

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Zoom Group, INC
Applicant Requested Amount: \$5000
Appropriation Request Amount: \$2500

Executive Summary of Request
Organization is requesting funding to pay wages of adult with developmental disabilities and supervisor to perform weekly cleaning and sweeping of the Douglass Loop area, as well as vehicle insurance, fuel, supplies, and small equipment.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

8 District # [Signature] Primary Sponsor Signature \$2500 Amount 3.20.17 Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
No relationship

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Zoom Group, INC

Program Name and Request Amount Highlands Beautification, \$5000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Prepared by: Jasmine Masterson

Date: 3.20.17

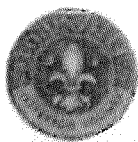


FY 2017

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization:		ZOOM GROUP, INC	
<small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 1904 EMBASSY SQUARE BLVD			
Website: ZOOMGROUP.ORG			
Applicant Contact:	Melissa Marvel	Title:	Executive Director
Phone:	502-581-0658	Email:	mmarvel@zoomgroup.org
Financial Contact:	Barbara Kapfhammer	Title:	Finance Manager
Phone:	502-581-0658	Email:	bkapfhammer@zoomgroup.org
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	The Douglas Loop & Surrounding Areas		
Council District(s):	8th	Zip Code(s):	40205
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Highlands Beautification			
Total Request: (\$)	5,000.00	Total Metro Award (this program) in previous year: (\$)	
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: (\$)	5,000.00
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 type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Initials *mm*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Vision - Imagine a world in which people of all abilities are empowered to pursue their passions.

Mission - Empower, educate and employ people of all abilities.

Zoom Group is dedicated to providing opportunities through meaningful work in 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, be a part of 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, 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, 2016 through June 30, 2017. The Douglas Loop and some surrounding areas will receive a weekly cleaning and sweeping. This includes the removal of cigarette butts, pulling weeds and monthly trimming of area bushes and shrubbery. This service will per performed year round.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
Funding will pay wages of adults with developmental disabilities and one supervisor. It also will cover vehicle insurance, supplies, small equipment and fuel.



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 has continued to maintain Douglas Loop area after June 30, 2015



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 the area, 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 wages 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 Seven Counties Services, 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	5,000.00		5,000.00
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	5,000.00		5,000.00
% of Program Budget	100 %	%	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.



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).

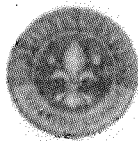
Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

* 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:

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:



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:		<i>Melissa Marvel</i>		Date:	6/30/2014
Legal Signatory: (please print):		Melissa Marvel		Title:	Executive Director
Phone:	502-581-0658	Extension:	211	Email:	mmarvel@zoomgroup.org



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248364843
June 15, 2016 LTR 4168C 0
[REDACTED] 000000 00

00021530

BODC: TE

ZOOM GROUP INC
ZOOM GROUP
1904 EMBASSY SQUARE BLVD
LOUISVILLE KY 40299



014276

Employer ID Number: [REDACTED]
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated June 06, 2016, regarding your tax-exempt status.

We issued you a determination letter in January 1986, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

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OPERATING BUDGET FY 2017 TOTAL ALL DEPARTMENTS

Description	Total FYE 6/30/2017	% of Total
OVR Fee	\$ 60,000	2.08%
Medicaid - SCL	\$ 772,030	26.77%
Medicaid - Michelle P	\$ 728,537	25.26%
Art Sales	\$ 22,500	0.78%
Tuition from Families	\$ 2,400	0.08%
Private Contract Rev	\$ 1,193,668	41.39%
Hort Job Rev	\$ 8,874	0.31%
Donations - Board & Staff	\$ -	0.00%
Donations - Annual Campaign	\$ 14,000	0.49%
Donations - Individuals	\$ 6,000	0.21%
Donations - Foundations	\$ -	0.00%
Donations - Corporate	\$ -	0.00%
Donations - Events	\$ 76,000	2.64%
Miscellaneous	\$ -	0.00%
Total Revenue	\$ 2,884,009	
Wages/Salaries - Staff	\$ 1,422,955	50%
Wages - Clients	\$ 536,688	19%
Employee Benefits	\$ 143,908	5%
Bonuses	\$ 2,458	0%
FICA - Staff	\$ 115,089	4%
FICA - Client	\$ 41,057	1%
Unemployment	\$ -	0%
Workers Comp	\$ 24,300	1%
Source America	\$ 27,916	1%
Vaccinations- TB tests, etc.	\$ 4,794	0%
Temp To Hire Expense	\$ 10,200	0%
CRC Fees	\$ 1,686	0%
Scholarship & Education	\$ -	0%
Professional Fees	\$ 19,200	1%
Billing Services	\$ 4,300	0%
Payroll and HR Processing	\$ 14,400	1%
403B Expenses	\$ 2,400	0%
Retirement 403B	\$ 12,548	0%
Supplies	\$ 22,538	1%
Art Supplies	\$ 7,200	0%
Office Supplies	\$ 11,040	0%
Communications	\$ 36,182	1%
Maintenance Expenses	\$ 6,915	0%
Postage	\$ 4,260	0%
Facility Rental	\$ 59,064	2%
Utilities	\$ 25,200	1%
Commissions for Art Sales	\$ 10,000	0%
Meals & Entertainment	\$ 4,260	0%
Printing	\$ 10,580	0%
Vehicle Expense	\$ 4,182	0%
Local Mileage	\$ 13,700	0%

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OPERATING BUDGET FY 2017
TOTAL ALL DEPARTMENTS

Description	Total FYE 6/30/2017	% of Total
Parking	\$ 540	0%
Conferences and Meetings	\$ 5,640	0%
Computer Lease	\$ 1,800	0%
Technology Support	\$ 31,236	1%
Board Development & Expenses	\$ 1,200	0%
Employee Expenses	\$ 1,920	0%
Training Expenses	\$ 5,840	0%
Provider Tax	\$ 38,014	1%
Tuition Reimbursement	\$ 13,200	0%
Dues & Publications	\$ 5,160	0%
Marketing Projects	\$ 15,500	1%
Filing Fees and Registrations	\$ 24	0%
Data Base Fees	\$ 2,880	0%
General Liability Ins	\$ 23,640	1%
Client Recognition	\$ 5,540	0%
Employee Recognition	\$ 9,920	0%
Activities Expense	\$ 26,390	1%
Client Events	\$ 400	0%
Fundraising Expenses	\$ 31,600	1%
Job Advertising	\$ 1,400	0%
Business Development	\$ 12,400	0%
Total Expenses	\$ 2,833,262	100%
	\$ 50,747	
Depreciation	\$ (46,464)	93%
Bad Debt Expense	\$ -	0%
Interest Expense	\$ (20,640)	42%
Interest and Dividends	\$ 18,000	-36%
Realized Gains (Losses)	\$ -	0%
Service Charges	\$ (600)	1%
Allocated Admin Costs	\$ -	0%
Other Income (Expense)	\$ (49,704)	100%
Net Income (Loss)	● \$ 1,043	
YTD Net Income (Loss)		

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BOARD CONTACT SHEET 2015/2016

CHAIR (elected 10/2015)

Jennifer Ball
ResCare

Steven Sandman (Elected 12/2010)

Andrew J. Davis (Elected 2016)
UPS Supply Chain Solutions

VICE CHAIR (elected 10/2015)

Douglas Foster
Brown-Forman

Nick Clark (Elected 2016)
Nelson Insurance

FOUNDING MEMBER

Natalie Semaria

SECRETARY (elected 10/2015)

Trevor Howie
Scoppechio

Eddie J. Streeter, Sr.(Elected 2016)

TREASURER (elected 10/2015)

Jenny Butt Huelsman
Financial Advisor, NSSA Certified
Advisor, **ARGI**

Jim Noe, CPA(Elected 2016)
Blue & Co., LLC

Angela Reeves Oak
(Elected 1/2011)

Exec Director: Melissa Marvel
, CPA (DOH 5/2015)

-OFFICERS Serve for 1 YR
-Members serve 3 YR Terms
with possible 2 consecutive Terms

5.12.2016 - 11 members

STMT OF FINANCIAL ACTIVITY
For The 11 Periods Ended 5/31/2016
ZOOM GROUP (CGM)
UNAUDITED

	Year to Date
REVENUE & SUPPORT	
OVR REVENUE	
OVR FEE FOR SERV REV	\$ 56,800
Total OVR REVENUE:	\$ 56,800
MEDICAID	
MEDICAID	\$ 544,563
Total MEDICAID:	\$ 544,563
MEDICAID - MP	
MEDICAID-MICHELE P	\$ 750,171
Total MEDICAID - MP:	\$ 750,171
TUITION FROM FAMILIES	
TUITION FROM FAMILIES	\$ 593
Total TUITION FROM FAMILIES:	\$ 593
CLIENT NEEDS REVENUE	
CLIENT NEEDS PAYMENTS	\$ (190)
Total CLIENT NEEDS REVENUE:	\$ (190)
OTHER PRIVATE CONTR.	
OTHER PRIVATE CONTRAC	\$ (0)
Total OTHER PRIVATE CONTRACTS:	\$ (0)
PRIVATE CONTRACTS	
PRIVATE CONTRACT REV	\$ 1,319,379
Total PRIVATE CONTRACTS:	\$ 1,319,379
HORTICULTURE JOB REV	
HORT JOB REV	\$ 9,794
Total HORTICULTURE JOB REVENUE:	\$ 9,794
CONTRIBUTIONS AND C	
RESTRICTED DONATIONS	\$ 400
GENERAL DONATIONS	\$ 7,781
DIRECT APPEAL	\$ 6,805
FUNDRAISING-MEMORIAL	\$ 662
DIRECT APPEAL W/H	\$ (0)
Total CONTRIBUTIONS AND GRANTS:	\$ 15,648
DONATIONS - TEMPOR/	
FUNDRAISING-SPRING ZIN	\$ (0)
SPONSER REVENUE - SPRIN	\$ 7,500
TABLES REVENUE - SPONSC	\$ 100
Total DONATIONS - TEMPORARILY RESTRICTED:	\$ 7,600
GRANTS	
SCS CONTRACT REV SUP E	\$ 12,915
SCS CONTRACT REV SUP E	\$ (0)
Total GRANTS:	\$ 12,915
ART SALES	
ART SALES	\$ 10,878
EMPLOYEE DISCOUNT	\$ (0)
NET ART SALES-VENDOR PI	\$ 98
Total ART SALES:	\$ 10,976
DONATIONS - NON CA	
DONATED ITEMS & INCOM	\$ (0)
Total DONATIONS - NON CASH:	\$ (0)
MISC REVENUE	

6/28/2016
5:13 PM

GREETING CARDS REVENUE	\$	(0)
MISCELLANEOUS REVENUE	\$	1,150
Total MISC REVENUE:	\$	1,150
Total REVENUE & SUPPOR	\$	2,729,399
GROSS PROFIT:	\$	2,729,399
FUNCTIONAL EXPENSES		
EXPENSES		
TEMPORARY LABOR	\$	(128)
EQUIPMENT RENTAL	\$	(0)
EMPLOYEE EXPENSES	\$	(0)
Total EXPENSES:	\$	(128)
WAGES		
WAGES	\$	(1,308,040)
Total WAGES:	\$	(1,308,040)
BONUS AND INCENTIVE		
EMPLOYEE BONUS AND IN	\$	(13,977)
Total BONUS AND INCENTIVES:	\$	(13,977)
CLIENT WAGES		
CLIENT WAGES	\$	(576,146)
Total CLIENT WAGES:	\$	(576,146)
VACATION PAY		
VACATION PAY	\$	(79,054)
Total VACATION PAY:	\$	(79,054)
EMPLOYEE BENEFITS		
EMPLOYEE BENEFITS	\$	(138,585)
Total EMPLOYEE BENEFITS:	\$	(138,585)
RETENTION BENEFIT		
WELLNESS BENEFITS	\$	(3,900)
Total RETENTION BENEFIT:	\$	(3,900)
RETIREMENT 403B		
403 B EXPENSES	\$	(250)
RETIREMENT 403B	\$	(12,503)
Total RETIREMENT 403B:	\$	(12,753)
EMPLOYER FICA		
EMPLOYER FICA	\$	(105,234)
Total EMPLOYER FICA:	\$	(105,234)
EMPLOYER CLIENT FICA		
EMPLOYER CLIENT FICA	\$	(43,042)
Total EMPLOYER CLIENT FICA:	\$	(43,042)
UNEMPLOYMENT EXPEN		
UNEMPLOYMENT	\$	(4,236)
Total UNEMPLOYMENT EXPENSE:	\$	(4,236)
WORKMAN'S COMP		
WORKER'S COMP	\$	(15,577)
Total WORKMAN'S COMP:	\$	(15,577)
PROF SERVICES		
PROF SERVICES (Continued)		
VACCINATIONS-INJECTIO	\$	(1,903)
TEMP TO HIRE EXPENSE	\$	(11,892)
CRIMINAL RECORDS CHECK	\$	(834)
PROFESSIONAL FEES	\$	(15,555)
BILLING SERVICES	\$	(0)
PAYROLL HR PROCESSING	\$	(15,413)
COMMISSION FOR SALES	\$	(8,550)
Total PROF SERVICES:	\$	(54,147)
PROF SERVICES - GOVT		

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ABILITY ONE PAYMENTS	\$	(24,158)
Total PROF SERVICES - GOVT CONTRACT:	\$	(24,158)
PROGRAM SUPPLIES		
SUPPLIES	\$	(35,124)
ART SUPPLIES	\$	(3,065)
GREETING CARDS EXPENS	\$	(0)
Total PROGRAM SUPPLIES:	\$	(38,189)
UNIFORMS		
UNIFORMS	\$	(802)
Total UNIFORMS:	\$	(802)
OFFICE SUPPLIES		
OFFICE SUPPLIES	\$	(4,369)
SMALL EQUIPMENT EXP	\$	(590)
Total OFFICE SUPPLIES:	\$	(4,959)
COMMUNICATIONS		
COMMUNICATIONS	\$	(36,958)
Total COMMUNICATIONS:	\$	(36,958)
MAINTENANCE		
MAINTENANCE	\$	(20,310)
Total MAINTENANCE:	\$	(20,310)
POSTAGE		
POSTAGE	\$	(2,457)
Total POSTAGE:	\$	(2,457)
FACILITY RENTAL		
FACILITY RENTAL	\$	(59,520)
Total FACILITY RENTAL:	\$	(59,520)
UTILITIES		
UTILITIES	\$	(20,919)
Total UTILITIES:	\$	(20,919)
PRINTING		
PRINTING	\$	(2,591)
Total PRINTING:	\$	(2,591)
VEHICLE EXPENSE		
VEHICLE EXPENSE	\$	(2,095)
VEHICLE - GAS	\$	(4,525)
VEHICLE LEASE EXPENSE	\$	(0)
LOCAL MILEAGE	\$	(11,984)
PARKING	\$	(94)
Total VEHICLE EXPENSE:	\$	(18,698)
CONFERENCES & MEETI		
CONFERENCES & MEETING	\$	(5,733)
Total CONFERENCES & MEETINGS:	\$	(5,733)
TECHNOLOGY SUPPORT		
TECHNOLOGY SUPPLIES	\$	(1,161)
DATA BASE FEES	\$	(2,647)
Total TECHNOLOGY SUPPORT:	\$	(3,808)
TRAINING		
TECHNOLOGICAL DEVELC	\$	(6,087)
BOARD DEVELOPMENT	\$	(6,383)
TRAINING	\$	(3,313)
Total TRAINING:	\$	(15,783)
MEALS AND ENTERTAIN		
MEALS & ENTERTAINMENT	\$	(1,497)
Total MEALS AND ENTERTAINMENT:	\$	(1,497)
PROVIDER TAX		
PROVIDER TAX	\$	(28,509)
Total PROVIDER TAX:	\$	(28,509)

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TUITION ASSISTANCE	
Scholarship Payments	\$ (1,660)
TUITION ASSISTANCE	\$ (4,020)
Total TUITION ASSISTANCE:	\$ (5,680)
FUNDRAISING EXP - UN	
FUNDRAISING EXPENSE AN	\$ (0)
Total FUNDRAISING EXP - UNRESTRICTED:	\$ (0)
FUNDRAISING EXP - TEM	
FUNDRAISING EXPENSES SI	\$ (6,300)
Total FUNDRAISING EXP - TEMP RESTRICTED:	\$ (6,300)
DUES & PUBLICATIONS	
DUES & PUBLICATIONS	\$ (6,990)
Total DUES & PUBLICATIONS:	\$ (6,990)
MARKETING	
MARKETING PROJECTS	\$ (3,544)
Total MARKETING:	\$ (3,544)
BUSINESS FILING FEES	
FILING FEES & REGISTRATIC	\$ (158)
Total BUSINESS FILING FEES:	\$ (158)
INSURANCE - GENERAL	
GENERAL LIABILITY INS	\$ (13,852)
Total INSURANCE - GENERAL:	\$ (13,852)
RECOGNITION CLIENT/	
CLIENT RECOGNITION	\$ (2,317)
Total RECOGNITION CLIENT/TEAM MBR:	\$ (2,317)
RECOGNITION EMPLOY	
EMPLOYEE RECOGNITION	\$ (5,149)
Total RECOGNITION EMPLOYEES:	\$ (5,149)
ACTIVITIES EXPENSE	
ACTIVITIES EXPENSE	\$ (5,647)
Total ACTIVITIES EXPENSE:	\$ (5,647)
EVENTS CLIENT/TEAM M	
CLIENT EVENTS	\$ (9,628)
Total EVENTS CLIENT/TEAM MEMBER:	\$ (9,628)
JOB ADVERTISEMENTS	
JOB ADVERTISING	\$ (799)
Total JOB ADVERTISEMENTS:	\$ (799)
MISC EXPENSES	
MISCELLANEOUS	\$ (3,780)
CHARITABLE DONATIONS	\$ (25)
Total MISC EXPENSES:	\$ (3,805)
Total FUNCTIONAL EXPEN	\$ (2,703,578)
(DECREASE) INCREASE FROM ACTIVITIES:	\$ 25,821
OTHER INCOME AND E:	
DEPRECIATION	\$ (57,396)
BAD DEBT EXPENSE	\$ (26,918)
INTEREST EXPENSE	\$ (1,400)
INTEREST EXPENSE: MORTG	\$ (16,838)
INTEREST	\$ 3,585
UNREALIZED GAIN(LOSS) C	\$ (27,061)
SERVICE CHARGES	\$ (1,404)
REALIZED GAIN (LOSS) ON	\$ 5,305
Total OTHER INCOME AND	\$ (122,128)
EARNINGS BEFORE INCOME TAX:	\$ (96,307)
(DECREASE) INCREASE IN TOTAL NET ASSETS:	\$ (96,307)

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2016 6/28/16 31 ZG STMT OF ACTIVITY - TT MONTHS UNAUDITED

STATEMENT OF FINANCIAL POSITION

As of 5/31/2016
ZOOM GROUP (CGM)
UNAUDITED

	Year to Date
ASSETS	
CASH AND CASH EQ	
PETTY CASH SUPPORT SERVICES	\$ 560
PETTY CASH ST MATTHEWS	\$ 388
PETTY CASH-Unrestrict	\$ 300
PETTY CASH GARDEN HOUSE	\$ 300
PETTY CASH STUDIOWORKS	\$ 540
PETTY CASH-VA-JANITOR-UNREST	\$ 30
MAIN SOURCE BANK:MAIN	\$ 0
PNC OPERATING ACCT:MAIN	\$ 157,946
MAIN SOURCE RESTRICTED-MAIN	\$ 6,708
PNC GAMING:MAIN	\$ 318
PNC MONEY MARKET ACCT:MAIN	\$ 0
PNC DEBIT CARD ACCT:MAIN	\$ 831
PNC STUDIO WORKS CASH ACCT:MAIN	\$ 1,155
Total CASH AND CASH EQ:	\$ 169,076
INVESTMENTS	
SECURITIES	\$ 245,236
UNREALIZED GAIN ON SECURITIES	\$ (8,936)
Total INVESTMENTS:	\$ 236,300
UNEMPLOYMENT RESERVE	
PREPAID UNEMPLOY:MAIN	\$ 39,433
Total UNEMPLOYMENT RESERVE:	\$ 39,433
ACCOUNTS RECEIVABLE	
ACCOUNTS RECEIVABLE TRADE	\$ 405,822
ALLOWANCE FOR DOUBTFUL ACCTS	\$ (16,055)
ACCOUNTS RECEIVABLE EMPLOYEE	\$ 125
Total ACCOUNTS RECEIVABLE:	\$ 389,892
SECURITY DEPOSITS	
HEALTH BENEFIT RESERVE-MAIN-Unrestrict	\$ (8,647)
SECURITY DEPOSITS	\$ 7,753
SECURITY DEPOSITS-SUPSERV-UNREST	\$ 25
Total SECURITY DEPOSITS:	\$ (869)
PREPAID	
PREPAID INSURANCE	\$ 11,312
PREPAID WORKERS COMPENSATION	\$ 6,613
PREPAID OTHER	\$ 11,650
PREPAID OTHER-SUPSERV-UNREST	\$ 3,274
Total PREPAID:	\$ 32,849
PROPERTY AND EQUIPMENT	
LEASEHOLDS	\$ 12,710
FURNITURE ST MATTHEWS	\$ 15,793
LEASEHOLDS GARDEN HOUSE	\$ 23,654
PROPERTY AND EQUIPMENT (Continued)	
LEASEHOLDS STUDIOWORKS	\$ 39,214
BUILDINGS-SUPSERV-UNREST	\$ 468,314
BUILDING IMPROVEMENTS	\$ 183,131
Land:SUPSERV	\$ 300,000
OFFICE FURNITURE & FIXTURES	\$ 115,351
OFFICE FURNITURE & FIXTURES SUPPORT SERVICES	\$ 129,284
OFFICE FURNITURE & F-SE-UNREST	\$ 629
OFFICE FURNITURE & F-DIRECT PR-UNREST	\$ 520
FIXTURES DAY PROGRAMS ADMINISTRATION	\$ 5,700
FURNITURE ST MATTHEWS	\$ 9,526
OFFICE FURNITURE GARDEN HOUSE	\$ 12,962
FURNITURE & FIXTURES STUDIOWORKS	\$ 14,761
OFFICE FURNITURE & F-CO - ADMIN-UNREST	\$ 2,505
OFFICE FURNITURE & F-PLANTM-UNREST	\$ 528

OFFICE EQUIPMENT:MAIN	\$	2,505
LANDSCAPING EQUIPMENT	\$	5,999
VEHICLES	\$	96,715
COMMERCIAL OPERATIONS EQUIP	\$	4,548
LESS: A/D LEASEHOLDS	\$	(451,501)
Total PROPERTY AND EQUIPMENT:	\$	<u>992,848</u>
Total ASSETS:	\$	<u><u>1,859,529</u></u>
LIABILITIES		
CURRENT MATURITIES OF CAPIT		
CAPITAL LEASE:MAIN	\$	1,581
CAPITAL LEASE SERVER-CURRENT:MAIN	\$	4,057
DELL COMPUTERS-CAP LEASE:MAIN	\$	801
MAC BOOKS-DIRECT CAP CORP:MAIN	\$	(0)
PHONE LEASE-GREAT AMERICAN:MAIN	\$	3,030
Total CURRENT MATURITIES OF CAPITAL LEASE OBL:	\$	<u>9,469</u>
CURRENT MATURITIES OF MORT		
MAINSOURCE BANK: MORTGAGE PAYABLE - ST:MAIN	\$	<u>56,378</u>
Total CURRENT MATURITIES OF MORTGAGE PAYBLE:	\$	<u>56,378</u>
ACCOUNTS PAYABLE		
ACCOUNTS PAYABLE	\$	<u>23,899</u>
Total ACCOUNTS PAYABLE:	\$	<u>23,899</u>
ACCRUED EXPENSES		
ACCRUED WAGES	\$	65,200
ACCRUED EXPENSES:MAIN	\$	967
ACCRUED VACATION	\$	45,059
EMPLOYER FICA	\$	6,617
EMPLOYEE FICA W/H	\$	6,617
FEDERAL INCOME TAX W/H	\$	7,414
ACCRUED STATE W/H KY	\$	3,472
LOCAL INCOME TAX W/H	\$	2,012
METRO UNITED WAY W/H	\$	(0)
403B EMPLOYEE WITHHOLDING	\$	495
OTHER W/H	\$	(38)
SALES TAX PAYABLE	\$	66
ACCRUED EXPENSES		
SALES TAX PAYABLE	\$	<u>32</u>
Total ACCRUED EXPENSES:	\$	<u>137,913</u>
LONG-TERM LIAB, LESS CURR C		
LONG TERM NOTES PAYABLE	\$	3,953
Dell Server-Cap Leas-MAIN-UNREST	\$	717
DELL COMPUTERS-CAP LEASE:MAIN	\$	(0)
PHONE LEASE-CAPITAL LEASE:MAIN	\$	4,010
Total LONG-TERM LIAB, LESS CURR CAP LEASE:	\$	<u>8,680</u>
LONG-TERM MORT PAY, LESS C		
MORTGAGE PAYABLE: MAINSOURCE BANK:MAIN	\$	<u>383,150</u>
Total LONG-TERM MORT PAY, LESS CURR MORT PAY:	\$	<u>383,150</u>
Total LIABILITIES:		<u>619,489</u>
FUND BALANCE		
UNRESTRICTED		
OPERATING FUND BALANCE	\$	1,238,902
FUND BALANCE UNRESTRICTED - CURRENT YEAR	\$	(96,320)
Total UNRESTRICTED:	\$	<u>1,142,582</u>
TEMPORARILY RESTRICTED		
TEMPORARILY RESTRICTED FUNDS-MAIN	\$	<u>97,458</u>
Total TEMPORARILY RESTRICTED:	\$	<u>97,458</u>
Total FUND BALANCE:		<u>1,240,040</u>
Total LIABILITIES & FUND BALANCE:	\$	<u><u>1,859,529</u></u>



February 9, 2017

Ms. Melissa Buddeke
Zoom Group, Inc.
1904 Embassy Square Blvd.
Louisville, KY 40299

Dear Ms. Buddeke:

Re: Public Disclosure of Exempt Organization Income Tax Return(s)

The attached copy of your organization's Exempt Organization Income Tax Return(s) is to be used as your Public Disclosure Copy. As you may be aware, the income tax law now requires tax exempt organizations to provide and/or make available copies of their income tax returns for the most recent three years to any person requesting them. In addition, the organization must provide and/or make available a copy of its Application for Recognition of Tax Exempt Status (Form 1023) if the organization had a copy in its files in July 1987 or later.

All information in the Exempt Organization Income Tax Return(s) and Form 1023 must be provided, except donors' names may be masked on Schedule B, if applicable.

We have prepared the attached "Public Disclosure" copy of the Exempt Organization Income Tax Return(s) for your organization to use in making copies when requested, and we recommend that you assign someone on your staff to establish a procedure for addressing requests for copies. The IRS may impose significant penalties when organizations do not provide copies of their Exempt Organization Income Tax Return(s) and Form 1023.

Should you have questions regarding the public disclosure requirements, please feel free to call us.

Yours very truly,

Deming, Malone, Livesay & Ostroff

Darrell L. Morris

DLM:jb

Enclosures

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ZOOM GROUP, INC.	D Employer identification number [REDACTED]
	Doing business as	E Telephone number (502) 581-0658
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1904 EMBASSY SQUARE BOULEVARD	G Gross receipts \$ 2,499,066.
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40299	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.ZOOMGROUP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1986 M State of legal domicile: KY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ZOOM GROUP INC. EXISTS TO HELP ADULTS WITH DEVELOPMENTAL DISABILITIES EXPERIENCE A SENSE OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 75% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	189
	6 Total number of volunteers (estimate if necessary)	6	11
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	136,393.	74,564.
	9 Program service revenue (Part VIII, line 2g)	3,029,558.	2,921,461.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,080.	16,343.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9, 10c, and 11e)	<11,482.>	<13,144.>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,160,549.	2,999,224.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,498,219.	2,467,988.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	44,481.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	650,309.	742,256.
18 Total expenses. Add line 13-17 (must equal Part IX, column (A), line 25)	3,148,528.	3,210,244.	
19 Revenue less expenses. Subtract line 18 from line 12	12,021.	<211,020.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 6)	Beginning of Current Year 2,018,392.	End of Year 1,885,384.
	21 Total liabilities (Part X, line 26)	682,040.	792,435.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,336,352.	1,092,949.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MS. MELISSA BUDDEKE, EXECUTIVE DIRECTOR	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DARRELL L MORRIS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN [REDACTED]
	Firm's name DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN	[REDACTED]		
	Firm's address 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187	Phone no. (502) 426-9660			



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: ZOOM GROUP, INC. 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

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

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 \$ 2,116,277. including grants of \$) (Revenue \$ 2,432,898.) JOB PLACEMENT AND COMMERCIAL OPERATIONS PROGRAMS PROVIDE SUPPORTED EMPLOYMENT FOR ADULTS WITH DEVELOPMENTAL DISABILITIES. JOB PLACEMENT AND COMMERCIAL OPERATIONS PROGRAMS ALSO PROVIDE OR ARRANGE FOR WORK OR TRAINING OPPORTUNITIES IN THE COMMUNITY.

4b (Code:) (Expenses \$ 646,700. including grants of \$) (Revenue \$ 492,140.) 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 2,762,977.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>		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>		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>		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>		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>		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>	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>		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>		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>		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>	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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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>		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>	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>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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 these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form table with columns for question numbers (1a-14b), Yes/No boxes, and numerical responses (e.g., 22, 0, 189).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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
7b	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:		
8a	The governing body?	X	
8b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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
16b	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?		

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, address, and telephone number of the person who possesses the organization's books and records: **ZOOM GROUP - (502) 581-0658**
1904 EMBASSY SQUARE BLVD., LOUISVILLE, KY 40299

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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) JENNY BUTT TREASURER	1.00	X		X				0.	0.	0.
(2) STEVE SANDMAN DIRECTOR	1.00	X						0.	0.	0.
(3) NATALIE SEMARIA DIRECTOR	1.00	X						0.	0.	0.
(4) NICK CLARK DIRECTOR	1.00	X						0.	0.	0.
(5) TREVOR HOWIE SECRETARY	1.00	X		X				0.	0.	0.
(6) JENNIFER BALL CHAIR	1.00	X		X				0.	0.	0.
(7) ANGELA REEVES DIRECTOR	1.00	X						0.	0.	0.
(8) BRETT BORNEMANN DIRECTOR	1.00	X						0.	0.	0.
(9) ANDREW DAVIS DIRECTOR	1.00	X						0.	0.	0.
(10) JIM NOE DIRECTOR	1.00	X						0.	0.	0.
(11) EDDIE STREETER DIRECTOR	1.00	X						0.	0.	0.
(12) MELISSA BUDDEKE EXECUTIVE DIRECTOR	40.00			X				52,052.	0.	2,053.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	56,656.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,908.					
	g Noncash contributions included in lines 1a-1f: \$		3,825.					
	h Total. Add lines 1a-1f			74,564.				
Program Service Revenue	2 a PROGRAM SERVICES	Business Code	900099	1,503,496.	1,503,496.			
	b MEDICAID REVENUE		900099	1,403,205.	1,403,205.			
	c SEVEN COUNTIES REVENUE		900099	14,760.	14,760.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			2,921,461.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,572.			11,572.	
	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	111,740.				
		b Less: cost or other basis and sales expenses		106,969.				
		c Gain or (loss)		4,771.				
		d Net gain or (loss)			4,771.			4,771.
	8 a Gross income from fundraising events (not including \$ 56,656. of contributions reported on line 1c). See Part IV, line 18	a		16,714.				
		b Less: direct expenses		33,435.				
		c Net income or (loss) from fundraising events			<16,721.>			<16,721.>
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses								
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a		11,965.					
	b Less: cost of goods sold		9,438.					
	c Net income or (loss) from sales of inventory			2,527.	2,527.			
Miscellaneous Revenue			Business Code					
11 a MISCELLANEOUS		900099	1,050.	1,050.				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				1,050.				
12 Total revenue. See instructions.				2,999,224.	2,925,038.	0.	<378.>	

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	103,009.	30,903.	61,805.	10,301.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,052,637.	1,879,253.	158,137.	15,247.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,970.	11,161.	3,416.	393.
9 Other employee benefits	136,439.	132,003.	4,201.	235.
10 Payroll taxes	160,933.	142,594.	16,447.	1,892.
11 Fees for services (non-employees):				
a Management				
b Legal	768.		768.	
c Accounting	12,600.		12,600.	
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.)	197,122.	167,716.	29,406.	
12 Advertising and promotion	3,146.	1,906.	482.	758.
13 Office expenses	103,879.	61,844.	36,673.	5,362.
14 Information technology				
15 Royalties				
16 Occupancy	109,536.	99,575.	8,991.	970.
17 Travel	20,332.	18,323.	1,802.	207.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	19,771.	6,469.	11,930.	1,372.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,897.	32,329.	26,518.	3,050.
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	38,515.	38,393.	109.	13.
b BAD DEBT EXPENSE	33,537.	33,447.	90.	
c MISCELLANEOUS	32,474.	19,980.	10,041.	2,453.
d PROVIDER TAX	29,717.	29,717.		
e All other expenses	78,962.	57,364.	19,370.	2,228.
25 Total functional expenses. Add lines 1 through 24e	3,210,244.	2,762,977.	402,786.	44,481.
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 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	232,160.	1	223,952.
	2	Savings and temporary cash investments	33,164.	2	41,978.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	405,529.	4	375,384.
	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	18,433.	9	9,216.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,444,349.		
	b	Less: accumulated depreciation	10b 456,002.		
	11	Investments - publicly traded securities	1,041,855.	10c	988,347.
	12	Investments - other securities. See Part IV, line 11	279,473.	11	238,729.
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11	7,778.	14	
15	Other assets. See Part IV, line 11	7,778.	15	7,778.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,018,392.	16	1,885,384.	
Liabilities	17	Accounts payable and accrued expenses	169,605.	17	201,111.
	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	489,537.	23	434,914.
	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	22,898.	25	156,410.
	26	Total liabilities. Add lines 17 through 25	682,040.	26	792,435.
	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	1,316,126.	27	1,075,571.
28		Temporarily restricted net assets	20,226.	28	17,378.
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	1,336,352.	33	1,092,949.	
34	Total liabilities and net assets/fund balances	2,018,392.	34	1,885,384.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,999,224.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,210,244.
3	Revenue less expenses. Subtract line 2 from line 1	3	<211,020.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,336,352.
5	Net unrealized gains (losses) on investments	5	<32,383.>
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	1,092,949.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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	2a	X
b Were the organization's financial statements audited by an independent accountant? 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	2b	X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **ZOOM GROUP, INC.** Employer identification number [REDACTED]

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	135,231.	169,617.	160,944.	136,393.	74,564.	676,749.
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	135,231.	169,617.	160,944.	136,393.	74,564.	676,749.
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)						61,025.
6 Public support. Subtract line 5 from line 4.						615,724.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	135,231.	169,617.	160,944.	136,393.	74,564.	676,749.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,179.	10,899.	11,421.	14,756.	11,572.	66,827.
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 VI.)	284.	483.	422.	413.	1,050.	2,652.
11 Total support. Add lines 7 through 10						746,228.
12 Gross receipts from related activities, etc. (see instructions)					12	14,456,638.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	82.51 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	84.34 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 VI 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 - 2014. 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 VI 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"/>		

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015



Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

ZOOM GROUP, INC.

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization

Employer identification number

ZOOM GROUP, INC.

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
<u>1</u>	_____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ZOOM GROUP, INC.



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

Employer identification number

ZOOM GROUP, INC.

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) 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 info. 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

ZOOM GROUP, INC.

Employer identification number

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 a 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 property 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?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

Yes No

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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

532051
11-02-15

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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" on 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, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		651,445.	69,960.	581,485.
c Leasehold improvements		75,578.	54,692.	20,886.
d Equipment		417,326.	331,350.	85,976.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				988,347.



Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	17,181.
(3) DEPARTMENT OF LABOR WAGE	
(4) SETTLEMENT	139,229.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	156,410.

2. Liability for uncertain tax positions. 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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,993,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	<32,383.>	
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	<32,383.>	
3	Subtract line 2e from line 1	3	3,025,383.	
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	<26,159.>	
c	Add lines 4a and 4b	4c	<26,159.>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,999,224.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,236,403.
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	3,236,403.	
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	<26,159.>	
c	Add lines 4a and 4b	4c	<26,159.>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,210,244.	

Part XIII Supplemental Information.

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. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

AS OF JUNE 30, 2014, 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 ENDED ON OR AFTER JUNE 30, 2011 REMAIN SUBJECT TO REVIEW AND CHANGE.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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	73,370.			73,370.
2 Less: Contributions	56,656.			56,656.
3 Gross income (line 1 minus line 2)	16,714.			16,714.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	3,776.			3,776.
7 Food and beverages	12,438.			12,438.
8 Entertainment	500.			500.
9 Other direct expenses	16,721.			16,721.
10 Direct expense summary. Add lines 4 through 9 in column (d)				33,435.
11 Net income summary. Subtract line 10 from line 3, column (d)				<16,721.>

Part III Gaming. Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

11 Does the organization conduct 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 conducted in:
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. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

ZOOM GROUP, INC.

E n number

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

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 ANNUAL REPORT AND PRIVACY POLICY ARE PROVIDED TO THE PUBLIC ON THE

ORGANIZATION'S WEBSITE. THE ORGANIZATION'S 990 AND OTHER GOVERNING

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- 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.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. ZOOM GROUP, INC.	Employer identification number (EIN) or <div style="background-color: black; width: 100px; height: 15px;"></div>
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. 1904 EMBASSY SQUARE BOULEVARD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40299	

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 (other than individual)	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, 2017**, 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, 2015**, and ending **JUN 30, 2016**

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 Forms 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 Forms 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

0216571.09

amcray
AMD

Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
8/22/2013 2:48 PM
Fee Receipt: \$8.00

**ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF
C.G.M. SERVICES, INC.**

Pursuant to the provisions of the KRS Chapter 273, these Articles of Amendment to the Articles of Incorporation of C.G.M. Services, Inc., a Kentucky nonprofit corporation (the "Corporation"), are hereby adopted:

1. The name of the corporation is C.G.M. Services, Inc.
2. The Articles of Incorporation are hereby amended by deleting the text of Article I thereof and substituting in place thereof the following:

"ARTICLE I

The name of the Corporation is Zoom Group, Inc."

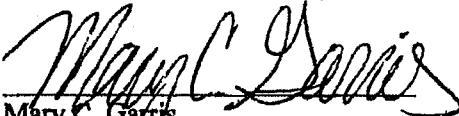
3. This Amendment to the Articles of Incorporation was approved by the Board of Directors of the Corporation and received a majority vote of the directors in office on the 28th day of June, 2013, in the manner prescribed by KRS Chapter 273.

IN WITNESS WHEREOF, the undersigned, the duly authorized officer of the Corporation, has executed these Articles of Amendment as of this the 21st day of August, 2013.

C.G.M. SERVICES, INC.

By: 
Mark T. Hurst, Chairman

This Instrument Prepared By:



Mary C. Garris
Stoll Keenon Ogden PLLC
2000 PNC Plaza
500 West Jefferson Street
Louisville, Kentucky 40202-2874
(502) 333-6000



0216571.04 amoray
WTH
Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
8/22/2013 2:47 PM
Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Withdrawal of Assumed Name **CWA**
(Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

- The assumed name to be withdrawn is Zoom Group
(The name must be identical to the name on record with the Secretary of State.)
- The assumed name has been discontinued by C. G. M. Services, Inc.
(Must be the exact name of the entity or partners)
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

4. The date the original certificate as filed: September 27, 2006

5. The "real name" is (you must check one):

- | | |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign 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 |

6. The mailing address is:

<u>1904 Embassy Square Blvd.</u>	<u>Louisville</u>	<u>Kentucky</u>	<u>40299</u>
<small>Street Address or Post Office Box Numbers</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

	<u>Mark T. Hurst</u>	<u>Chairman</u>	<u>8/21/13</u>
<small>Signature of Authorized Party</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

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

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

JUN 25 1986

Dupelle 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. Macaluso
Shirley Raetke Dumesail
Natalie Samaria
Walter Marshall

STATE OF KENTUCKY

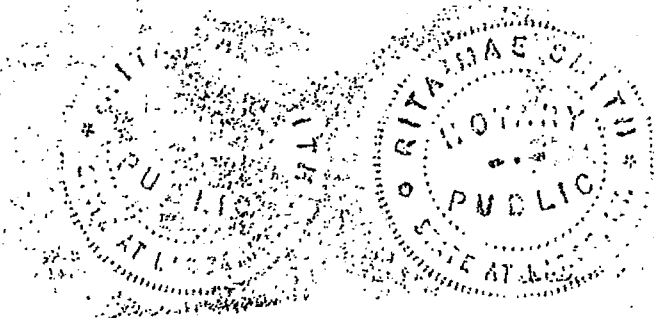
COUNTY OF JEFFERSON

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

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ZOOM GROUP, INC.

FINANCIAL STATEMENTS

Years Ended June 30, 2015 and 2014

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Independent Auditors' Report

To the Board of Directors
Zoom Group, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of Zoom Group, Inc. (a not-for-profit organization), which comprise the statements of financial position as of June 30, 2015 and 2014, 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 audits 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 Zoom Group, Inc. as of June 30, 2015 and 2014, 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, Lussay & Ostroff

Louisville, Kentucky
November 17, 2015

ZOOM GROUP, INC.

STATEMENTS OF FINANCIAL POSITION

June 30, 2015 and 2014

Assets	<u>2015</u>	<u>2014</u>
Current Assets		
Cash and cash equivalents	\$ 232,160	\$ 160,219
Investments	279,473	403,606
Unemployment reserve	33,164	54,834
Accounts receivable, less allowance for doubtful accounts of \$16,055 in 2015 and \$5,000 in 2014	405,529	373,696
Security deposits	7,778	7,778
Prepaid expenses	<u>18,432</u>	<u>20,838</u>
Total current assets	<u>976,536</u>	<u>1,020,971</u>
 Property and Equipment		
Land	300,000	300,000
Building	651,445	644,319
Leasehold improvements	73,513	73,513
Furniture, equipment and vehicles	<u>411,002</u>	<u>389,106</u>
	1,435,960	1,406,938
Less accumulated depreciation	<u>394,105</u>	<u>327,134</u>
	<u>1,041,855</u>	<u>1,079,804</u>
 Total assets	 <u>\$ 2,018,391</u>	 <u>\$ 2,100,775</u>

See Notes to Financial Statements.

Liabilities and Net Assets	<u>2015</u>	<u>2014</u>
Current Liabilities		
Current maturities of capital lease obligations	\$ 11,158	\$ 13,166
Current maturities of mortgage payable	54,256	52,485
Accounts payable	22,011	42,150
Accrued expenses	<u>147,594</u>	<u>135,948</u>
Total current liabilities	<u>235,019</u>	<u>243,749</u>
Long-Term Liabilities, less current maturities		
Capital lease obligations	11,740	22,897
Mortgage payable	<u>435,281</u>	<u>489,227</u>
Total long-term liabilities	<u>447,021</u>	<u>512,124</u>
Total liabilities	<u>682,040</u>	<u>755,873</u>
Net Assets		
Unrestricted	1,316,125	1,247,444
Temporarily restricted	<u>20,226</u>	<u>97,458</u>
	<u>1,336,351</u>	<u>1,344,902</u>
Total liabilities and net assets	<u>\$ 2,018,391</u>	<u>\$ 2,100,775</u>

ZOOM GROUP, INC.

STATEMENTS OF ACTIVITIES

Years Ended June 30, 2015 and 2014

	2015			2014		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Revenues and Support						
Service revenues	\$ 3,045,648		\$ 3,045,648	\$ 2,918,574		\$ 2,918,574
Contributions and grants	24,173	\$ 21,008	45,181	31,028		31,028
In-kind contributions	3,741		3,741	1,972		1,972
Special events (net of costs of direct benefits to donors of \$15,741 in 2015 and \$15,553 in 2014)	87,471		87,471	18,986	\$ 108,958	127,944
Interest income	14,756		14,756	11,421		11,421
Unrealized (losses) gains	(20,572)		(20,572)	29,383		29,383
Realized (losses) gains	(8,676)		(8,676)	23,063		23,063
Other revenues	413		413	422		422
	<u>3,146,954</u>	<u>21,008</u>	<u>3,167,962</u>	<u>3,034,849</u>	<u>108,958</u>	<u>3,143,807</u>
Net assets released from restrictions	98,240	(98,240)		58,535	(58,535)	
Total revenues and support	<u>3,245,194</u>	<u>(77,232)</u>	<u>3,167,962</u>	<u>3,093,384</u>	<u>50,423</u>	<u>3,143,807</u>
Expenses						
Program services	2,599,027		2,599,027	2,469,159		2,469,159
Administrative	502,511		502,511	622,361		622,361
Fund-raising	74,975		74,975	135,505		135,505
Total expenses	<u>3,176,513</u>		<u>3,176,513</u>	<u>3,227,025</u>		<u>3,227,025</u>
Increase (decrease) in total net assets	68,681	(77,232)	(8,551)	(133,641)	50,423	(83,218)
Net assets, beginning of year	<u>1,247,444</u>		<u>1,344,902</u>	<u>1,381,085</u>	<u>47,035</u>	<u>1,428,120</u>
Net assets, end of year	<u>\$ 1,316,125</u>	<u>\$ 20,226</u>	<u>\$ 1,336,351</u>	<u>\$ 1,247,444</u>	<u>\$ 97,458</u>	<u>\$ 1,344,902</u>

See Notes to Financial Statements.

ZOOM GROUP, INC.

STATEMENTS OF FUNCTIONAL EXPENSES
Years Ended June 30, 2015 and 2014

	2015						
	Job Placement	Small Business Operations	Day Services	Total Program Services	Administrative	Fund-Raising	Total
Salaries	\$ 169,607	\$ 1,405,681	\$ 352,794	\$ 1,928,082	\$ 212,334	\$ 26,483	\$ 2,166,899
Employee benefits	19,150	85,752	39,728	144,630	34,933	4,357	183,920
Payroll taxes	12,500	106,113	24,401	143,014	14,847	2,168	160,029
Workers' compensation insurance	1,854	4,919	2,991	9,764	16,537	2,063	28,364
Activities expense	268	276	6,303	6,847			6,847
Advertising	402	139	1,711	2,252	466	1,102	3,820
Bad debt expense	1,945	13,794	5,041	20,780	15,014	6,400	42,194
Contract services	14	46,468	23	46,505	126	16	46,647
Dues and subscriptions	241	858	463	1,562	2,146	268	3,976
Insurance	7,595	9,795	1,532	18,922	666		19,588
Miscellaneous	1,779	7,383	7,026	16,188	9,954	3,044	29,186
Professional fees			502	502	115,751	2,374	118,627
Rent	97	257	63,756	64,110	865	108	65,083
Repairs and maintenance	728	2,006	9,484	12,218	6,492	810	19,520
Special events						15,455	15,455
Staff development	2,978	7,850	1,447	12,275	1,843	379	14,497
Supplies and printing	1,948	9,860	17,900	29,708	17,149	3,288	50,145
Telephone	5,008	18,860	6,212	30,080	5,736	715	36,531
Transportation and travel	9,099	8,162	4,105	21,366	654	82	22,102
Utilities	566	1,506	13,684	15,756	5,048	630	21,434
Provider tax	347	13,532	17,289	31,168			31,168
Interest	1,537	4,077	2,479	8,093	13,707	1,710	23,510
Depreciation	3,292	10,228	21,685	35,205	28,243	3,523	66,971
Total expenses	\$ 240,955	\$ 1,757,516	\$ 600,556	\$ 2,599,027	\$ 502,511	\$ 74,975	\$ 3,176,513

2014

	Job Placement	Small Business Operations	Day Services	Total Program Services	Administrative	Fund-Raising	Total
Salaries	\$ 148,599	\$ 1,291,426	\$ 373,989	\$ 1,814,014	\$ 334,720	\$ 61,083	\$ 2,209,817
Employee benefits	16,446	70,559	33,930	120,935	25,688	5,821	152,444
Payroll taxes	11,985	92,716	28,433	133,134	24,430	4,380	161,944
Workers' compensation insurance	1,781	3,588	2,039	7,408	15,205	2,775	25,388
Activities expense	1,254	1,292	6,057	8,603			8,603
Advertising	584	119	1,784	2,487	502	92	3,081
Bad debt expense		13,144	54	13,198			13,198
Contract services	394	47,840	451	48,685	3,364	614	52,663
Dues and subscriptions	357	909	521	1,787	2,917	532	5,236
Insurance	9,492	10,405	2,125	22,022	986		23,008
Miscellaneous	2,859	9,887	6,498	19,244	11,491	4,340	35,075
Professional fees					100,861	14,716	115,577
Rent	332	669	63,980	64,981	2,834	517	68,332
Repairs and maintenance	1,791	4,338	11,545	17,674	15,288	2,790	35,752
Special events						18,196	18,196
Staff development	4,601	4,269	2,026	10,896	4,430	1,373	16,699
Supplies and printing	3,304	8,732	22,900	34,936	17,952	5,566	58,454
Telephone	5,849	18,604	6,985	31,438	10,184	2,459	44,081
Transportation and travel	9,476	11,323	4,384	25,183	2,918	648	28,749
Utilities	799	1,845	16,695	19,339	6,817	1,244	27,400
Provider tax	42	14,538	19,897	34,477			34,477
Interest	1,868	3,762	2,138	7,768	15,943	2,910	26,621
Depreciation	3,152	8,468	19,330	30,950	25,831	5,449	62,230
Total expenses	\$ 224,965	\$ 1,618,433	\$ 625,761	\$ 2,469,159	\$ 622,361	\$ 135,505	\$ 3,227,025

See Notes to Financial Statements.

ZOOM GROUP, INC.

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Cash Flows from Operating Activities		
Cash received for program services	\$ 2,960,979	\$ 2,873,680
Contributions and grants received	135,031	171,664
Cash paid to suppliers and employees	(3,005,852)	(3,102,384)
Interest paid	(23,598)	(26,719)
Interest received	<u>22</u>	<u>3</u>
Net cash provided by (used in) operating activities	<u>66,582</u>	<u>(83,756)</u>
Cash Flows from Investing Activities		
Purchases of investments	(10,480)	(10,411)
Proceeds from sale of investments	108,839	139,326
Capital expenditures for property and equipment	<u>(27,660)</u>	<u>(102,678)</u>
Net cash provided by investing activities	<u>70,699</u>	<u>26,237</u>
Cash Flows from Financing Activities		
Principal payments on mortgage payable	(52,175)	(50,135)
Principal payments under capital lease obligation	<u>(13,165)</u>	<u>(10,497)</u>
Net cash used in financing activities	<u>(65,340)</u>	<u>(60,632)</u>
Net increase (decrease) in cash and cash equivalents	71,941	(118,151)
Cash and cash equivalents at beginning of year	<u>160,219</u>	<u>278,370</u>
Cash and cash equivalents at end of year	<u>\$ 232,160</u>	<u>\$ 160,219</u>

See Notes to Financial Statements.

	<u>2015</u>	<u>2014</u>
Reconciliation of Net Decrease in Total Net Assets to Net Cash Provided by (Used In) Operating Activities		
Net decrease in total net assets	\$ (8,551)	\$ (83,218)
Adjustments to reconcile net decrease in total net assets to net cash provided by (used in) operating activities:		
Depreciation	66,971	62,230
Investment income reinvested	(14,734)	(11,418)
Unrealized loss (gain) on investments	21,352	(23,961)
Net gain on unemployment trust	(780)	(5,422)
Realized loss (gain) on investments	8,676	(23,063)
Provision for bad debts	11,055	
In-kind contributions	(1,362)	(4,326)
Change in assets and liabilities:		
(Increase) decrease in:		
Unemployment reserve	32,930	8,527
Accounts receivable	(42,888)	(32,118)
Grants receivable		17,018
Security deposits		1,629
Prepaid expenses	2,406	(7,349)
Increase (decrease) in:		
Accounts payable	(20,139)	7,122
Accrued expenses	11,646	10,593
Total adjustments	<u>75,133</u>	<u>(538)</u>
Net cash provided by (used in) operating activities	<u>\$ 66,582</u>	<u>\$ (83,756)</u>

**Supplemental Schedule of Non-Cash Investing
and Financing Transactions**

Equipment acquired through capital lease obligations	<u>\$ 41,374</u>
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ZOOM GROUP, INC.

NOTES TO FINANCIAL STATEMENTS

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

Nature of operations:

Zoom Group, Inc. (Organization) 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, 2015 and 2014, approximately 98% 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 \$2,971,000 and \$2,874,000, respectively. At June 30, 2015 and 2014, amounts due from these agencies included in accounts receivable were approximately \$416,000 and \$377,000, 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 accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and 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 are stated at fair value (see Note 2). 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. 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, 2015 and 2014, 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.

Subsequent events:

Subsequent events have been evaluated through November 17, 2015, which is the date the financial statements were available to be issued.

Newly issued standard not yet effective:

The Financial Accounting Standards Board has issued accounting standard No. 2014-09, *Revenue from Contracts with Customers*, concerning the accounting for revenue recognition. The standard is effective for years beginning after December 15, 2018. The Organization is evaluating the impact that adoption of the standard will have on future financial position and results of operations.

Note 2. Investments

Cost and fair value of investments at June 30, 2015 and 2014 are summarized below:

	2015		
	<u>Cost</u>	<u>Market Value</u>	<u>Unrealized Appreciation (Depreciation)</u>
Equity mutual funds:			
World stock	\$ 20,565	\$ 27,871	\$ 7,306
Large blend	45,237	54,445	9,208
Foreign large blend	35,736	43,951	8,215
Asset allocation mutual fund	56,228	56,169	(59)
Bond mutual funds	<u>102,493</u>	<u>97,037</u>	<u>(5,456)</u>
Total	<u>\$260,259</u>	<u>\$279,473</u>	<u>\$19,214</u>

NOTES TO FINANCIAL STATEMENTS

	2014		
	<u>Cost</u>	<u>Market Value</u>	<u>Unrealized Appreciation</u>
Cash equivalents	\$ 10,390	\$ 10,390	
Mortgage-backed securities	89,051	91,195	\$ 2,144
Equity mutual funds:			
World stock	36,988	47,995	11,007
Large blend	39,774	52,583	12,809
Foreign large blend	35,511	44,016	8,505
Asset allocation mutual fund	53,727	59,475	5,748
Bond mutual funds	<u>97,599</u>	<u>97,952</u>	<u>353</u>
Total	<u>\$363,040</u>	<u>\$403,606</u>	<u>\$40,566</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 3. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under accounting principles generally accepted in the United States of America are described as follows:

NOTES TO FINANCIAL STATEMENTS

- 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. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- 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.

There have been no changes in methodologies used at June 30, 2015 and 2014. All assets have been valued using a market approach. Following is a description of the valuation methodologies used for assets measured at fair value.

Cash equivalents, equity mutual funds, asset allocation mutual fund, and bond mutual fund - valued at the closing price reported on the active market on which the individual securities are traded.

Mortgage-backed securities - valued based on yields currently available on comparable securities traded in active markets.

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.

NOTES TO FINANCIAL STATEMENTS

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value as of June 30, 2015 and 2014:

	June 30, 2015		
	Level 1	Level 2	Total
Measured on a recurring basis:			
Equity mutual funds	\$126,267		\$126,267
Asset allocation mutual fund	56,169		56,169
Bond mutual fund	97,037		97,037
Total assets at fair value	<u>\$279,473</u>		<u>\$279,473</u>
	June 30, 2014		
	Level 1	Level 2	Total
Measured on a recurring basis:			
Cash equivalents	\$ 10,390		\$ 10,390
Equity mutual funds	144,594		144,594
Asset allocation mutual fund	59,475		59,475
Bond mutual fund	97,952		97,952
Mortgage-backed securities	_____	\$91,195	91,195
Total assets at fair value	<u>\$312,411</u>	<u>\$91,195</u>	<u>\$403,606</u>

The Organization has received gifts in kind of equipment and securities in the amount of \$1,362 and \$4,326 for the years ended June 30, 2015 and 2014, respectively. These level 3 assets have been valued at fair value, on a non-recurring basis, as provided by the donor.

NOTES TO FINANCIAL STATEMENTS

Note 4. 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, 2015 and 2014, the Organization had a reserve balance of \$33,164 and \$54,834, respectively, on deposit with the trustee. For 2015, approximately 73% of the unemployment reserve account was invested in Level 1 investments, 6% in Level 2 investments and 21% in Level 3 investments. For 2014, approximately 70% of the unemployment reserve account was invested in Level 1 investments, 10% in Level 2 investments and 20% in Level 3 investments. During the years ended June 30, 2015 and 2014, the Organization recorded an investment gain of \$780 and \$5,422, respectively, on this trust that is included in unrealized gains on the statements of activities. A reconciliation of the activity from the beginning to the end of year for assets measured as Level 3 investments at June 30, 2015 and 2014 are as follows:

	Multi-Strategy Credit Fund, LLCs and Hedge Fund	
	2015	2014
Beginning balance	\$10,967	\$ 6,654
Total realized/unrealized gains	344	787
Net sales and purchases	(4,347)	3,526
Ending balance	\$ 6,964	\$10,967

Note 5. Construction in Progress

During 2014, the Organization completed and placed in service the building renovations at their new location. The total cost of the project was approximately \$181,000.

Note 6. Capital Lease Obligations

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

NOTES TO FINANCIAL STATEMENTS

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

	<u>2015</u>	<u>2014</u>
Equipment	\$49,842	\$49,842
Accumulated amortization	<u>(23,239)</u>	<u>(12,471)</u>
	<u>\$26,603</u>	<u>\$37,371</u>

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

Years ending June 30, 2016	\$12,389
2017	8,171
2018	3,678
2019	<u>552</u>
	24,790
Less amount representing interest	<u>1,892</u>
Net minimum lease payments	<u>\$22,898</u>

Note 7. Mortgage Payable

Mortgage payable consists of the following:

	<u>2015</u>	<u>2014</u>
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 \$898,892 at June 30, 2015 and an assignment of rents.	\$489,537	\$541,712
Less current maturities	<u>54,256</u>	<u>52,485</u>
	<u>\$435,281</u>	<u>\$489,227</u>

NOTES TO FINANCIAL STATEMENTS

Future maturities on the mortgage payable are as follows:

Years ending June 30, 2016	\$ 54,256
2017	56,793
2018	59,077
2019	61,453
2020	63,925
Thereafter	<u>194,033</u>
	<u>\$489,537</u>

Note 8. Lease Commitments

The Organization leases space for various programs under operating leases.

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, 2016	\$ 67,000
2017	84,000
2018	78,500
2019	78,000
2020	78,000
Thereafter	<u>26,000</u>
	<u>\$411,500</u>

NOTES TO FINANCIAL STATEMENTS

Note 9. Changes in Temporarily Restricted Net Assets

Changes in temporarily restricted net assets during the years ended June 30, 2015 and 2014 were as follows:

	<u>Balance</u> <u>6/30/14</u>	<u>Contributions</u>	<u>Released</u>	<u>Balance</u> <u>6/30/15</u>
Contributions restricted for:				
Scholarships and activities	\$23,067		\$ (8,904)	\$14,163
Studio Works	74,391	\$ 28	(74,352)	67
Sensory room	<u> </u>	<u>20,980</u>	<u>(14,984)</u>	<u>5,996</u>
	<u>\$97,458</u>	<u>\$21,008</u>	<u>\$(98,240)</u>	<u>\$20,226</u>
	<u>Balance</u> <u>6/30/13</u>	<u>Contributions</u>	<u>Released</u>	<u>Balance</u> <u>6/30/14</u>
Contributions restricted for:				
Metro United Way grant for supported living and adult day programs	\$17,018		\$(17,018)	
Scholarships and activities	28,817		(5,750)	\$23,067
Studio Works	<u>1,200</u>	<u>\$108,958</u>	<u>(35,767)</u>	<u>74,391</u>
	<u>\$47,035</u>	<u>\$108,958</u>	<u>\$(58,535)</u>	<u>\$97,458</u>

Note 10. 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 \$13,000 to the plan for each of the years ended June 30, 2015 and 2014.

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. ZOOM GROUP, INC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) 1904 EMBASSY SQUARE BLVD	Requester's name and address (optional) LOUISVILLE METRO COUNCIL
6 City, state, and ZIP code LOUISVILLE KY 40299	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												

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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 5-5-2016
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- 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, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Effective as of 05/09/2016

Title	Hire Date	Wage Eff Date	Type	Salary	Rate/Per	Annual Salary
Executive Director	05/18/2015	05/18/2015	Salary	3,958.33		94,999.92
Program Director	07/09/2012	07/01/2014	Salary	2,979.16		71,499.84
Plant Manager - VA Laundry	11/06/2000	08/01/2014	Salary	2,206.16		52,947.84
Member Services	03/09/2009	08/01/2014	Salary	1,827.91		43,869.84
Commercial Operations Mgr	10/12/2006	08/01/2014	Salary	1,786.54		42,876.96
	10/29/2012	06/01/2014	Salary	1,695.84		40,700.16
	06/26/2007	08/01/2014	Salary	1,686.79		40,482.96
	08/02/2010	08/01/2014	Salary	1,568.00		37,632.00
	06/18/2007	08/01/2014	Hourly		21.25/Hour	35,912.50
	05/24/2011	08/01/2014	Salary	1,473.52		35,364.48
	09/08/2009	08/01/2014	Salary	1,473.30		35,359.20
	09/08/2010	08/01/2014	Salary	1,473.29		35,358.96
	03/24/2008	08/01/2014	Salary	1,473.29		35,358.96
	05/22/2001	08/01/2014	Salary	1,448.95		34,774.80
	03/08/2006	08/01/2014	Salary	1,429.04		34,296.96
	12/16/2013	08/01/2014	Salary	1,426.66		34,239.84
	01/07/2007	08/01/2014	Salary	1,414.18		33,940.32
	07/15/2013	08/01/2014	Salary	1,404.37		33,704.88
	10/01/2012	08/01/2014	Salary	1,404.37		33,704.88
	08/30/1993	08/01/2014	Salary	1,350.20		32,404.80
	03/12/2013	08/01/2014	Salary	1,312.50		31,500.00
	01/31/2013	08/01/2014	Hourly		14.98/Hour	31,159.59
	09/06/2013	10/01/2014	Hourly		14.75/Hour	30,681.18
	04/08/2013	08/01/2014	Hourly		14.45/Hour	30,057.15
	08/09/2010	08/01/2014	Hourly		14.18/Hour	29,495.53
	02/10/2014	08/01/2014	Hourly		13.91/Hour	28,933.91
	07/09/2007	08/01/2014	Hourly		14.62/Hour	28,509.00
	07/22/2014	04/20/2015	Salary	1,187.50		28,500.00
	10/04/2011	08/01/2014	Hourly		13.69/Hour	28,476.29
	09/16/2014	09/16/2014	Hourly		13.00/Hour	27,041.04
	09/07/2011	08/01/2014	Hourly		12.62/Hour	26,250.60
	09/11/2014	09/11/2014	Hourly		12.50/Hour	26,001.00
	06/24/2014	06/24/2014	Hourly		12.50/Hour	26,001.00
	02/19/2014	08/01/2014	Hourly		12.84/Hour	25,038.00
	10/27/2014	10/27/2014	Hourly		12.00/Hour	24,960.96
	07/02/2002	08/01/2014	Hourly		11.77/Hour	24,482.54
	07/29/2014	05/01/2015	Hourly		11.50/Hour	23,920.92
	07/22/2014	01/16/2015	Hourly		11.00/Hour	22,880.88
	05/13/2014	01/16/2015	Hourly		11.00/Hour	22,880.88
	09/26/2014	09/26/2014	Hourly		10.50/Hour	21,840.84
	05/18/2015	05/18/2015	Hourly		10.50/Hour	21,840.84
	07/06/2015	07/06/2015	Hourly		11.00/Hour	21,450.00
	10/01/2012	07/11/2015	Hourly		10.00/Hour	20,800.80
	10/27/2014	10/27/2014	Hourly		10.50/Hour	20,475.00

09/11/2014	09/11/2014	Hourly	Part-Time	13.00/Hour	16,900.00
12/30/2014	12/30/2014	Hourly		10.50/Hour	13,104.00



Louisville Metro Government
Office of Management and Budget

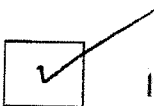
Neighborhood Development Fund Training Attestation

Organization Name: Zoom Group, Inc

Participant Name: Barbara Kapthammer

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having participated in Neighborhood Development Fund training. In addition, I understand the requirements of the Neighborhood Development Fund grant process.

Please check:



I viewed the NDF training material on the website

Barbara Kapthammer
Participant Signature

4-28-16
Date

NOTE: Please return to Roxanne Steele:

E-mail address: Roxanne.Steele@louisvilleky.gov or Fax: 502-574-3219

Mailing Address: Louisville Metro Government ATTN: NDF Coordinator 611 West Jefferson St.
Louisville, Kentucky 40202

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	7/5/2016
Principal Office	1904 EMBASSY SQUARE BLVD LOUISVILLE, KY 40299
Registered Agent	MELISSA MARVEL 1904 EMBASSY SQUARE BLVD LOUISVILLE, KY 40299

Current Officers

Chairman	<u>Jennifer Ball</u>
Vice Chairman	<u>Doug Foster</u>
Secretary	<u>Trevor Howie</u>
Treasurer	<u>Jennifer Huelsman</u>
Director	<u>Eddie Streeter, Sr</u>
Director	<u>Jim Noe</u>
Director	<u>Natalie Semaria</u>
Director	<u>Andrew Davis</u>
Director	<u>Steven Sandman</u>
Director	<u>Angela Oak</u>
Director	<u>Nick Clark</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.

<u>Renewal of Assumed Name Return</u>	12/5/2016	2 pages	tiff	PDF
<u>Registered Agent name/address change</u>	7/5/2016 6:08:32 PM	1 page	PDF	
<u>Annual Report</u>	7/5/2016	1 page	PDF	
<u>Registered Agent name/address change</u>	6/19/2015 10:06:31 AM	1 page	PDF	
<u>Annual Report</u>	6/19/2015	1 page	PDF	
<u>Registered Agent name/address change</u>	8/11/2014 1:32:10 PM	1 page	PDF	
<u>Annual Report</u>	4/10/2014	1 page	PDF	
<u>Certificate of Withdrawal of Assumed Name</u>	8/22/2013	1 page	tiff	PDF
<u>Amendment</u>	8/22/2013	1 page	tiff	PDF
<u>Certificate of Assumed Name</u>	8/22/2013	1 page	tiff	PDF
<u>Principal Office Address Change</u>	6/24/2013 8:20:48 AM	1 page	PDF	
<u>Annual Report</u>	6/24/2013	1 page	PDF	
<u>Registered Agent name/address change</u>	3/27/2013 4:23:05 PM	1 page	PDF	
<u>Certificate of Assumed Name</u>	5/17/2012	1 page	tiff	PDF
<u>Name Renewal</u>	5/14/2012 4:19:29 PM	1 page	PDF	
<u>Annual Report</u>	5/14/2012	1 page	PDF	
<u>Name Renewal</u>	5/3/2011	1 page	tiff	PDF
<u>Annual Report</u>	4/20/2011	1 page	PDF	
<u>Name Renewal</u>	10/15/2010	1 page	tiff	PDF
<u>Annual Report</u>	2/22/2010	1 page	PDF	
<u>Annual Report</u>	1/14/2009	1 page	PDF	
<u>Annual Report</u>	2/20/2008	1 page	PDF	
<u>Certificate of Assumed Name</u>	5/31/2007	1 page	tiff	PDF
<u>Annual Report</u>	1/16/2007	1 page	PDF	
<u>Certificate of Assumed Name</u>	12/27/2006	1 page	tiff	PDF
<u>Certificate of Assumed Name</u>	9/27/2006	1 page	tiff	PDF
<u>Certificate of Assumed Name</u>	3/31/2006	1 page	tiff	PDF
<u>Annual Report</u>	3/27/2006	1 page	PDF	
<u>Statement of Change</u>	3/21/2006	1 page	tiff	PDF
<u>Annual Report</u>	2/24/2005	1 page	PDF	
<u>Name Renewal</u>	7/19/2004	1 page	tiff	PDF
<u>Annual Report</u>	4/2/2003	2 pages	tiff	PDF
<u>Certificate of Assumed Name</u>	12/9/2002	2 pages	tiff	PDF
<u>Certificate of Assumed Name</u>	12/9/2002	2 pages	tiff	PDF
<u>Certificate of Assumed Name</u>	12/9/2002	1 page	tiff	PDF
<u>Annual Report</u>	3/28/2002	1 page	tiff	PDF
<u>Annual Report</u>	9/26/2001	1 page	tiff	PDF
<u>Annual Report</u>	8/25/2000	1 page	tiff	PDF
<u>Certificate of Assumed Name</u>	12/27/1999	1 page	tiff	PDF

Annual Report	8/11/1999	1 page	tiff	PDF
Annual Report	7/29/1998	2 pages	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Statement of Change	3/30/1989	1 page	tiff	PDF
Statement of Change	8/13/1987	1 page	tiff	PDF

Assumed Names

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

Activity History

Filing	File Date	Effective Date	Org. Referenced
Registered agent address change	7/5/2016 6:08:32 PM	7/5/2016 6:08:32 PM	
Annual report	7/5/2016 6:03:43 PM	7/5/2016 6:03:43 PM	
Annual report	6/19/2015 10:41:19 AM	6/19/2015 10:41:19 AM	
Registered agent address change	6/19/2015 10:06:31 AM	6/19/2015 10:06:31 AM	
Registered agent address change	8/11/2014 1:32:10 PM	8/11/2014 1:32:10 PM	
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	ZOOM GROUP
Amendment - Change name	8/22/2013 2:48:04 PM	8/22/2013	C. G. M. SERVICES, INC.

Microfilmed Images