

Long, Terra L

Subject: FW: Approval to sign for CM Tom Owen on NDF for Zoom Group, INC. for \$5000.00 to be used for Douglass Loop Clean UP.

From: Owen, Tom
Sent: Monday, September 21, 2015 10:31 AM
To: Long, Terra L; MetroCouncilClerk; Ott, Stephen
Subject: RE: Approval to sign for CM Tom Owen on NDF for Zoom Group, INC. for \$5000.00 to be used for Douglass Loop Clean up.

I approve my aide, TERRA LONG, to sign in my behalf for a \$5000 NDF grant to the Zoom Group, INC. for clean-up of the Douglass Loop area.

Tom Owen
8th District
Louisville Metro Council

From: Long, Terra L
Sent: Monday, September 21, 2015 10:22 AM
To: Owen, Tom; MetroCouncilClerk; Ott, Stephen
Cc: Long, Terra L
Subject: Approval to sign for CM Tom Owen on NDF for Zoom Group, INC. for \$5000.00 to be used for Douglass Loop Clean up.

Tom if you could respond to all with this approval, I'll go ahead and submit paperwork for processing.



Terra Long

Legislative Assistant to CM Tom Owen
8th District Metro Council
601 W. Jefferson Street
Louisville KY.40202
FAX (502)574-1170
(502)574-1108
TerraL.Long@LouisvilleKy.gov

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: Zoom Group, INC.

Program Name and Request Amount: Zoom Group, Inc. \$5000.00 for Douglass Loop Maintenance.

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
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
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"/> N/A
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
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"/> Yes
Prepared by:	Date:

ZOOM GROUP**General Information**

Organization Number	0216571
Name	ZOOM GROUP
Company Type	ASC - Assumed Name Corporation
Status	A - Active
State	KY
File Date	8/22/2013
Expiration Date	8/22/2018
Renewal Date	2/22/2018
Principal Office	1904 EMBASSY SQUARE BLVD LOUISVILLE, KY 40299

Current Officers**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>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

Name Renewal	5/14/2012 4:19:29 PM	1 page	PDF
Annual Report	5/14/2012	1 page	PDF
Name Renewal	5/3/2011	1 page	tiff PDF
Annual Report	4/20/2011	1 page	PDF
Name Renewal	10/15/2010	1 page	tiff PDF
Annual Report	2/22/2010	1 page	PDF
Annual Report	1/14/2009	1 page	PDF
Annual Report	2/20/2008	1 page	PDF
Certificate of Assumed Name	5/31/2007	1 page	tiff PDF
Annual Report	1/16/2007	1 page	PDF
Certificate of Assumed Name	12/27/2006	1 page	tiff PDF
Certificate of Assumed Name	9/27/2006	1 page	tiff PDF
Certificate of Assumed Name	3/31/2006	1 page	tiff PDF
Annual Report	3/27/2006	1 page	PDF
Statement of Change	3/21/2006	1 page	tiff PDF
Annual Report	2/24/2005	1 page	PDF
Name Renewal	7/19/2004	1 page	tiff PDF
Annual Report	4/2/2003	2 pages	tiff PDF
Certificate of Assumed Name	12/9/2002	2 pages	tiff PDF
Certificate of Assumed Name	12/9/2002	2 pages	tiff PDF
Certificate of Assumed Name	12/9/2002	1 page	tiff PDF
Annual Report	3/28/2002	1 page	tiff PDF
Annual Report	9/26/2001	1 page	tiff PDF
Annual Report	8/25/2000	1 page	tiff PDF
Certificate of Assumed Name	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 Name of

ZOOM GROUP, INC.	Active
C. G. M. SERVICES, INC.	Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Add	8/22/2013 2:48:45 PM	8/22/2013	ZOOM GROUP, INC.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization: ZOOM GROUP, INC
(as listed on: http://www.sos.ky.gov/business/records)

Main Office Street & Mailing Address: 1904 Embassy Square Blvd Louisville, KY 40299

Website: ZOOMGROUP.ORG

Applicant Contact: Melissa M. Buddeke Title: Executive Director

Phone: 502-581-0658 Email: mbuddeke@zoomgroup.org

Financial Contact: Barbara Kapfhammer Title: Finance Manager

Phone: 502-581-0658 Email: bkapfhammer@zoomgroup.org

Organization's Representative who attended NDF Training: Melissa Buddeke & Kim Prather

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: (\$) 5000.00 Total Metro Award (this program) in previous year: (\$) 5000.00

- Purpose of Request (check all that apply):
- [x] Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- [x] Programming/services/events for direct benefit to community or qualified individuals
- [] Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- [x] IRS Exempt Status Determination Letter
[x] Current Year Projected Budget
[x] List of Board of Directors (include term & term limits)
[x] Current financial statement
[x] Most recent IRS Form 990 or 1120-H
[x] Articles of Incorporation
[] Cost estimates from proposed vendor if request is for capital expense
[] Signed lease if rent costs are being requested
[x] IRS Form W9
[] Evaluation forms if used in the proposed program
[x] Annual audit (if required by organization)
[] Faith Based Organization Certification Form, if required
[x] 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.

Table with 4 columns: Source, Amount, and two empty columns. Row 1: Source: Louisville Metro Council, Amount: (\$) 5000.00

Has the applicant contacted the BBB Charity Review for participation? [x] Yes [] No

Has the applicant met the BBB Charity Review Standards? [x] Yes [] No



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

Zoom Group is dedicated to providing opportunities through meaningful work 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.

bck
[Handwritten signature]



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, 2015 through June 30, 2016. 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 be 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.

bck
bck



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, 2014

bek
DCK



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.

bek
bek



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	3585.00		3858.00
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)	1415.00		1415.00
*TOTAL PROGRAM/PROJECT FUNDS	5000		5000
% 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.

bek
bek



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
<p align="center"><i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)</p>		

*** 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:

bck
DK



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	9-16-15
Legal Signatory: (please print):	Melissa Marvel Buddeke	Title:	Executive Director
Phone:	502-581-0658	Extension:	
Email:	mbuddeke@zoomgroup.org		

Applicant's Initials

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.	Name (as shown on your income tax return) ZOOM GROUP, INC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 1904 EMBASSY SQUARE BLVD	Requester's name and address (optional) LOUISVILLE METRO COUNCIL
City, state, and ZIP code LOUISVILLE KY 40299		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number											

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

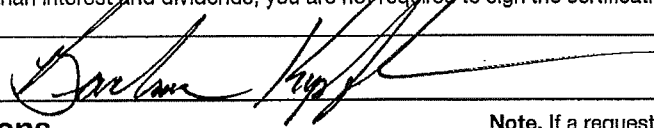
Employer identification number											

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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

Sign Here	Signature of U.S. person ▶		Date ▶	6-30-15
------------------	----------------------------	---	--------	----------------

General Instructions

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

Purpose of Form

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

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

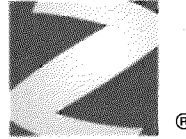
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your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

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

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

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

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



Zoom Group Board of Directors

Terms:

3 year terms. Can serve two consecutive terms, rotate off for a year, and serve one final term.

Process: Recommendation from two board members and elected by membership

Board Member Responsibilities

- **Time Commitment:** Attend monthly board meetings, participate in various annual events, and participate on active committees. The time commitment, outside of board meetings, in general, is as follows:

Board Member	25 hours annually
Committee Chair/Exec Committee	50-100 hours annually
Board Chair	200 + hours annually
- **Financial Commitment:** Participate in fundraising for the organization and provide a personal donation of a minimum of \$250 annually, though the board strongly encourages its members to give 1% of their net income, if possible. Additionally, we ask for an annual fundraising event sponsorship of \$750 (individually or through a company).
- **Training/On-boarding:** Participate in a ½ day session at Zoom Group to meet staff, understand our mission, visit programs, and meet clients.
- **Planning Oversight and Support:** Define and review the organization's mission and participate in strategic planning to review purpose, priorities, financial standing, primary constituents served, and goals. Oversee and evaluate strategic business plans and support management in carrying out those plans. Determine which programs are consistent with the organization's mission and monitor and strengthen their effectiveness.
- **Executive Director:** Recruit, evaluate and support the Executive Director. Board must reach consensus on the Executive Director's responsibilities and undertake the recruitment of a qualified individual for the position when needed.
- **Finances:** Assure financial responsibility by approving the annual budget and overseeing adherence to it, contracting for an independent audit, and controlling the investment policies and management of capital or reserve funds.
- **Board Effectiveness/Recruitment:** Directors are responsible for articulating prerequisites for candidates, recruitment and orientation of new members, and periodically evaluating their own performance. The board is ultimately responsible for adherence to legal and ethical standards.
- **Advocacy:** Enhance the organization's public standing. The board should clearly articulate the organization's mission, accomplishments, and goals to the public and garner support from the community.

To help adults with developmental disabilities choose their vocation and reach their full potential.

BOARD CONTACT SHEET

CHAIR

Angela Reeves Oak
 [REDACTED]
 Bowling Green, KY
 42103
 [REDACTED]

TREASURER

Cliff Vatter
 Raymond James Financial Svcs.
 310 W Liberty St
 Louisville KY 40202
 [REDACTED]
 w - 502.560.1260
clifford.vatter@raymondjames.com

Mark Hurst
 Stoll, Keenon, Ogden
 2000 PNC Plaza
 500 West Jefferson St
 Louisville KY 40202-2828
 [REDACTED]
 w - 502-560-4236
 f - 502-627-8732

VICE CHAIR

Jennifer Ball
 Greater Louisville Inc
 The Metro Chamber of Commerce
 614 W Main St, Ste 6000
 Louisville KY 40202
 w - 502.625.0091
 f - 502.625.0010
 [REDACTED]
JBall@GreaterLouisville.com

Trevor Howie
 Creative Alliance
 437 W Jefferson
 Louisville KY
 [REDACTED]
 w -
 [REDACTED]
 Jeremy Garris
 Staff Pharmacist, BriovaRX
 [REDACTED]

Founding Member

Natalie Semaria
 [REDACTED]
 Louisville KY 40241
 [REDACTED]

SECRETARY

Douglas Foster
 Brown-Foreman
 626 W Main St, Ste 200
 Louisville KY 40202
 [REDACTED]
 w - 502.774.7289
 f - 502.774.6833
Doug_Foster@B-F.com

Jeffersonville IN 47130
 [REDACTED]
 w - 812.256.8600
 f - 812.256.8700
 w - jeremy.garris@briovarx.com
 [REDACTED]

Steven Sandman
 [REDACTED]
 Louisville KY 40223
 [REDACTED]

ARGI
 1914 Stanley Gault Pkwy.
 Louisville KY 40223
 w - 502.753.0609
 f - 502.426.0247
 [REDACTED]
JenniferHuelsman@argi.net

7-Job Profiles - Effective Date

Effective as of 08/19/2015

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

20,475.00
16,900.00
13,104.00

10.50/Hour
13.00/Hour
10.50/Hour

Part-Time

Hourly
Hourly
Hourly

10/27/2014
09/11/2014
12/30/2014

10/27/2014
09/11/2014
12/30/2014

STATEMENT OF FINANCIAL POSITION

As of 6/30/2015

ZOOM GROUP (CGM)

		<u>Year to Date</u>
ASSETS		
CASH AND CASH EQ		
	Total CASH AND CASH EQ:	\$ 232,160
INVESTMENTS		
	Total INVESTMENTS:	\$ 279,473
UNEMPLOYMENT RESERVE		
1730-000-01	PREPAID UNEMPLOY:MAIN	\$ 33,164
	Total UNEMPLOYMENT RESERVE:	\$ 33,164
ACCOUNTS RECEIVABLE		
	Total ACCOUNTS RECEIVABLE:	\$ 415,934
SECURITY DEPOSITS		
	Total SECURITY DEPOSITS:	\$ 7,778
PREPAID		
	Total PREPAID:	\$ 20,585
PROPERTY AND EQUIPMENT		
	Total PROPERTY AND EQUIPMENT:	\$ 1,041,855
	Total ASSETS:	<u>\$ 2,030,949</u>
LIABILITIES		
LIABILITIES		
2340-000-01	OTHER PAYABLES	\$ 3,612
	Total LIABILITIES:	\$ 3,612
CURRENT MATURITIES OF CAPITAL LEASE OBL		
	Total CURRENT MATURITIES OF CAPITAL LEASE OBL:	\$ 11,157
CURRENT MATURITIES OF MORTGAGE PAYBLE		
2505-000-01	MORTGAGE CURR	\$ 54,256
	Total CURRENT MATURITIES OF MORTGAGE PAYBLE:	\$ 54,256
ACCOUNTS PAYABLE		
2010-000-01	ACCOUNTS PAYABLE	\$ 22,011
	Total ACCOUNTS PAYABLE:	\$ 22,011
ACCRUED EXPENSES		
	Total ACCRUED EXPENSES:	\$ 140,922
LONG-TERM LIAB, LESS CURR CAP LEASE		
	Total LONG-TERM LIAB, LESS CURR CAP LEASE:	\$ 11,739
LONG-TERM MORT PAY, LESS CURR MORT PAY		
2605-000-01	MORTGAGE LT	\$ 435,281
	Total LONG-TERM MORT PAY, LESS CURR MORT PAY:	<u>\$ 435,281</u>
	Total LIABILITIES:	678,978
FUND BALANCE		
UNRESTRICTED		
	Total UNRESTRICTED:	\$ 1,254,513
TEMPORARILY RESTRICTED		

3011-000-02

TEMPORARILY RESTRICTED FUNDS-MAIN

\$ 97,458

Total TEMPORARILY RESTRICTED:

\$ 97,458

Total FUND BALANCE:

1,351,971

Total LIABILITIES & FUND BALANCE:

\$ 2,030,949

FOR INTERNAL USE ONLY.

Run Date: 9/4/2015 3:25:01 PM

G/L Date: 9/4/2015

Income Statement
For The 12 Periods Ended 6/30/2015

ZOOM GROUP (CGM)

Year to Date

REVENUE & SUPPORT

OVR REVENUE

OVR FEE FOR SERV REV \$ 43,260.00
Total OVR REVENUE: \$ 43,260.00

MEDICAID

MEDICAID \$ 612,607.27
Total MEDICAID: \$ 612,607.27

MEDICAID - MP

MEDICAID-MICHELE P \$ 862,221.73
Total MEDICAID - MP: \$ 862,221.73

TUITION FROM FAMILIES

TUITION FROM FAMILIES \$ 2,377.50
Total TUITION FROM FAMILIES: \$ 2,377.50

CLIENT NEEDS REVENUE

CLIENT NEEDS PAYMENTS \$ 70.00
Total CLIENT NEEDS REVENUE: \$ 70.00

OTHER PRIVATE CONTRACTS

OTHER PRIVATE CONTRACTS \$ 405.00
Total OTHER PRIVATE CONTRACTS: \$ 405.00

PRIVATE CONTRACTS

PRIVATE CONTRACT REV \$ 1,485,255.07
Total PRIVATE CONTRACTS: \$ 1,485,255.07

HORTICULTURE JOB REVENUE

HORT JOB REV \$ 11,182.00
Total HORTICULTURE JOB REVENUE: \$ 11,182.00

CONTRIBUTIONS AND GRANTS

Total CONTRIBUTIONS AND GRANTS: \$ 86,185.95

DONATIONS - TEMPORARILY RESTRICTED

Total DONATIONS - TEMPORARILY RESTRICT \$ 54,530.00

GRANTS

Total GRANTS: \$ 14,626.75

ART SALES

Total ART SALES: \$ 16,090.17

DONATIONS - NON CASH

Total DONATIONS - NON CASH: \$ 3,740.56

MISC REVENUE

Total MISC REVENUE: \$ 343.31

Total REVENUE & SUPPOR \$ 3,192,895.31

GROSS PROFIT: \$ 3,192,895.31

FUNCTIONAL EXPENSES

EXPENSES

RENTAL \$ 421.61
Total EXPENSES: \$ 421.61

WAGES

WAGES \$ 1,457,036.29
Total WAGES: \$ 1,457,036.29

BONUS AND INCENTIVES

EMPLOYEE BONUS AND INCENTIVES \$ 24,788.91
Total BONUS AND INCENTIVES: \$ 24,788.91

CLIENT WAGES

CLIENT WAGES \$ 602,482.43
Total CLIENT WAGES: \$ 602,482.43

VACATION PAY

VACATION PAY \$ 64,960.73
Total VACATION PAY: \$ 64,960.73

EMPLOYEE BENEFITS

EMPLOYEE BENEFITS \$ 139,553.09
Total EMPLOYEE BENEFITS: \$ 139,553.09

RETENTION BENEFIT

WELLNESS BENEFITS \$ 3,843.09
Total RETENTION BENEFIT: \$ 3,843.09

RETIREMENT 403B

RETIREMENT 403B

403 B EXPENSES \$ 1,325.00

RETIREMENT 403B \$ 12,960.00

(Continue)

Income Statement
For The 12 Periods Ended 6/30/2015

ZOOM GROUP (CGM)

	Total RETIREMENT 403B:	<u>\$ 14,285.00</u>
EMPLOYER FICA		
EMPLOYER FICA		\$ 115,047.48
	Total EMPLOYER FICA:	<u>\$ 115,047.48</u>
EMPLOYER CLIENT FICA		
EMPLOYER CLIENT FICA		\$ 44,981.33
	Total EMPLOYER CLIENT FICA:	<u>\$ 44,981.33</u>
UNEMPLOYMENT EXPENSE		
UNEMPLOYMENT		\$ 26,238.85
	Total UNEMPLOYMENT EXPENSE:	<u>\$ 26,238.85</u>
WORKMAN'S COMP		
WORKER'S COMP		\$ 28,364.42
	Total WORKMAN'S COMP:	<u>\$ 28,364.42</u>
PROF SERVICES		
	Total PROF SERVICES:	<u>\$ 138,866.45</u>
PROF SERVICES - GOVT CONTRACT		
ABILITY ONE PAYMENTS		\$ 26,242.18
	Total PROF SERVICES - GOVT CONTRACT:	<u>\$ 26,242.18</u>
PROGRAM SUPPLIES		
	Total PROGRAM SUPPLIES:	<u>\$ 35,309.98</u>
UNIFORMS		
UNIFORMS		\$ 1,120.65
	Total UNIFORMS:	<u>\$ 1,120.65</u>
OFFICE SUPPLIES		
OFFICE SUPPLIES		\$ 4,915.73
	Total OFFICE SUPPLIES:	<u>\$ 4,915.73</u>
COMMUNICATIONS		
COMMUNICATIONS		\$ 36,531.90
	Total COMMUNICATIONS:	<u>\$ 36,531.90</u>
MAINTENANCE		
MAINTENANCE		\$ 19,188.97
	Total MAINTENANCE:	<u>\$ 19,188.97</u>
POSTAGE		
POSTAGE		\$ 3,146.62
	Total POSTAGE:	<u>\$ 3,146.62</u>
FACILITY RENTAL		
FACILITY RENTAL		\$ 65,084.00
	Total FACILITY RENTAL:	<u>\$ 65,084.00</u>
UTILITIES		
UTILITIES		\$ 21,432.64
	Total UTILITIES:	<u>\$ 21,432.64</u>
PRINTING		
PRINTING		\$ 3,231.98
	Total PRINTING:	<u>\$ 3,231.98</u>
VEHICLE EXPENSE		
	Total VEHICLE EXPENSE:	<u>\$ 22,101.48</u>
CONFERENCES & MEETINGS		
CONFERENCES & MEETINGS		\$ -184.73
	Total CONFERENCES & MEETINGS:	<u>\$ -184.73</u>
TECHNOLOGY SUPPORT		
	Total TECHNOLOGY SUPPORT:	<u>\$ 3,303.10</u>
TRAINING		
	Total TRAINING:	<u>\$ 29,180.37</u>
MEALS AND ENTERTAINMENT		
MEALS & ENTERTAINMENT		\$ 2,196.67
	Total MEALS AND ENTERTAINMENT:	<u>\$ 2,196.67</u>
PROVIDER TAX		
PROVIDER TAX		\$ 31,167.74
	Total PROVIDER TAX:	<u>\$ 31,167.74</u>
TUITION ASSISTANCE		
Scholarship Payments		\$ 1,610.10
	Total TUITION ASSISTANCE:	<u>\$ 1,610.10</u>
FUNDRAISING EXP - UNRESTRICTED		
FUNDRAISING EXPENSE ANNUAL CAMF		\$ 15.54
	Total FUNDRAISING EXP - UNRESTRICTED:	<u>\$ 15.54</u>
FUNDRAISING EXP - TEMP RESTRICTED		
FUNDRAISING EXPENSES SPRING Z		\$ 31,098.27

Income Statement
For The 12 Periods Ended 6/30/2015

ZOOM GROUP (CGM)

	Total FUNDRAISING EXP - TEMP RESTRICTED	<u>\$ 31,098.27</u>
DUES & PUBLICATIONS		
DUES & PUBLICATIONS		\$ 3,975.22
	Total DUES & PUBLICATIONS:	<u>\$ 3,975.22</u>
MARKETING		
MARKETING PROJECTS		\$ 5,697.45
	Total MARKETING:	<u>\$ 5,697.45</u>
BUSINESS FILING FEES		
FILING FEES & REGISTRATIONS		\$ 278.12
	Total BUSINESS FILING FEES:	<u>\$ 278.12</u>
INSURANCE - GENERAL		
GENERAL LIABILITY INS		\$ 19,588.88
	Total INSURANCE - GENERAL:	<u>\$ 19,588.88</u>
RECOGNITION CLIENT/TEAM MBR		
CLIENT RECOGNITION		\$ 923.95
	Total RECOGNITION CLIENT/TEAM MBR:	<u>\$ 923.95</u>
RECOGNITION EMPLOYEES		
EMPLOYEE RECOGNITION		\$ 7,177.27
	Total RECOGNITION EMPLOYEES:	<u>\$ 7,177.27</u>
ACTIVITIES EXPENSE		
ACTIVITIES EXPENSE		\$ 6,859.98
	Total ACTIVITIES EXPENSE:	<u>\$ 6,859.98</u>
EVENTS CLIENT/TEAM MEMBER		
CLIENT EVENTS		\$ 9,670.40
	Total EVENTS CLIENT/TEAM MEMBER:	<u>\$ 9,670.40</u>
JOB ADVERTISEMENTS		
JOB ADVERTISING		\$ 1,184.00
	Total JOB ADVERTISEMENTS:	<u>\$ 1,184.00</u>
MISC EXPENSES		
	Total MISC EXPENSES:	<u>\$ 45.48</u>
	Total FUNCTIONAL EXPEN	<u>\$ 3,052,963.62</u>
	(DECREASE) INCREASE FROM ACTIVITIES:	<u>\$ 139,931.69</u>
OTHER INCOME AND EXPENSE		
	Total OTHER INCOME AND	<u>\$ -132,865.24</u>
	EARNINGS BEFORE INCOME TAX:	<u>\$ 7,066.45</u>
	(DECREASE) INCREASE IN TOTAL NET ASSI	<u><u>\$ 7,066.45</u></u>

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: April 21, 1999

Person to Contact:
Sheila Schrom 31-02836
Customer Service Representative
Telephone Number:
877-829-5500
Fax Number:
513-684-5936
Federal Identification Number:
[REDACTED]

CGM Inc.
Louisville Diversified Services
410 W. Chestnut St. Ste. 900
Louisville, KY 40202-2326

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in January 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

WGM Inc, Louisville Diversified Services
[REDACTED]

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

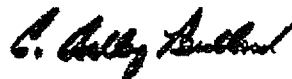
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director

0216571.09	ameray AMD
Alison 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."

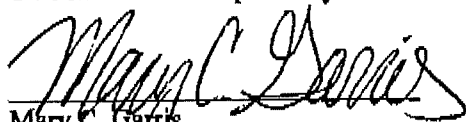
3. This Amendment to the Articles of Incorporation was approved by the Board of Directors of the Corporation and received a majority vote of the directors in office on the 28th day of June, 2013, in the manner prescribed by KRS Chapter 273.

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

amcroy
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 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 Number</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>



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0216571.09 amoray ASN
Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
8/22/2013 2:48 PM
Fee Recelpt: \$20.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 664-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity) ASN
---	---

Pursuant to the provisions of KRS 366, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- The assumed name is: Zoom Group
- The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Zoom Group, Inc.

Name must be identical to the name on record with the Secretary of State.)

3. 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 |


4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

1904 Embassy Square Blvd. Louisville Kentucky 40299
 Street Address or Post Office Box Numbers City State Zip

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

 Mark T. Hurst Chairman 8/21/13
 Authorized Party Signature Printed Name Title Date

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

C ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY RWS

JUN 25 1986

Duffell 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 Reetee Dumesnil
Natalie Smarin
Wade Marshall

STATE OF KENTUCKY

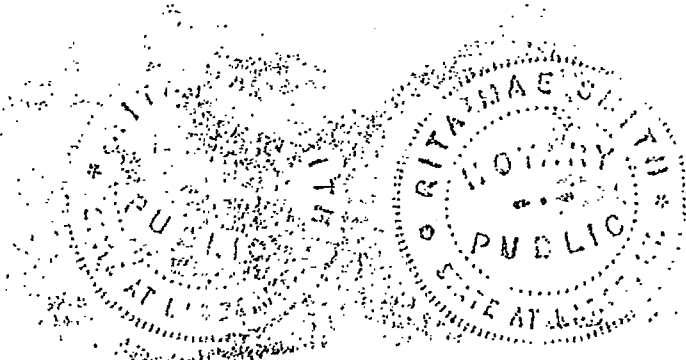
COUNTY OF JEFFERSON

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

Rita Mae Smith
NOTARY PUBLIC, KY STATE AT LARGE



ZOOM GROUP, INC.

FINANCIAL STATEMENTS

Years Ended June 30, 2014 and 2013

Table of Contents

	Page
Independent Auditors' Report	1 and 2
Financial Statements	
Statements of financial position	3
Statements of activities	4
Statements of functional expenses	5
Statements of cash flows	6
Notes to financial statements	7 - 17



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, 2014 and 2013, 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, 2014 and 2013, 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, Linsay & Petroff

Louisville, Kentucky
October 22, 2014

ZOOM GROUP, INC.

STATEMENTS OF FINANCIAL POSITION

June 30, 2014 and 2013

Assets	<u>2014</u>	<u>2013</u>
Current Assets		
Cash and cash equivalents	\$ 160,219	\$ 278,370
Investments	403,606	480,164
Unemployment reserve	54,834	47,528
Accounts receivable, less allowance for doubtful accounts of \$5,000 in 2014 and 2013	373,696	341,578
Grants receivable		17,018
Security deposits	7,778	9,407
Prepaid expenses	<u>20,838</u>	<u>13,489</u>
Total current assets	<u>1,020,971</u>	<u>1,187,554</u>
Property and Equipment		
Land	300,000	300,000
Building	644,319	468,314
Leasehold improvements	73,513	73,513
Furniture, equipment and vehicles	389,106	289,015
Construction in progress		<u>181,248</u>
	1,406,938	1,312,090
Less accumulated depreciation	<u>327,134</u>	<u>264,904</u>
	<u>1,079,804</u>	<u>1,047,186</u>
Total assets	<u>\$ 2,100,775</u>	<u>\$ 2,234,740</u>

See Notes to Financial Statements.

Liabilities and Net Assets	<u>2014</u>	<u>2013</u>
Current Liabilities		
Current maturities of capital lease obligations	\$ 13,166	\$ 2,134
Current maturities of mortgage payable	52,485	49,923
Accounts payable	42,150	84,232
Accrued expenses	<u>135,948</u>	<u>125,355</u>
Total current liabilities	<u>243,749</u>	<u>261,644</u>
Long-Term Liabilities, less current maturities		
Capital lease obligations	22,897	3,052
Mortgage payable	<u>489,227</u>	<u>541,924</u>
Total long-term liabilities	<u>512,124</u>	<u>544,976</u>
Total liabilities	<u>755,873</u>	<u>806,620</u>
Net Assets		
Unrestricted	1,247,444	1,381,085
Temporarily restricted	<u>97,458</u>	<u>47,035</u>
	<u>1,344,902</u>	<u>1,428,120</u>
Total liabilities and net assets	<u>\$ 2,100,775</u>	<u>\$ 2,234,740</u>

ZOOM GROUP, INC.

STATEMENTS OF ACTIVITIES

Years Ended June 30, 2014 and 2013

	2014		2013		
	Unrestricted	Temporarily Restricted	Total	Temporarily Restricted	Total
Revenues and Support					
Service revenues	\$ 2,918,574		\$ 2,918,574		\$ 2,975,294
Contributions and grants	31,028		31,028		86,093
In-kind contributions	1,972		1,972		5,000
Metro United Way				\$ 17,018	17,018
Special events (net of costs of direct benefits to donors of \$15,553 in 2014 and \$5,146 in 2013)	18,986	\$ 108,958	127,944	15,930	61,506
Interest income	11,421		11,421		10,899
Unrealized gains	29,383		29,383		24,828
Realized gains	23,063		23,063		
Other revenues	422		422		483
	<u>3,034,849</u>	<u>108,958</u>	<u>3,143,807</u>	<u>32,948</u>	<u>3,181,121</u>
Net assets released from restrictions	58,535	(58,535)		(64,373)	
Total revenues and support	<u>3,093,384</u>	<u>50,423</u>	<u>3,143,807</u>	<u>(31,425)</u>	<u>3,181,121</u>
Expenses					
Program services	2,469,159		2,469,159		2,357,317
Administrative	622,361		622,361		550,917
Fund-raising	135,505		135,505		61,106
Total expenses	<u>3,227,025</u>		<u>3,227,025</u>		<u>2,969,340</u>
(Decrease) increase in total net assets	(133,641)	50,423	(83,218)	(31,425)	211,781
Net assets, beginning of year	<u>1,381,085</u>	<u>47,035</u>	<u>1,428,120</u>	<u>78,460</u>	<u>1,216,339</u>
Net assets, end of year	<u>\$ 1,247,444</u>	<u>\$ 97,458</u>	<u>\$ 1,344,902</u>	<u>\$ 47,035</u>	<u>\$ 1,428,120</u>

See Notes to Financial Statements.

ZOOM GROUP, INC.

STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended June 30, 2014 and 2013

	2014					
	Job Placement	Small Business Operations	Day Services	Program Services	Total	
				Administrative	Fund-Raising	
					Total	
Salaries	\$ 148,599	\$ 1,291,426	\$ 373,989	\$ 1,814,014	\$ 61,083	\$ 2,209,817
Employee benefits	16,446	70,559	33,930	120,935	5,821	152,444
Payroll taxes	11,985	92,716	28,433	133,134	4,380	161,944
Workers' compensation insurance	1,781	3,588	2,039	7,408	2,775	25,388
Activities expense	1,254	1,292	6,057	8,603		8,603
Advertising	584	119	1,784	2,487	502	3,081
Bad debt expense		13,144	54	13,198		13,198
Contract services	394	47,840	451	48,685	3,364	52,663
Dues and subscriptions	357	909	521	1,787	2,917	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	35,075
Professional fees	332	669	63,980	64,981	100,861	115,577
Rent	1,791	4,338	11,545	17,674	2,834	68,332
Repairs and maintenance					15,288	35,752
Special events					18,196	18,196
Staff development	4,601	4,269	2,026	10,896	1,373	16,699
Supplies and printing	3,304	8,732	22,900	34,936	5,566	58,454
Telephone	5,849	18,604	6,985	31,438	2,459	44,081
Transportation and travel	9,476	11,323	4,384	25,183	2,918	28,749
Utilities	799	1,845	16,695	19,339	648	27,400
Provider tax	42	14,538	19,897	34,477	1,244	34,477
Interest	1,868	3,762	2,138	7,768	2,910	26,621
Depreciation	3,152	8,468	19,330	30,950	5,449	62,230
	<u>\$ 224,965</u>	<u>\$ 1,618,433</u>	<u>\$ 625,761</u>	<u>\$ 2,469,159</u>	<u>\$ 135,505</u>	<u>\$ 3,227,025</u>
Total expenses						

2013

	Small			Total			
	Job Placement	Business Operations	Day Services	Program Services	Administrative	Fund-Raising	Total
Salaries	\$ 117,685	\$ 1,297,101	\$ 359,494	\$ 1,774,280	\$ 308,868	\$ 11,122	\$ 2,094,270
Employee benefits	15,463	61,003	32,842	109,308	30,079	939	140,326
Payroll taxes	8,700	93,123	25,692	127,515	22,543	1,129	151,187
Workers' compensation insurance	1,569	2,593	1,763	5,925	13,366	481	19,772
Activities expense			2,483	2,483			2,483
Advertising	171	120	1,407	1,698	619	22	2,339
Bad debt expense	498	6,896	1,094	8,488			8,488
Contract services	198	30,427	773	31,398	1,689	13,749	46,836
Dues and subscriptions	406	891	787	2,084	3,461	125	5,670
Insurance	9,384	11,477	2,883	23,744	839	799	24,583
Miscellaneous	1,994	9,154	7,002	18,150	12,883		31,832
Professional fees			100	100	76,345		76,445
Rent	2,748	4,542	66,689	73,979	23,414	843	98,236
Repairs and maintenance	67	174	8,933	9,174	575	21	9,770
Special events						25,251	25,251
Staff development	4,181	10,273	4,631	19,085	11,612	567	31,264
Supplies and printing	1,972	10,968	19,787	32,727	11,864	3,850	48,441
Telephone	4,165	14,881	7,868	26,914	14,883	536	42,333
Transportation and travel	8,367	8,208	9,522	26,097	7,253	408	33,758
Utilities	286	473	12,968	13,727	2,439	88	16,254
Provider tax	234	12,306	14,959	27,499			27,499
Interest	439	726	493	1,658	3,740	135	5,533
Depreciation	648	3,459	17,177	21,284	4,445	1,041	26,770
Total expenses	\$ 179,175	\$ 1,578,795	\$ 599,347	\$ 2,357,317	\$ 550,917	\$ 61,106	\$ 2,969,340

See Notes to Financial Statements.

ZOOM GROUP, INC.

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash Flows from Operating Activities		
Cash received for program services	\$ 2,873,680	\$ 2,850,148
Contributions and grants received	171,664	193,279
Cash paid to suppliers and employees	(3,102,384)	(2,904,168)
Interest paid	(26,719)	(4,380)
Interest received	<u>3</u>	<u>367</u>
Net cash (used in) provided by operating activities	<u>(83,756)</u>	<u>135,246</u>
Cash Flows from Investing Activities		
Purchases of investments	(10,411)	(7,426)
Proceeds from sale of investments	139,326	50,000
Capital expenditures for property and equipment	<u>(102,678)</u>	<u>(316,343)</u>
Net cash provided by (used in) investing activities	<u>26,237</u>	<u>(273,769)</u>
Cash Flows from Financing Activities		
Principal payments on mortgage payable	(50,135)	(8,153)
Principal payments under capital lease obligation	<u>(10,497)</u>	<u>(2,008)</u>
Net cash used in financing activities	<u>(60,632)</u>	<u>(10,161)</u>
Net decrease in cash and cash equivalents	(118,151)	(148,684)
Cash and cash equivalents at beginning of year	<u>278,370</u>	<u>427,054</u>
Cash and cash equivalents at end of year	<u>\$ 160,219</u>	<u>\$ 278,370</u>

See Notes to Financial Statements.

	<u>2014</u>	<u>2013</u>
Reconciliation of Net (Decrease) Increase in Total Net Assets to Net Cash (Used In) Provided by Operating Activities		
Net (decrease) increase in total net assets	\$ (83,218)	\$ 211,781
Adjustments to reconcile net (decrease) increase in total net assets to net cash (used in) provided by operating activities:		
Depreciation	62,230	26,770
Investment income reinvested	(11,418)	(10,532)
Unrealized gain on investments	(23,961)	(20,631)
Net gain on unemployment trust	(5,422)	(4,197)
Realized gain on investments	(23,063)	
Donated securities	(4,326)	
In-kind contributions of equipment		(5,000)
Change in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	(32,118)	(117,141)
Grants receivable	17,018	28,662
Unemployment reserve	8,527	21,071
Security deposits	1,629	(553)
Prepaid expenses	(7,349)	(4,346)
Increase (decrease) in:		
Accounts payable	7,122	(4,167)
Accrued expenses	10,593	13,529
Total adjustments	<u>(538)</u>	<u>(76,535)</u>
Net cash (used in) provided by operating activities	<u>\$ (83,756)</u>	<u>\$ 135,246</u>
Supplemental Schedule of Non-Cash Investing and Financing Transactions		
Equipment acquired through capital lease obligations	<u>\$ 41,374</u>	
Purchases of property and equipment in accounts payable		<u>\$ 49,204</u>
Real estate acquired with mortgage payable		<u>\$ 600,000</u>

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, 2014 and 2013, 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 \$2,874,000 and \$2,927,000, respectively. At June 30, 2014 and 2013, amounts due from these agencies included in accounts receivable were approximately \$377,000 and \$341,000, 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, 2014 and 2013, the Organization did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended. Tax years ended on or after June 30, 2011, remain subject to IRS review and change.

Subsequent events:

Subsequent events have been evaluated through October 22, 2014, which is the date the financial statements were available to be issued.

Note 2. Investments

Cost and fair value of investments at June 30, 2014 and 2013 are summarized below:

	2014		Unrealized Appreciation (Depreciation)
	<u>Cost</u>	<u>Market Value</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>

NOTES TO FINANCIAL STATEMENTS

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

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, 2014 and 2013. 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, 2014 and 2013:

	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	\$312,411	\$91,195	\$403,606
	June 30, 2013		
	Level 1	Level 2	Total
Measured on a recurring basis:			
Cash equivalents	\$ 57,763		\$ 57,763
Equity mutual funds	174,906		174,906
Asset allocation mutual fund	50,052		50,052
Bond mutual fund	92,617		92,617
Mortgage-backed securities	_____	\$104,826	104,826
Total assets at fair value	\$375,338	\$104,826	\$480,164

The Organization has received gifts in kind of securities and equipment in the amount of \$4,326 and \$5,000 for the years ended June 30, 2014 and 2013, 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, 2014 and 2013, the Organization had a reserve balance of \$54,834 and \$47,528, respectively, on deposit with the trustee. 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. For 2013, approximately 79% of the unemployment reserve account was invested in Level 1 investments, 7% in Level 2 investments and 14% in Level 3 investments. During the years ended June 30, 2014 and 2013, the Organization recorded an investment gain of \$5,422 and \$4,197, 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, 2014 is as follows:

	Multi-Strategy Credit Fund, LLCs and Hedge Fund
Beginning balance	\$ 6,654
Total realized/unrealized gains	787
Purchases	<u>3,526</u>
Ending balance	<u>\$10,967</u>

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>2014</u>	<u>2013</u>
Equipment	\$49,842	\$8,468
Accumulated amortization	<u>(12,471)</u>	<u>(3,528)</u>
	<u>\$37,371</u>	<u>\$4,940</u>

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

Years ending June 30, 2015	\$15,462
2016	12,389
2017	8,171
2018	3,678
2019	<u>552</u>
	40,252
Less amount representing interest	<u>4,189</u>
Net minimum lease payments	<u>\$36,063</u>

Note 7. Mortgage Payable

Mortgage payable consists of the following:

	<u>2014</u>	<u>2013</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 \$922,634 at June 30, 2014 and an assignment of rents.	\$541,712	\$591,847
Less current maturities	<u>52,485</u>	<u>49,923</u>
	<u>\$489,227</u>	<u>\$541,924</u>

NOTES TO FINANCIAL STATEMENTS

Future maturities on the mortgage payable are as follows:

Years ending June 30, 2015	\$ 52,485
2016	54,597
2017	56,793
2018	59,077
2019	61,453
Thereafter	<u>257,307</u>
	<u>\$541,712</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, 2015	\$63,600
2016	<u>14,900</u>
	<u>\$78,500</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, 2014 and 2013 were as follows:

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

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 and \$14,500 to the plan for the years ended June 30, 2014 and 2013, respectively.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> 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		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	1904 EMBASSY SQUARE BOULEVARD		(502) 581-0658
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40299		G Gross receipts \$ 3,200,280.
F Name and address of principal officer: MS. KIM PRATHER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.ZOOMGROUP.ORG		H(c) Group exemption number ▶	
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

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 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	199
	6 Total number of volunteers (estimate if necessary)	6	80
	7a 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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	169,617.	160,944.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,959,089.	2,897,006.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,899.	34,484.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<16,842.>	<12,208.>
		3,122,763.	3,080,226.
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)	2,374,387.	2,507,407.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,105.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	561,423.	685,420.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,935,810.	3,192,827.	
19 Revenue less expenses. Subtract line 18 from line 12	186,953.	<112,601.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,234,740.	2,100,775.
	22 Net assets or fund balances. Subtract line 21 from line 20	806,620.	755,873.
	1,428,120.	1,344,902.	

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 <i>Kim Prather</i>	Date 11-26-14
	MS. KIM PRATHER, INTERIM EXECUTIVE DIRECTOR 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			

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

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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 1,843,398. Including grants of \$) (Revenue \$ 2,399,460.) 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 \$ 608,963. Including grants of \$) (Revenue \$ 502,738.) 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 2,452,361.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20a. Includes questions about organization type, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Table with columns for line numbers (1a-14b), descriptions of tax compliance questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 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: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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 [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
ZOOM GROUP - (502) 581-0658
1904 EMBASSY SQUARE BLVD., LOUISVILLE, KY 40299

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	127,944.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,000.			
	g Noncash contributions included in lines 1a-1f: \$		1,972.			
	h Total. Add lines 1a-1f		160,944.			
	Program Service Revenue	2 a <u>MEDICAID REVENUE</u>	Business Code 900099	1,430,450.	1,430,450.	
		b <u>PROGRAM SERVICES</u>	900099	1,381,056.	1,381,056.	
c <u>SEVEN COUNTIES REVENUE</u>		900099	85,500.	85,500.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			2,897,006.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,421.		11,421.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		23,063.		23,063.	
	8 a Gross income from fundraising events (not including \$ 127,944. of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events			<17,400.>		<17,400.>	
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					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory		4,770.	4,770.		
Miscellaneous Revenue		Business Code				
11 a <u>MISCELLANEOUS</u>	900099	422.	422.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		422.				
12 Total revenue. See instructions.		3,080,226.	2,902,198.	0.	17,084.	

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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	162,074.	46,976.	113,219.	1,879.
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	2,038,027.	1,753,122.	225,586.	59,319.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,060.	8,682.	3,702.	676.
9 Other employee benefits	132,302.	109,371.	17,901.	5,030.
10 Payroll taxes	161,944.	133,134.	24,430.	4,380.
11 Fees for services (non-employees):				
a Management	5,145.		5,145.	
b Legal	12,300.		12,300.	
c Accounting				
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.)	98,132.		83,416.	14,716.
12 Advertising and promotion	3,081.	2,487.	502.	92.
13 Office expenses	103,331.	66,374.	28,136.	8,821.
14 Information technology				
15 Royalties				
16 Occupancy	118,740.	106,342.	10,637.	1,761.
17 Travel	28,749.	25,183.	2,918.	648.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	26,621.	7,768.	15,943.	2,910.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,230.	30,950.	25,831.	5,449.
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	52,663.	48,685.	3,364.	614.
b REPAIRS AND MAINTENANCE	35,752.	17,674.	15,288.	2,790.
c MISCELLANEOUS	35,075.	19,244.	11,491.	4,340.
d PROVIDER TAX	34,477.	34,477.		
e All other expenses	69,124.	41,892.	22,552.	4,680.
25 Total functional expenses. Add lines 1 through 24e	3,192,827.	2,452,361.	622,361.	118,105.
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 <input type="checkbox"/> 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	278,370.	1	160,219.
	2	Savings and temporary cash investments	47,528.	2	54,834.
	3	Pledges and grants receivable, net	17,018.	3	0.
	4	Accounts receivable, net	341,578.	4	373,696.
	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	13,489.	9	20,838.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,406,938.		
	b	Less: accumulated depreciation	10b 327,134.		
			1,047,186.	10c	1,079,804.
	11	Investments - publicly traded securities	480,164.	11	403,606.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	9,407.	15	7,778.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,234,740.	16	2,100,775.	
Liabilities	17	Accounts payable and accrued expenses	209,587.	17	178,098.
	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	591,847.	23	541,712.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,186.	25	36,063.
	26	Total liabilities. Add lines 17 through 25	806,620.	26	755,873.
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	1,381,085.	27	1,247,444.
	28	Temporarily restricted net assets	47,035.	28	97,458.
	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	1,428,120.	33	1,344,902.	
34	Total liabilities and net assets/fund balances	2,234,740.	34	2,100,775.	

Form 990 (2013)

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	3,080,226.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,192,827.
3	Revenue less expenses. Subtract line 2 from line 1	3	<112,601.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,428,120.
5	Net unrealized gains (losses) on investments	5	29,383.
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	1,344,902.

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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2013)

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

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	126,530.	161,794.	135,231.	169,617.	160,944.	754,116.
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	126,530.	161,794.	135,231.	169,617.	160,944.	754,116.
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)						36,342.
6 Public support. Subtract line 5 from line 4.						717,774.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	126,530.	161,794.	135,231.	169,617.	160,944.	754,116.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	19,380.	17,899.	18,179.	10,899.	11,421.	77,778.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,198.	193.	284.	483.	422.	9,580.
11 Total support. Add lines 7 through 10						841,474.
12 Gross receipts from related activities, etc. (see instructions)					13,714,471.	
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 2013 (line 6, column (f) divided by line 11, column (f))	14	85.30 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	86.75 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subject line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2013. 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 - 2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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

2013

Name of the organization

Employer identification number

ZOOM GROUP, INC.

Organization type (check one):

Form 990 or 990-EZ

Form 990-PF

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

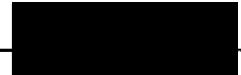
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify 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) (2013)

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
1		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 6,550.	Person <input checked="" 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 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
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 20,000.	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.)
		\$	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.

[REDACTED]

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013
Open to Public Inspection

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

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" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

4 Number of states where 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, and enforcing conservation easements during the year ▶ _____

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

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

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" to Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		644,319.	21,685.	622,634.
c Leasehold improvements		73,513.	43,724.	29,789.
d Equipment		389,106.	261,725.	127,381.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,079,804.



Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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	36,063.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,143,807.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	29,383.
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	29,383.
3	Subtract line 2e from line 1	3	3,114,424.
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	<34,198.>
c	Add lines 4a and 4b	4c	<34,198.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,080,226.

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

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

1	Total expenses and losses per audited financial statements	1	3,227,025.
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	3,227,025.
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	<34,198.>
c	Add lines 4a and 4b	4c	<34,198.>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,192,827.

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 XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON 990 PART VIII LINE 10B	-16,798.
SPECIAL EVENT DIRECT EXPENSE	-17,400.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-34,198.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON 990 PART VIII LINE 10B	-16,798.
SPECIAL EVENTS DIRECT EXPENSES	-17,400.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-34,198.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SPRING ZING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	143,497.		143,497.
	2	Less: Contributions	127,944.		127,944.
	3	Gross income (line 1 minus line 2)	15,553.		15,553.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,681.		3,681.
	7	Food and beverages	11,209.		11,209.
	8	Entertainment	300.		300.
	9	Other direct expenses	17,763.		17,763.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			32,953.
11	Net income summary. Subtract line 10 from line 3, column (d)			<17,400.>	

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: CLIFF VATTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(D) DESCRIPTION OF TRANSACTION: CLIFF IS A MEMBER OF THE FINANCE

COMMITTEE AND PROVIDED FINANCIAL ADVISOR SERVICES TO THE ORGANIZATION.

CLIFF RECEIVED A PORTION OF THE FEES FOR THESE SERVICES; THE REMAINDER OF THE FEES GOES TO THE MANAGED FUND.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2013

Open to Public
Inspection

Name of the organization

ZOOM GROUP, INC.

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 A, LINE 4:

DURING THE YEAR THE NAME OF THE ORGANIZATION WAS CHANGED FROM

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

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

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

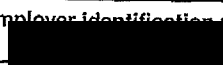
Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

ZOOM GROUP, INC.

Employer identification number



PUBLIC ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S 990 AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.



November 12, 2014

Ms. Kim Prather
Zoom Group, Inc.
1904 Embassy Square Blvd.
Louisville, Kentucky 40299

Dear Ms. Prather:

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

A handwritten signature in cursive script, appearing to read "Darrell L. Morris".

Darrell L. Morris

DLM:re

Enclosures

TAX RETURN FILING INSTRUCTIONS

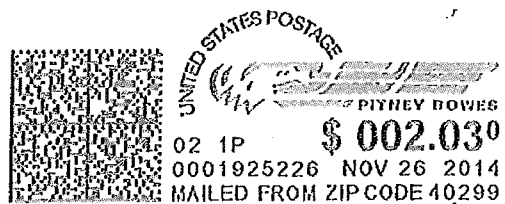
FORM 990

FOR THE YEAR ENDING

.....June 30, 2014.....

Prepared for	Ms. Kim Prather Zoom Group 1904 Embassy Square Boulevard Louisville, KY 40299
Prepared by	DEMING MALONE LIVESAY & OSTROFF PSC 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 17, 2014
Special Instructions	The return should be signed and dated.

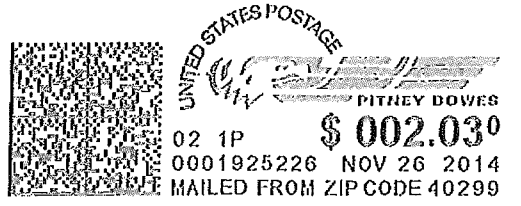
Mailed



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
OGDEN UT 84201



Marks



OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIV
1024 CAPITOL CENTER DR #200
FRANKFORT KY 40601