,991.87	6,077.87	87.31
CRIMINAL RECORDS CHECK FEES	1,409.93	0.00	(1,409.93)	0.00	2,384.51	1,701.59	(682.92)	(40.13)
Scholarship Payments	0.00	0.00	0.00	0.00	0.00	4,512.50	4,512.50	100.00
PROFESSIONAL FEES	100.00	0.00	(100.00)	0.00	34,320.60	20,044.15	(14,276.45)	(71.23)
BILLING SERVICES	3,115.35	2,329.95	(785.40)	(33.71)	24,649.45	19,033.00	(5,616.45)	(29.71)
PAYROLL HR PROCESSING	1,653.76	1,623.13	(30.63)	(1.89)	15,029.16	14,114.94	(914.22)	(6.48)
403 B EXPENSES	0.00	537.50	537.50	100.00	2,887.25	1,783.25	(1,104.00)	(61.91)
SUPPLIES	1,768.73	1,412.94	(355.79)	(25.18)	17,566.11	16,934.26	(631.85)	(3.73)
ART SUPPLIES	685.50	675.20	9.70	1.44	5,601.00	5,844.30	243.30	4.16
GREETING CARDS EXPENSE	0.00	0.00	0.00	0.00	365.08	0.00	(365.08)	0.00
UNIFORMS	(49.00)	439.61	488.61	111.15	1,960.91	1,929.24	(31.67)	(2.68)
OFFICE SUPPLIES	431.56	576.42	144.86	25.13	8,047.56	5,957.51	(2,090.05)	(25.92)
COMMUNICATIONS	3,193.20	3,933.49	740.29	18.82	40,827.74	36,219.08	(4,608.66)	(12.72)
MAINTENANCE	2,114.97	1,469.47	(645.50)	(43.95)	30,675.81	9,265.39	(21,710.42)	(284.32)
POSTAGE	208.99	481.36	272.37	56.58	3,639.69	4,658.27	1,018.58	21.87
FACILITY RENTAL	5,422.00	5,422.00	0.00	0.00	61,255.83	90,029.62	28,773.79	31.96
UTILITIES	2,141.21	3,008.47	865.26	28.78	26,026.50	14,514.63	(11,511.87)	(79.31)
EQUIPMENT RENTAL	0.00	0.00	0.00	0.00	0.00	117.12	117.12	100.00
OFFICE EQUIPMENT	0.00	0.00	0.00	0.00	0.00	112.52	112.52	100.00
COMMISSION FOR SALES	1,492.40	2,573.44	1,081.04	42.01	15,734.51	10,862.59	(4,871.92)	(44.85)
SMALL EQUIPMENT EXP	0.00	0.00	0.00	0.00	0.00	739.67	739.67	100.00
PRINTING	402.37	215.46	(186.88)	(86.72)	3,244.26	7,600.46	4,356.10	57.31
VEHICLE EXPENSE	67.03	0.00	(67.03)	0.00	5,118.05	5,943.00	824.95	13.88
Vehicle - Gas	478.47	417.73	(60.74)	(14.54)	4,731.97	1,794.81	(2,937.16)	(163.65)
LOCAL MILEAGE	1,629.98	1,609.81	(20.17)	(1.25)	15,608.16	11,314.41	(4,293.75)	(37.95)
PARKING	0.00	11.00	11.00	100.00	1,178.00	9,758.70	8,580.70	87.93
CONFERENCES & MEETINGS	75.00	7.50	(67.50)	(90.00)	(924.64)	1,535.04	2,459.68	160.24
TECHNOLOGY SUPPLIES	12.00	708.98	696.98	98.31	1,902.32	838.31	(1,064.01)	(126.92)
TECHNOLOGICAL DEVELOPMENT	2,763.89	4,220.39	1,456.50	34.51	29,282.79	13,699.50	(15,583.29)	(113.75)
BOARD DEVELOPMENT	56.14	101.31	51.77	5.10	1,127.68	1,070.06	(57.62)	(5.38)
EMPLOYEE EXPENSES	0.00	0.00	0.00	0.00	0.00	91.97	91.97	100.00
TRAINING	479.25	1,763.24	1,283.99	72.82	13,136.99	24,849.80	11,511.81	46.70

Income Statement
For The 11 Periods Ended 5/31/2014

ZOOM GROUP (CGM)

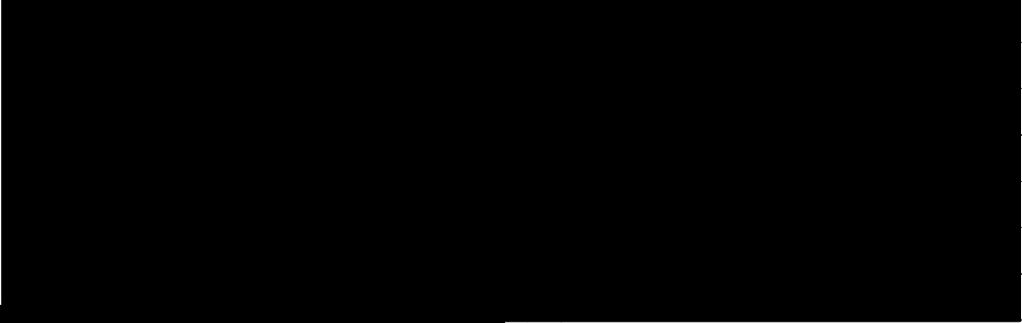
	Period to Date	Prior Period	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
MEALS & ENTERTAINMENT	358.52	358.30	1.78	0.50	3,980.33	1,873.99	(2,336.34)	(137.78)
PROVIDER TAX	2,889.15	3,314.97	315.82	9.52	30,742.99	24,663.06	(6,073.93)	(24.62)
TUITION ASSISTANCE	1,264.69	0.00	(1,264.69)	0.00	1,299.69	0.00	(1,299.69)	0.00
DUES & PUBLICATIONS	585.74	422.49	(163.25)	(36.64)	5,048.56	5,565.77	516.81	9.28
MARKETING PROJECTS	547.28	4,786.50	4,238.62	88.55	15,228.16	901.78	(14,326.38)	(1,588.68)
FILING FEES & REGISTRATIONS	0.00	0.00	0.00	0.00	252.39	259.28	6.89	2.68
DATA BASE FEES	240.60	240.60	0.00	0.00	3,006.60	2,616.00	(390.60)	(14.93)
GENERAL LIABILITY INS	1,620.75	1,620.75	0.00	0.00	21,386.96	21,897.00	510.04	2.33
CLIENT RECOGNITION	65.07	346.22	281.15	81.21	3,101.68	1,314.74	(1,786.94)	(135.92)
EMPLOYEE RECOGNITION	287.01	59.89	(207.12)	(345.83)	5,923.44	4,363.65	(1,559.79)	(35.75)
MISCELLANEOUS	0.00	0.00	0.00	0.00	79.00	520.46	441.46	84.82
ACTIVITIES EXPENSE	42.38	364.82	322.44	88.38	8,317.95	2,537.86	(5,780.09)	(227.75)
CHARITABLE DONATIONS	0.00	0.00	0.00	0.00	675.00	3,925.00	3,150.00	82.35
CLIENT EVENTS	137.46	202.58	65.12	32.15	8,408.12	5,127.19	(719.07)	7.88
FUNDRAISING EXPENSES SPRING Z	28,398.85	2,488.60	(25,909.99)	(1,041.04)	32,887.71	28,886.94	(4,000.77)	(13.85)
JOB ADVERTISING	0.00	0.00	0.00	0.00	1,044.00	1,772.24	728.24	41.09
RETIREMENT 403B	920.00	932.50	12.50	1.34	10,596.00	12,170.00	1,575.00	12.94
Total EXPENSES:	281,145.00	261,610.77	(19,534.23)	(7.47)	2,849,843.72	2,675,097.98	(174,545.74)	(6.52)
NET INCOME FROM OPERATIONS:	102,465.16	(4,729.20)	107,194.36	2,266.65	(26,458.80)	251,922.15	(227,380.95)	(112.61)
OTHER INCOME AND EXPENSE								
DEPRECIATION	(4,261.34)	(4,261.34)	0.00	0.00	(44,954.06)	(23,525.01)	(21,429.07)	(91.09)
BAD DEBT EXPENSE	0.00	0.00	0.00	0.00	(582.50)	0.00	(582.50)	0.00
Interest Expense	(17.18)	(18.59)	1.41	(8.09)	(238.24)	(382.16)	113.92	32.35
INTEREST EXPENSE: MORTGAGE	(1,810.61)	(1,885.70)	75.09	5.03	(20,832.60)	(1,975.00)	(18,957.60)	(959.88)
INTEREST	654.98	698.97	(43.99)	(6.29)	14,320.98	12,041.06	(2,279.92)	18.93
UNREALIZED GAIN(LOSS) ON SECURITIES	0.00	0.00	0.00	0.00	0.00	16,501.04	(16,501.04)	(100.00)
SERVICE CHARGES	(147.27)	(66.21)	(81.06)	(122.43)	(1,816.64)	(2,257.04)	440.40	19.51
REALIZED GAIN (LOSS) ON SECURITIES	0.00	0.00	0.00	0.00	23,052.91	0.00	(23,052.91)	0.00
Total OTHER INCOME AND	(5,581.42)	(6,532.37)	(49.05)	(0.89)	(31,140.17)	432.89	(31,573.06)	(7,293.55)
EARNINGS BEFORE INCOME TAX:	96,883.74	(10,281.57)	107,145.31	1,044.14	(56,598.97)	202,355.04	(258,954.01)	(127.97)
Net Income (Loss):	96,883.74	(10,281.57)	107,145.31	1,044.14	(56,598.97)	202,355.04	(258,954.01)	(127.97)

CHAIR (1/2011)	Cliff Vatter (10/2006)	Casey Adams (12/2013)
Angela Reeves	Raymond James Financial Svcs.	Executive Director, MIRALEA

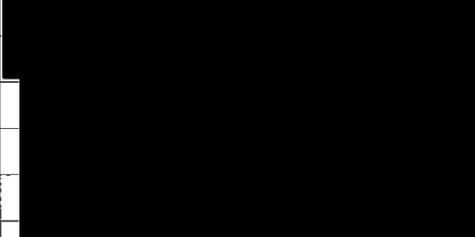


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VICE CHAIR (1/2013)		
Jeremy Garris	Trevor Howie (9/2010)	



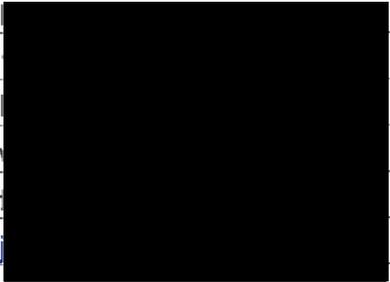
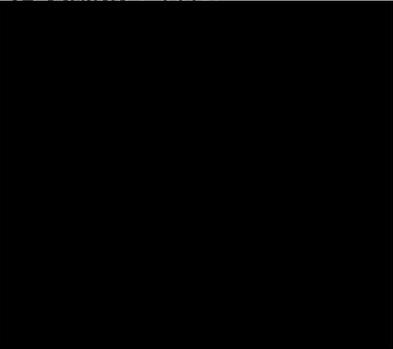
Founding Member (1990)
Natalie Semaria



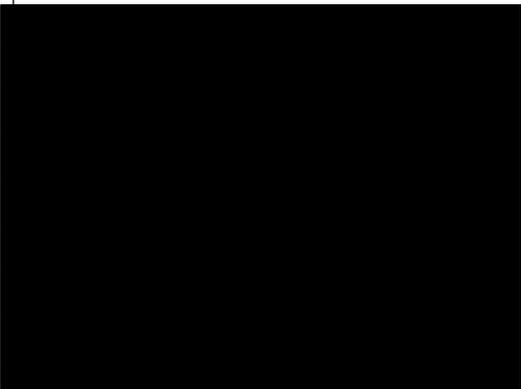
	Jimmy Blandford, CPA (11/2013)	
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*Three-year terms can be held up to three times, with one year off between the second and third term.

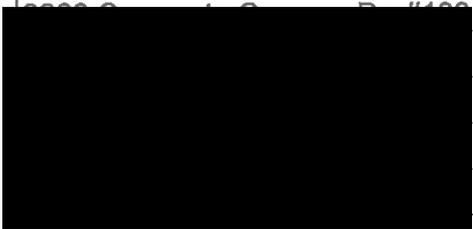
SECRETARY (7/2010)		
Douglas Foster		



	Jennifer Ball (1/2013)	
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TREASURER (12/2010)		
Steven Sandman		

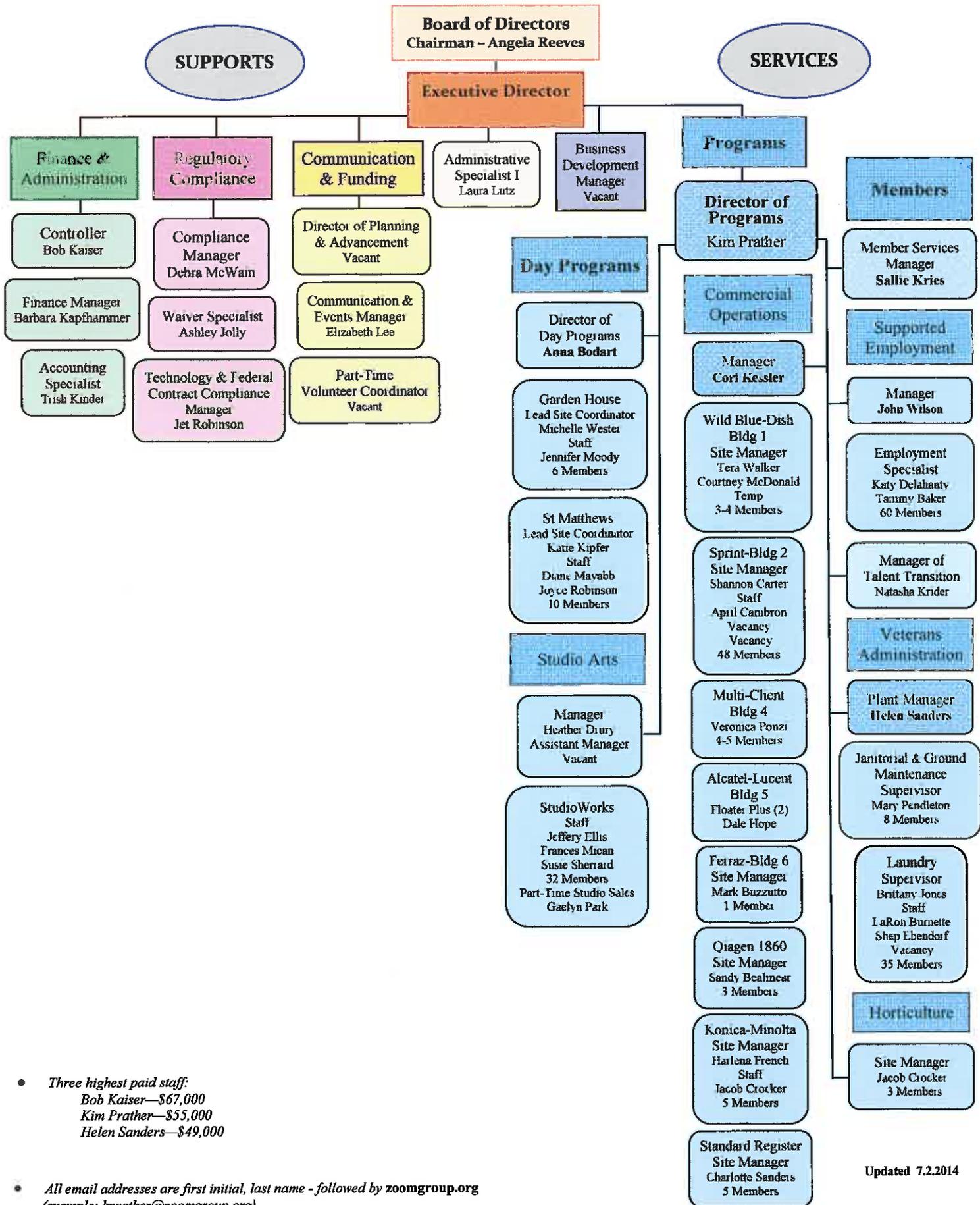


	Jill Keeney (6/2013)	
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7.23.2014		
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ZOOM GROUP ORGANIZATIONAL CHART



- Three highest paid staff:
Bob Kaiser—\$67,000
Kim Prather—\$55,000
Helen Sanders—\$49,000

- All email addresses are first initial, last name - followed by zoomgroup.org (example: kprather@zoomgroup.org)

Updated 7.2.2014

**C.G.M. SERVICES, INC.
D/B/A ZOOM GROUP**

FINANCIAL STATEMENTS

Years Ended June 30, 2013 and 2012

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
C.G.M. Services, Inc. d/b/a Zoom Group
Louisville, Kentucky

We have audited the accompanying financial statements of C.G.M. Services, Inc. d/b/a Zoom Group (a not-for-profit organization), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of C.G.M. Services, Inc. d/b/a Zoom Group as of June 30, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Deming, Malone, Livanay & Ostroff

Louisville, Kentucky
October 29, 2013

**C.G.M. SERVICES, INC.
D/B/A ZOOM GROUP**

**STATEMENTS OF FINANCIAL POSITION
June 30, 2013 and 2012**

ASSETS	<u>2013</u>	<u>2012</u>
CURRENT ASSETS		
Cash and cash equivalents	\$ 278,370	\$ 427,054
Investments	480,164	499,001
Unemployment reserve	47,528	56,976
Accounts receivable, less allowance for doubtful accounts of \$5,000 in 2013 and 2012	341,578	224,437
Grants receivable	17,018	45,680
Security deposits	9,407	8,854
Prepaid expenses	<u>13,489</u>	<u>9,143</u>
 Total current assets	 <u>1,187,554</u>	 <u>1,271,145</u>
 PROPERTY AND EQUIPMENT, net		
Land	300,000	
Building	468,314	
Leasehold improvements	73,513	72,463
Furniture, equipment and vehicles	289,015	269,080
Construction in progress	<u>181,248</u>	
	1,312,090	341,543
Less accumulated depreciation	<u>264,904</u>	<u>238,134</u>
	<u>1,047,186</u>	<u>103,409</u>
 TOTAL ASSETS	 <u>\$ 2,234,740</u>	 <u>\$ 1,374,554</u>

See Notes to Financial Statements.

LIABILITIES AND NET ASSETS	<u>2013</u>	<u>2012</u>
CURRENT LIABILITIES		
Current maturities of capital lease obligations	\$ 2,134	\$ 2,009
Current maturities of mortgage payable	49,923	
Accounts payable	84,232	39,195
Accrued expenses	<u>125,355</u>	<u>111,826</u>
Total current liabilities	<u>261,644</u>	<u>153,030</u>
LONG-TERM LIABILITIES, less current maturities		
Capital lease obligations	3,052	5,185
Mortgage payable	<u>541,924</u>	<u> </u>
Total long-term liabilities	<u>544,976</u>	<u>5,185</u>
Total liabilities	<u>806,620</u>	<u>158,215</u>
NET ASSETS		
Unrestricted	1,381,085	1,137,879
Temporarily restricted	<u>47,035</u>	<u>78,460</u>
	<u>1,428,120</u>	<u>1,216,339</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,234,740</u>	<u>\$ 1,374,554</u>

**C.G.M. SERVICES, INC.
D/B/A ZOOM GROUP**

**STATEMENTS OF ACTIVITIES
Years Ended June 30, 2013 and 2012**

	2013			2012		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Revenues and support:						
Service revenues	\$ 2,975,294		\$ 2,975,294	\$ 2,752,147		\$ 2,752,147
Contributions and grants	86,093		86,093	33,080		33,080
In-kind contributions	5,000		5,000	5,339		5,339
Metro United Way		\$ 17,018	\$ 17,018		\$ 45,680	\$ 45,680
Special events (net of costs of direct benefits to donors of \$5,146 in 2013 and \$5,522 in 2012)	45,576	15,930	61,506	33,457	17,675	51,132
Interest income	10,899		10,899	18,179		18,179
Unrealized gain (loss) on investments	24,828		24,828	(8,972)		(8,972)
Other revenues	483		483	284		284
	<u>3,148,173</u>	<u>32,948</u>	<u>3,181,121</u>	<u>2,833,514</u>	<u>63,355</u>	<u>2,896,869</u>
Net assets released from restrictions	64,373	(64,373)		97,843	(97,843)	
	<u>3,212,546</u>	<u>(31,425)</u>	<u>3,181,121</u>	<u>2,931,357</u>	<u>(34,488)</u>	<u>2,896,869</u>
Total revenues and support						
				2,349,963		2,349,963
Expenses:						
Program services	2,357,317		2,357,317	552,898		552,898
Administrative	550,917		550,917	91,170		91,170
Fund-raising	61,106		61,106	2,994,031		2,994,031
Total expenses	<u>2,969,340</u>		<u>2,969,340</u>	<u>(62,674)</u>		<u>(62,674)</u>
	243,206	(31,425)	211,781	(62,674)	(34,488)	(97,162)
Increase (decrease) in total net assets						
Net assets, beginning of year	1,137,879	78,460	1,216,339	1,200,553	112,948	1,313,501
Net assets, end of year	<u>\$ 1,381,085</u>	<u>\$ 47,035</u>	<u>\$ 1,428,120</u>	<u>\$ 1,137,879</u>	<u>\$ 78,460</u>	<u>\$ 1,216,339</u>

See Notes to Financial Statements.

**C.G.M. SERVICES, INC.
D/B/A ZOOM GROUP**

STATEMENTS OF FUNCTIONAL EXPENSES
Years Ended June 30, 2013 and 2012

	2013						
	Job Placement	Small Business Operations	Day Services	Total Program Services	Fund-Raising	Total	
Salaries	\$ 117,685	\$ 1,297,101	\$ 359,494	\$ 1,774,280	\$ 308,868	\$ 11,122	\$ 2,094,270
Employee benefits	15,463	61,003	32,842	109,308	30,079	939	140,326
Payroll taxes	8,700	93,123	25,692	127,515	22,543	1,129	151,187
Workers' compensation insurance	1,569	2,593	1,763	5,925	13,366	481	19,772
Activities expense			2,483	2,483			2,483
Advertising	171	120	1,407	1,698	619	22	2,339
Bad debt expense	498	6,896	1,094	8,488			8,488
Contract services	198	30,427	773	31,398	1,689	13,749	46,836
Dues and subscriptions	406	891	787	2,084	3,461	125	5,670
Insurance	9,384	11,477	2,883	23,744	839		24,583
Licenses and registrations	10	31	150	191	89	3	283
Miscellaneous	1,984	9,123	6,852	17,959	12,794	796	31,549
Professional fees			100	100	76,345		76,445
Rent	2,748	4,542	66,689	73,979	23,414	843	98,236
Repairs and maintenance	67	174	8,933	9,174	575	21	9,770
Special events						25,251	25,251
Staff development	4,181	10,273	4,631	19,085	11,612	567	31,264
Supplies and printing	1,972	10,968	19,787	32,727	11,864	3,850	48,441
Telephone	4,165	14,881	7,868	26,914	14,883	536	42,333
Transportation and travel	8,367	8,208	9,522	26,097	7,253	408	33,758
Utilities	286	473	12,968	13,727	2,439	88	16,254
Provider tax	234	12,306	14,959	27,499			27,499
Interest	439	726	493	1,658	3,740	135	5,533
Depreciation	648	3,459	17,177	21,284	4,445	1,041	26,770
Total expenses	\$ 179,175	\$ 1,578,795	\$ 599,347	\$ 2,357,317	\$ 550,917	\$ 61,106	\$ 2,969,340

2012

	Small				Total		
	Job Placement	Business Operations	Day Services	Program Services	Administrative	Fund-Raising	Total
Salaries	\$ 123,267	\$ 1,330,809	\$ 320,167	\$ 1,774,243	\$ 304,813	\$ 4,473	\$ 2,083,529
Employee benefits	13,883	57,455	43,454	114,792	30,201	443	145,436
Payroll taxes	9,113	96,086	22,882	128,081	22,247	326	150,654
Workers' compensation insurance	1,820	2,539	1,861	6,220	14,719	216	21,155
Activities expense			1,277	1,277			1,277
Advertising		459	300	759			759
Bad debt expense	39	2,347	416	2,802			2,802
Contract services	13	41,068	6,460	47,541	104	38,902	86,547
Dues and subscriptions	247	565	398	1,210	1,999	29	3,238
Insurance	4,944	10,151	2,533	17,628	467		18,095
Licenses and registrations	204	391	208	803	1,647	24	2,474
Miscellaneous	2,203	6,489	3,761	12,453	11,848	174	24,475
Professional fees	69	4,520	1,269	5,858	78,194	16,757	100,809
Rent	3,000	4,185	66,169	73,354	24,263	356	97,973
Repairs and maintenance	601	1,213	8,507	10,321	4,862	71	15,254
Special events						22,350	22,350
Staff development	5,974	5,721	3,191	14,886	14,004	373	29,263
Supplies and printing	3,174	8,695	12,907	24,776	12,246	5,298	42,320
Telephone	4,185	10,430	6,876	21,491	13,687	201	35,379
Transportation and travel	9,367	8,883	5,720	23,970	8,893	169	33,032
Utilities	232	323	11,760	12,315	1,872	27	14,214
Provider tax	99	14,870	17,224	32,193			32,193
Interest	27	38	28	93	221	3	317
Depreciation	818	4,533	17,546	22,897	6,611	978	30,486
Total expenses	\$ 183,279	\$ 1,611,770	\$ 554,914	\$ 2,349,963	\$ 552,898	\$ 91,170	\$ 2,994,031

See Notes to Financial Statements.

**C.G.M. SERVICES, INC.
D/B/A ZOOM GROUP**

STATEMENTS OF CASH FLOWS
Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Cash flows from operating activities:		
Cash received for program services	\$ 2,850,148	\$ 2,722,488
Contributions and grants received	193,279	180,906
Cash paid to suppliers and employees	(2,908,548)	(2,935,671)
Interest received	<u>367</u>	<u>843</u>
Net cash provided by (used in) operating activities	<u>135,246</u>	<u>(31,434)</u>
Cash flows from investing activities:		
Purchases of investments	(7,426)	(9,778)
Proceeds from sale of investments	50,000	25,000
Capital expenditures for property and equipment	<u>(316,343)</u>	<u>(37,770)</u>
Net cash used in investing activities	<u>(273,769)</u>	<u>(22,548)</u>
Cash flows from financing activities:		
Principal payments on mortgage payable	(8,153)	
Principal payments under capital lease obligation	<u>(2,008)</u>	<u>(1,274)</u>
Net cash used in financing activities	<u>(10,161)</u>	<u>(1,274)</u>
Net decrease in cash and cash equivalents	(148,684)	(55,256)
Cash and cash equivalents at beginning of year	<u>427,054</u>	<u>482,310</u>
Cash and cash equivalents at end of year	<u>\$ 278,370</u>	<u>\$ 427,054</u>

See Notes to Financial Statements.

	<u>2013</u>	<u>2012</u>
RECONCILIATION OF NET INCREASE (DECREASE) IN TOTAL NET ASSETS TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES		
Net increase (decrease) in total net assets	\$ 211,781	\$ (97,162)
Adjustments to reconcile net increase (decrease) in total net assets to net cash provided by (used in) operating activities:		
Depreciation	26,770	30,486
Investment income reinvested	(10,532)	(17,336)
Unrealized (gain) loss on investments	(20,631)	13,846
Net gain on unemployment trust	(4,197)	(4,874)
In-kind contributions of equipment	(5,000)	
Change in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	(117,141)	(27,141)
Grants receivable	28,662	45,675
Unemployment reserve	21,071	15,436
Security deposits	(553)	
Prepaid expenses	(4,346)	(4,720)
Increase (decrease) in:		
Accounts payable	(4,167)	14,994
Accrued expenses	13,529	(638)
Total adjustments	<u>(76,535)</u>	<u>65,728</u>
Net cash provided by (used in) operating activities	<u>\$ 135,246</u>	<u>\$ (31,434)</u>

**SUPPLEMENTAL SCHEDULE OF NONCASH INVESTING
AND FINANCING TRANSACTIONS**

Equipment acquired through capital lease obligation		<u>\$ 8,468</u>
Purchases of property and equipment in accounts payable	<u>\$ 49,204</u>	
Real estate acquired with mortgage payable	<u>\$ 600,000</u>	

**C.G.M. SERVICES, INC.
D/B/A ZOOM GROUP**

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Operations and Summary of Significant Accounting Policies

Nature of operations:

C.G.M. Services, Inc. d/b/a Zoom Group is a not-for-profit organization engaged in developing and promoting valued social roles for adults with development disabilities by providing employment services, adult day programs, volunteer placements and other community-based vocational opportunities in typical community settings.

Summary of significant accounting policies:

This summary of significant accounting policies of the Organization is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Service revenues:

During the years ended June 30, 2013 and 2012, approximately 98% and 97% of the Organization's service revenues were generated from four agencies-Kentucky Department for Medicaid Services, Department of Veterans Affairs, UPS Supply Chain Solutions, Inc. and Seven Counties Services, Inc.-with revenue of approximately \$2,927,000 and \$2,719,000, respectively. At June 30, 2013 and 2012, amounts due from these agencies included in accounts receivable were approximately \$341,000 and \$222,000, respectively.

Receivables:

The valuation of receivables is based upon a detailed analysis of past due accounts and the history of uncollectible accounts. Estimated uncollectible receivables increase the allowance for doubtful accounts and when the receivables are written off, the allowance for doubtful accounts is decreased. The Organization periodically reviews doubtful receivables to determine if write-offs are necessary.

NOTES TO FINANCIAL STATEMENTS

Property and equipment:

Property and equipment are stated at cost, if purchased, or at fair market value as of the date of donation, if donated. The Organization's policy is to capitalize asset purchases exceeding \$500. Amortization expense from capital leases is included with depreciation expense. Depreciation is computed using the straight-line method over the following estimated useful lives of the related assets:

	<u>Years</u>
Building	40
Leasehold improvements	3-5
Furniture, equipment and vehicles	2-10

Donations:

Donations other than cash are recorded at their fair market value as of the date of donation. Donated services must meet the specific expertise requirements and would normally have been purchased before they are recorded. Donations of long-lived assets with explicit restrictions that specify how the assets are to be used and donations of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Donated facilities:

The Organization operates most of its day services programs from facilities at local churches. The estimated rental value of these facilities is not readily determinable and, as such, is not reflected in the accompanying financial statements.

Functional allocation of expenses:

The costs of providing the various program services and other activities have been summarized on a functional basis in the Statement of Functional Expenses. Accordingly, certain overhead costs have been allocated among the program services and supporting services benefited.

NOTES TO FINANCIAL STATEMENTS

Estimates:

The preparation of financial statements in conformity 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents:

For purposes of the statement of cash flows, the Organization considers only undesignated cash and investments with original maturities of three months or less to be cash and cash equivalents.

Investments and market risk:

Investments in equity and debt securities are stated at fair value based on quoted market prices (see Note 3). Donated investments are recorded at the fair market value as of the date received.

Advertising:

The Organization expenses advertising costs as incurred.

Compensated absences:

Compensated absences for sick pay have not been accrued since they cannot be reasonably estimated. The Organization's policy is to recognize these costs when actually paid.

Income taxes:

The Organization is exempt from federal, state and local income taxes as a not-for-profit corporation as described under Internal Revenue Code Section 501(c)(3). The Organization files an informational tax return in the U.S. federal jurisdiction and with the Kentucky Office of the Attorney General. However, income from certain activities not directly related to the Organization's tax-exempt purpose may be subject to taxation as unrelated business income.

NOTES TO FINANCIAL STATEMENTS

As of June 30, 2013 and 2012, the Organization did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended. Tax years still open under federal and state statute of limitations remain subject to review and change.

Subsequent events:

Subsequent events have been evaluated through October 29, 2013, which is the date the financial statements were available to be issued.

Note 2. Grants Receivable

Grants receivable consisted of \$17,018 and \$45,680 as of June 30, 2013 and 2012, respectively, from Metro United Way. Metro United Way grants are paid during the following year.

Note 3. Investments

Cost and fair value of investments at June 30, 2013 and 2012 are summarized below:

	2013		
	Cost	Market Value	Unrealized Appreciation (Depreciation)
Cash equivalents	\$ 57,763	\$ 57,763	
Mortgage-backed securities	107,519	104,826	\$(2,693)
Equity mutual funds:			
World stock	61,608	69,419	7,811
Large Growth	30,021	37,135	7,114
Large Blend	31,203	36,809	5,606
Foreign Large Blend	30,424	31,543	1,119
Asset allocation mutual fund	51,250	50,052	(1,198)
Bond mutual funds	<u>93,771</u>	<u>92,617</u>	<u>(1,154)</u>
Total	<u>\$463,559</u>	<u>\$480,164</u>	<u>\$16,605</u>

NOTES TO FINANCIAL STATEMENTS

	2012		Unrealized Appreciation (Depreciation)
	Cost	Market Value	
Cash equivalents	\$ 52,963	\$ 52,963	
Mortgage-backed securities	210,161	209,832	\$ (329)
Equity mutual funds:			
World stock	40,918	40,805	(113)
Large Growth	20,014	21,823	1,809
Large Blend	20,483	22,106	1,623
Foreign Large Blend	20,234	18,858	(1,376)
Asset allocation mutual fund	48,633	44,924	(3,709)
Bond mutual funds	<u>89,622</u>	<u>87,690</u>	<u>(1,932)</u>
Total	<u>\$503,028</u>	<u>\$499,001</u>	<u>\$(4,027)</u>

The Organization has significant investments in funds held by an investment manager and is, therefore, subject to concentrations of credit risk. Investments are made by the investment manager and the investments are monitored by the Board of Directors. Though the market value of investments is subject to fluctuations on a year-to-year basis, management believes the investment policy is prudent for the long-term welfare of the Organization.

Note 4. Fair Value Measurements

Accounting principles generally accepted in the United States of America provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

- Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active or inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

NOTES TO FINANCIAL STATEMENTS

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of 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 methodologies used at June 30, 2013.

All assets have been valued using a market approach. Fair values for assets in Level 1 are calculated using quoted market prices. Fair values in Level 2 are calculated using quoted market prices for similar assets. Fair values in Level 3 have been valued at fair market value as provided by the donor.

The preceding methods 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 Organization 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.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value as of June 30, 2013 and 2012:

	June 30, 2013		
	Level 1	Level 2	Level 3
Measured on a recurring basis:			
Cash equivalents	\$ 57,763		
Equity mutual funds	174,906		
Asset allocation mutual fund	50,052		
Bond mutual fund	92,617		
Mortgage-backed securities	_____	\$104,826	
	\$375,338	\$104,826	
Measured on a non-recurring basis:			
Furniture in-kind contributions			\$5,000

NOTES TO FINANCIAL STATEMENTS

	June 30, 2012	
	Level 1	Level 2
Measured on a recurring basis:		
Cash equivalents	\$ 52,963	
Equity mutual funds	103,592	
Asset allocation mutual fund	44,924	
Bond mutual fund	87,690	
Mortgage-backed securitities		<u>\$209,832</u>
Total assets at fair value	<u>\$289,169</u>	<u>\$209,832</u>

Note 5. Unemployment Reserve

The Organization participates in a self-insured unemployment trust. Quarterly deposits are made to a reserve account, and unemployment claims are paid from the trust as they arise. As of June 30, 2013 and 2012, the Organization had a reserve balance of \$47,528 and \$56,976, respectively, on deposit with the trustee. For 2013, approximately 79% of the unemployment reserve account was invested in Level 1 investments, 7% in Level 2 investments and 14% in Level 3 investments. For 2012, approximately 81% of the unemployment reserve account was invested in Level 1 investments, 9% in Level 2 investments and 10% in Level 3 investments. During the years ended June 30, 2013 and 2012, the Organization recorded an investment gain of \$4,197 and \$4,874, respectively, on this trust. A reconciliation of the activity from the beginning to the end of year for assets measured as Level 3 investments at June 30, 2013 is as follows:

	<u>Pooled Investment Hedge Fund</u>
Beginning balance	\$5,697
Total realized/unrealized gains	213
Purchases	744
Ending balance	<u>\$ 6,654</u>

NOTES TO FINANCIAL STATEMENTS

Note 6. Construction in Progress

During 2013, the Organization purchased real estate with a building. The cost of renovating the building for the Organization's use was approximately \$181,000. The cost incurred during 2013 approximates the total estimated cost of the renovations. The building and renovations are expected to be placed in service during the fiscal year ending June 30, 2014.

Note 7. Capital Lease Obligation

The Organization leases equipment under a capital lease. The economic substance of the lease is that the Organization is financing the acquisition of the asset through the lease and, accordingly, the lease is recorded in the Organization's assets and liabilities.

The following is a summary of the leased asset included in property and equipment:

	<u>2013</u>
Equipment	\$ 8,468
Accumulated amortization	<u>(3,528)</u>
	<u>\$ 4,940</u>

Future minimum lease payments under the capital leases are as follows:

Years ending June 30, 2014	\$2,388
2015	2,388
2016	<u>796</u>
	5,572
Less amount representing interest	<u>386</u>
Net minimum lease payments	<u>\$5,186</u>

Subsequent to year end, the Organization entered into three capital leases for equipment with minimum monthly payments of \$276, \$386, and \$268 for 60, 48, and 36 months, respectively.

NOTES TO FINANCIAL STATEMENTS

Note 8. Mortgage Payable

At June 30, 2013, the mortgage payable consisted of the following:

Mortgage payable to Main Source Bank, stated interest rate of 3.95%, payable in monthly installments of \$6,077, maturing April 2023. Mortgage includes a prepayment penalty if refinanced in first 5 years of the mortgage. Mortgage is secured by property with a net book value of \$915,209 at June 30, 2013 and an assignment of rents.	\$591,847
Less current maturities	<u>49,923</u>
	<u>\$541,924</u>

Future maturities on the mortgage payable are as follows:

Years ending June 30, 2014	\$ 49,923
2015	52,485
2016	54,597
2017	56,793
2018	59,077
Thereafter	<u>318,972</u>
	<u>\$591,847</u>

Note 9. Lease Commitments

The Organization leases office space and space for various programs.

NOTES TO FINANCIAL STATEMENTS

The following is a schedule by years of the future minimum rental payments required under leases having a term of more than one year.

Years ending June 30, 2014	\$ 63,600
2015	63,600
2016	<u>14,900</u>
	<u>\$142,100</u>

Note 10. Changes in Temporarily Restricted Net Assets

Changes in temporarily restricted net assets during the years ended June 30, 2013 and 2012 were as follows:

	<u>Balance</u> <u>6/30/12</u>	<u>Contributions</u>	<u>Released</u>	<u>Balance</u> <u>6/30/13</u>
Contributions restricted for:				
Metro United Way grant for supported living and adult day programs	\$ 45,680	\$17,018	\$(45,680)	\$17,018
Scholarships and activities	25,678	12,800	(9,661)	28,817
Day Programs	2,800	1,850	(4,650)	
Studio Works	<u>4,302</u>	<u>1,280</u>	<u>(4,382)</u>	<u>1,200</u>
	<u>\$78,460</u>	<u>\$32,948</u>	<u>\$(64,373)</u>	<u>\$47,035</u>

	<u>Balance</u> <u>6/30/11</u>	<u>Contributions</u>	<u>Released</u>	<u>Balance</u> <u>6/30/12</u>
Contributions restricted for:				
Metro United Way grant for supported living and adult day programs	\$ 91,355	\$45,680	\$(91,355)	\$ 45,680
Scholarships and activities	13,425	17,675	(5,422)	25,678
Day Programs	2,800			2,800
Studio Works	<u>5,368</u>	<u>—</u>	<u>(1,066)</u>	<u>4,302</u>
	<u>\$112,948</u>	<u>\$63,355</u>	<u>\$(97,843)</u>	<u>\$ 78,460</u>

NOTES TO FINANCIAL STATEMENTS

Note 11. Defined Contribution Retirement Plan

The Organization has a defined contribution retirement plan for the benefit of its employees. All full-time employees who have fulfilled three months of employment are eligible to contribute to the plan. Employees who have completed one year of service are eligible for employer matching contributions. Annual contributions are determined by the Board. The organization contributed approximately \$14,500 and \$13,500 to the plan for the years ended June 30, 2013 and 2012, respectively.

Note 12. Contingencies

The Organization is involved in a civil action lawsuit arising in the ordinary course of its business. The Organization's legal counsel has indicated that the ultimate resolution of the claim is not determinable. It is the opinion of management that the ultimate liability, if any, with respect to this matter will not materially affect the financial position of the Organization.

ARTICLES OF INCORPORATION
OF
C. G. M. SERVICES, INC.

C ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY *KWS*

JUN 25 1986

Dupell R. Davis

Know All Men By These Presents:
The undersigned do hereby associate ourselves for the purpose of forming a nonprofit corporation under the provisions of the Kentucky Nonprofit Corporation Act and do hereby adopt the following Articles of Incorporation:

ARTICLE I

NAME

The name of the Corporation shall be C. G. M. Services, Inc.

ARTICLE II

DURATION

The period of duration of the Corporation shall be perpetual, or until such time as the Corporation may be dissolved by voluntary action according to law.

ARTICLE III

PURPOSES AND POWERS

A. The principle object and purpose for which the Corporation is organized is as follows:

To develop and promote valued social roles for mentally retarded and developmentally disabled citizens by providing

or arranging for work, work training opportunities and/or voluntary associations in typical community settings.

B. In furtherance of such purposes the Corporation may accept devices, bequests and gifts, and may otherwise acquire by purchase, lease, construction, or in any other manner title to, or the use of, premises and facilities suitable for its purposes, and may employ and pay such personnel as may from time to time be necessary in the accomplishment of its purpose.

C. It is expressly not the purpose of this Corporation to carry on propaganda or otherwise attempt to influence legislation, nor to participate or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

D. This Corporation shall have all the powers conferred by the laws of the Commonwealth of Kentucky upon non-profit corporations formed under the Kentucky Revised Statutes, provided however, that this Corporation shall not have or exercise any power not connected with the furtherance of purposes for which organized as set forth in other provisions of this Article.

E. Notwithstanding any other provision of these Articles, this Corporation is organized and operated exclusively for charitable, and educational purposes. The Corporation shall have no capital stock and no power to issue certificates of stock, or to declare dividends; no part of the net earnings of the Corporation shall inure to the benefit of any private individual or member, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered

and to make payments and distributions in furtherance of the purposes set forth herein; and the Corporation shall not carry on any activities denied to a Corporation described in S 501 (c) (3) of the Internal Revenue Code of 1954, as amended (or the corresponding provisions of any future United States Internal Revenue law).

ARTICLE IV

MEMBERSHIP

The incorporators shall be the members of the Corporation and shall constitute its Board of Directors. Vacancies in the Board of Directors may be filled by election of any person having an interest in persons who are mentally retarded, without limitation as to race, color, creed, sex, national origin or otherwise; and upon election as a Director the person so elected shall automatically become a member.

ARTICLE V

REGISTERED OFFICE AND REGISTERED AGENT

The principle office of the Corporation and its registered office will be at 1146 S. Third Street, Louisville, Kentucky 40203 and the name and address fo its registered agent shall be as follows: Mr. Wayne Marshall, 1146 S. Third Street, Louisville, Kentucky 40203.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

The initial Board of Directors of the Corporation shall consist of members, whose names and addresses are as follows:

Mr. Frank Giacalone, 4623 Fox Run Road., Louisville, KY 40207
Mrs. Natalie Samaria, 9014 Lantern Light Parkway, Louisville, KY 40220
Mr. Wayne Marshall, 1104 S. Third Street, Louisville, KY 40203
Mrs. Shirley Dumesnil 3320 Green Hill Lane, Louisville, KY 40207

ARTICLE VII

INCORPORATORS

The incorporators are the same persons whose names and addresses are listed in Article VI hereof as constituting the initial Board of Directors, and reference thereto is made for such names and addresses.

ARTICLE VIII

POWERS OF THE BOARD OF DIRECTORS

The affairs of the Corporation shall be conducted by a Board of Directors which shall consist of not less than 4 members, the number thereof, and the time and manner of election of Directors to be in accordance with the by-laws of the Corporation. The incorporators shall constitute the initial Board of Directors and shall, within ninety days after the effective date of incorporation, call a meeting of all persons who are then members of the corporation for the purpose of determining the member of directors for the ensuing year, and for the election of directors in accordance therewith.

The power to make by-laws, rules and regulations of the business and affairs of the Corporation, and the power to amend the same from time to time, shall be vested in the Board of Directors.

ARTICLE IX

PERSONAL LIABILITY

The private property of the members and directors of the Corporation, and of any officers who may be elected from time to time, shall not be subject to the payment of debts of the Corporation to any extent.

ARTICLE X

DISSOLUTION

Upon the dissolution of the corporation, the Board of Trustees shall, after paying or making provision for the payment of the liabilities of the Corporation, dispose of all the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as exempt organization or organizations under Section (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Trustees shall determine. Any such assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

IN TESTIMONY WHEREOF, witness the Signitures of the
Incorporators, this 10th day of June, 1986.

Frank P. Haddock
Shirley Raetui Dursevil
Natalie Semarin
Sharon Marshall

STATE OF KENTUCKY

COUNTY OF JEFFERSON

The undersigned, a Notary Public in and for the State and
County aforesaid, hereby certifies that on this 10th day
of June 1986, the above
personally appeared before me and acknowledged and delivered the
foregoing Articles of Incorporation to be their voluntary act
and deed for the purposes therein expressed.

WITNESS my hand this 10th day of June, 1986.
My commission expires August 1, 1989.
My Commission Expires Aug. 1, 1989

Pete M. Smith
NOTARY PUBLIC, KY STATE AT LARGE



THIS INSTRUMENT PREPARED BY:

Thomas K Stone

THOMAS K. STONE
Attorney at Law
721 W. Market Street
Louisville, KY 40202
(502) 589-9333

A 218927
LOGGED BY *Stone*
2ND RECORDED

1:33 JAN 30 PM 1:46

Thomas K Stone
REC'D BY MALONE J.C.C.

Stone

-7- END OF DOCUMENT



Trey Grayson
Secretary of State

Certificate

I, Trey Grayson, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

CERTIFICATE OF ASSUMED NAME FOR
ZOOM GROUP FILED ON SEPTEMBER 27, 2006.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my
Official Seal at Frankfort, Kentucky, this 2nd day of April, 2007.



Trey Grayson
Trey Grayson
Secretary of State
Commonwealth of Kentucky
csorrell/0216571 - Certificate ID: 46130

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: OCT 10 2007

C.G.M. SERVICES, INC
DBA ZOOM GROUP
410 W CHESTNUT ST STE 900
LOUISVILLE KY 40202

Person to Contact:
Gregory Renier
ID# 31-07231
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:


Dear Sir or Madam:

This is in response to your amended articles of incorporation filed with the state on November 13, 2006. We have updated our records to reflect the DBA name change from Louisville Diversified Services to Zoom Group.

Our records indicate that a determination letter was issued in January 1986 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

indy Westcott

Cindy Westcott
Manager, Exempt Organizations
Determinations

00662PC0881

0216571.04

Dcornish
ADD

COMMONWEALTH OF KENTUCKY
TREY GRAYSON
SECRETARY OF STATE

Trey Grayson
Secretary of State
Received and Filed
09/27/2006 12:17:33 PM
Fee Receipt: \$20.00



CERTIFICATE OF ASSUMED NAME

This certifies that the assumed name of
Zoom Group

has been adopted by C.G.M. Services Inc.

which is the "real name" of (YOU MUST CHECK ONE)

- | | |
|--|---|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Registered Limited Liability Partnership | <input type="checkbox"/> a Foreign Registered Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input checked="" type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |
| <input type="checkbox"/> a Joint Venture | |

organized and existing in the state or country of United States of America, and whose address is
410 West Chestnut Street Ste. 900 Louisville Ky. 40202

The certificate of assumed name is executed by

Ann Rosenberg - Sattich
Ann Rosenberg - Sattich, President
9/22/06

Signature

Print or type name and title

Date

Document No.: DN2006182207
Lodged By: ZOOM GROUP
Recorded On: 11/13/2006
Total Fees: 11.00
Transfer Tax: .89
County Clerk: BOBBIE HOLSCLOW-JEFF CO KY
Deputy Clerk: CAROL

SSC-228 (7/98)

END OF DOCUMENT
(See attached sheet for instructions)

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)
C.G.M. SERVICES INC.

Business name/disregarded entity name, if different from above
DBA ZOOM GROUP

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Exempt payee
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
410 W. CHESTNUT ST SUITE 900

City, state, and ZIP code
LOUISVILLE, KY 40202

List account number(s) here (optional)

Requester's name and address (optional)

Print or type
 See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Debra K. [Signature]

Date ▶ **6-24-13**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

ZOOM GROUP, INC.

General Information

Organization Number	0216571
Name	ZOOM GROUP, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	6/25/1986
Organization Date	6/25/1986
Last Annual Report	4/10/2014
Principal Office	1904 EMBASSY SQUARE BLVD LOUISVILLE, KY 40299
Registered Agent	TAMMIE HOLLAR 410 W. CHESTNUT ST., STE. 900 LOUISVILLE, KY 40202

Current Officers

Chairman	<u>Angela Reeves</u>
Vice Chairman	<u>Jeremy Garris</u>
Secretary	<u>Doug Foster</u>
Treasurer	<u>Steven Sandman</u>
Director	<u>Cliff Vatter</u>
Director	<u>Trevor Howie</u>
Director	<u>Jennifer Ball</u>
Director	<u>Natalie Semaria</u>
Director	<u>Jim Blandford</u>

Individuals / Entities listed at time of formation

Director	<u>MR. FRANK GIACALONE</u>
Director	<u>MRS. NATALIE SAMARIA</u>
Director	<u>MR. WAYNE MARSHALL</u>
Director	<u>MRS. SHIRLEY DUMESNIL</u>
Incorporator	<u>MR. FRANK GIACALONE</u>
Incorporator	<u>MRS. NATALIE SAMARIA</u>
Incorporator	<u>MR. WAYNE MARSHALL</u>
Incorporator	<u>MRS. SHIRLEY DUMESNIL</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report

4/10/2014

1 page

PDF

Assumed Names

<u>ZOOM GROUP</u>	Active
<u>STUDIOWORKS</u>	Active
<u>GARDEN HOUSE</u>	Active
<u>CAFE ZOOM</u>	Inactive
<u>ZOOM GROUP</u>	Inactive
<u>STUDIO WORKS</u>	Inactive
<u>LOUISVILLE DIVERSIFIED SERVICES</u>	Inactive
<u>THE COFFEE TABLE</u>	Inactive
<u>THE ANGEL PLACE</u>	Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/10/2014 12:16:43 PM	4/10/2014 12:16:43 PM	
Added assumed name	8/22/2013 2:48:44 PM	8/22/2013	<u>ZOOM GROUP</u>
Amendment - Change name	8/22/2013 2:48:04 PM	8/22/2013	<u>C. G. M. SERVICES, INC.</u>

Microfilmed Images