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

Applicant/Program: Zoom Group. Inc.	
Executive Summary of Request:	
Zoom Group has applied for \$5000.00 with developmental disabilities be a part	of 8th district NDF funds to be used to help adults rt of the community and work at the Highlands pickup in the public right away of this very busy s once a week for a year.
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-	☐ Yes
within Metro Council guidelines and request a	evelopment Fund Application and have found it complete and pproval of funding in the following amount(s). I have read the se furthered by the funds requested and I agree that the public me disclosure section below, if required.
BH Jon Wenga District # Council Member Signature	\$\frac{\\$5000.00}{\text{Amount}} \frac{\text{Sept-21, 2015}}{\text{Date}}
Primary Sponsor Disclosure List below any personal or business relationsh organization, its volunteers, its employees or n	ip you, your family or your legislative assistant have with this nembers of its board of directors.
Approved by:	
Appropriations Committee Chairman	Date
Clerk's Office Only:	
Request Amount:	Committee Amended Appropriation:
Original Appropriation:	Council Amended Appropriation:

1 | Page Effective July 2015

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

Legal Name of Applicant Organization: Zoom Group, INC.

Program Name and Request Amount: Zoom Group, Inc.	\$5000.00 for Douglass Loop Maintenance.
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Program Name and Request Amount: Zoom Group, Inc. \$5000.00 for Douglass Loop Mair	itenance.
	Yes/No/NA
s the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
s the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
s the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
s the application properly signed and dated by authorized signatory?	Yes
s proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
f Metro funding is for a separate taxing district is the funding appropriated for a program outside he legal responsibility of that taxing district?	N/A
 s the entity in good standing with: Kentucky Secretary of State? Louisville Metro Revenue Commission? Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? 	N/A
s the current Fiscal Year Budget included?	Yes
s the entity's board member list (with term length/term limits) included?	Yes
s recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
s the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
s the most recent annual audit (if required by organization) included?	N/A
s a copy of Signed Lease (if rent costs are requested) included?	N/A
s the Supplemental Questionnaire for churches/religious organizations (if requesting organization is aith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
s the IRS Form W-9 included?	Yes
s the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards?	Yes
	enter — individualistration of the production of the contract

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 MR FRANK GIACALONE Director MRS NATALIE SAMARIA MR WAYNE MARSHALL **Director** Director MRS SHIRLEY DUMESNIL Incorporator MR FRANK GIACALONE MRS NATALIE SAMARIA Incorporator MR WAYNE MARSHALL Incorporator Incorporator MRS SHIRLEY DUMESNIL

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.

6/19/2015 10:06:31 AM	1 page	<u>PDF</u>	
6/19/2015	1 page	<u>PDF</u>	
8/11/2014 1:32:10 PM	1 page	<u>PDF</u>	
4/10/2014	1 page	<u>PDF</u>	
8/22/2013	1 page	<u>tiff</u>	<u>PDF</u>
8/22/2013	1 page	<u>tiff</u>	<u>PDF</u>
8/22/2013	1 page	<u>tiff</u>	<u>PDF</u>
6/24/2013 8:20:48 AM	1 page	<u>PDF</u>	
6/24/2013	1 page	<u>PDF</u>	
3/27/2013 4:23:05 PM	1 page	<u>PDF</u>	
5/17/2012	1 page	<u>tiff</u>	<u>PDF</u>
	AM 6/19/2015 8/11/2014 1:32:10 PM 4/10/2014 8/22/2013 8/22/2013 8/22/2013 6/24/2013 8:20:48 AM 6/24/2013 3/27/2013 4:23:05 PM	AM 1 page 6/19/2015 1 page 8/11/2014 1:32:10 PM 1 page 4/10/2014 1 page 8/22/2013 1 page 8/22/2013 1 page 8/22/2013 1 page 6/24/2013 8:20:48 AM 1 page 6/24/2013 1 page 3/27/2013 4:23:05 PM 1 page	AM 1 page PDF 6/19/2015 1 page PDF 8/11/2014 1:32:10 PM 1 page PDF 4/10/2014 1 page PDF 8/22/2013 1 page tiff 8/22/2013 1 page tiff 8/22/2013 1 page Tiff 6/24/2013 8:20:48 AM 1 page PDF 6/24/2013 1 page PDF 3/27/2013 4:23:05 PM 1 page PDF

Name Renewal	5/14/2012 4:19:29 PM	1 page	<u>PDF</u>	
Annual Report	5/14/2012	1 page	<u>PDF</u>	
Name Renewal	5/3/2011	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/20/2011	1 page	<u>PDF</u>	
Name Renewal	10/15/2010	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/22/2010	1 page	<u>PDF</u>	
Annual Report	1/14/2009	1 page	<u>PDF</u>	
Annual Report	2/20/2008	1 page	<u>PDF</u>	
Certificate of Assumed Name	5/31/2007	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	1/16/2007	1 page	<u>PDF</u>	
Certificate of Assumed Name	12/27/2006	1 page	<u>tiff</u>	<u>PDF</u>
Certificate of Assumed Name	9/27/2006	1 page	<u>tiff</u>	<u>PDF</u>
Certificate of Assumed Name	3/31/2006	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/27/2006	1 page	<u>PDF</u>	
Statement of Change	3/21/2006	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/24/2005	1 page	<u>PDF</u>	
Name Renewal	7/19/2004	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/2/2003	2 pages	<u>tiff</u>	<u>PDF</u>
Certificate of Assumed Name	12/9/2002	2 pages	<u>tiff</u>	<u>PDF</u>
Certificate of Assumed Name	12/9/2002	2 pages	<u>tiff</u>	<u>PDF</u>
Certificate of Assumed Name	12/9/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/28/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	9/26/2001	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	8/25/2000	1 page	<u>tiff</u>	<u>PDF</u>
Certificate of Assumed Name	12/27/1999	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	8/11/1999	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/29/1998	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1995	2 pages	<u>tiff</u>	PDF
Annual Report	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1993	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1992	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1990	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1989	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	3/30/1989	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	8/13/1987	1 page	<u>tiff</u>	<u>PDF</u>

Assumed Name of

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

Activity History

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



		SECTIO	N 1 – APPLICAN	T INFORMATION		
Legal Name of Applica	ant Organ	ization:	700M	GROUP	INC	
(as listed on: http://www.se		adiricady recordady		· · · · · · · · · · · · · · · · · · ·		
Main Office Street & I	Mailing A	ddress: 1904	Embassy Squa	re Blvd Louisville	e, KY 40299	
Website: ZOOMGROU	UP.ORG			T		
Applicant Contact:	Melissa	M. Buddek	e	Title:	Executive Director	
Phone:	502-58	1-0658		Email:	mbuddeke@zoomgroup.org	
Financial Contact:	Barbar	a Kapfhamm	er	Title:	Finance Manager	
Phone:	502-58	1-0658		Email:	bkapfhammer@zoomgroup.org	
Organization's Repres	entative	who attended	d NDF Training:	Melissa Buddek	e & Kim Prather	
GEOG	RAPHICA	L AREA(S) WH	HERE PROGRAM	1 ACTIVITIES ARE	(WILL BE) PROVIDED	
Program Facility Locat	tion(s):	The Dougla	as Loop & Sur	rounding Areas		
Council District(s):		8th		Zip Code(s):	40205	
	SECTI	ON 2 – PROG	RAM REQUEST	& FINANCIAL INFO	DRMATION	
PROGRAM/PROJECT I	NAME: Hi	ghlands Beau	ıtification	(0)		
Total Request: (\$)	5000.0	O Tot	tal Metro Awar	d (this program) i	n previous year: (\$) 5000.00	
Purpose of Request (c	heck all t	hat apply):			Landon	
Operating Function	unds (gen	erally cannot	exceed 33% of	agency's total ope	rating budget)	
Programmin	g/service	s/events for d	lirect benefit to	community or qu	alified individuals	
☐ Capital Proje	ect of the	organization ((equipment, fur	nishing, building,	etc)	
The Following are Required Attachments:						
■IRS Exempt Status De	terminatio	n Letter		Signed lease if rent	costs are being requested	
Current Year Projecte	ed Budget			IRS Form W9		
List of Board of Direc	·	de term & term	limits	Evaluation forms if used in the proposed program		
Current financial stat				Annual audit (if required by organization)		
Most recent IRS Form Articles of Incorporat		L20-H		Faith Based Organization Certification Form, if required		
! 		vendor if reque	st is for	Staff including the 3 highest paid staff		
Cost estimates from proposed vendor if request is for capital expense						
					eceived from Louisville Metro	
					d through Metro Federal Grants,	
sheet if necessary.	or ivietro	Council Appro	opriation (Neigi	ipornood pevelop	ment Funds). Attach additional	
***************************************	Louisville	Metro Cour	ncil · Ar	nount: (\$)	5000.00	
Source:				nount; (\$)		
Source:				nount: (\$)		
Has the applicant cont	tacted the	e BBB Charity	- maiori consession - voc		s □ No	
Has the applicant met						

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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 an 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.

ls bck//



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

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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			

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Applicant's Initials bek



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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 Proposed Metro Funds	Column 2 Non- Metro	Column (1+2)=3 Total Funds
	I	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"

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^{**}Must equal or exceed total in column 2.



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

	Donor*/Type of Contribution	Value of Contribution	Method of Valuation	
	Total Value of In-Kind			
	(to match Program Budget Line Item. Volunteer Contribution & Other In Kind)			
ļ		I.		
	DONOR INFORMATION REFERS TO WHO MADE			
	TED INDIVIDUALLY, BUT GROUPED TOGETHER RSON PER WEEK	ON ONE LINE AS A TOTAL NO	TING HOW MANY HOURS PER	
			The state of the s	
Ag	ency Fiscal Year Start Date:			
Do	es your Agency anticipate a significant increase	e or decrease in your budget	from the current fiscal year to the))
bu	dget projected for next fiscal year? NO 🔳	YES		
If \	/ES, please explain:			
			•	

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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

- 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.
- 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
- Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic 3. records related to the awarded grant for up to five years of the grant agreement date.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 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.
- 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
- 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.
- 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

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 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.
- 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.
- 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

Signatur	e of Legal Signatory:	Illima Saturure	l Dudde	Date: 9-16-15
1000	natory: (please print): Me	. ,		Title: Executive Director
Phone:	502-581-0658	Extension:	Email:	mbuddeke@zoomgroup.org

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Applicant's Initials

Form (Rev. December 2011) Department of the Treasury

Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	Name (as shown on your income tax return)	8
	ZOOM GROUP, INC	
q	Business name/disregarded entity name, if different from above	
Š	Check appropriate box for federal tax classification:	
9	Check appropriate box for federal tax classification:	
m 5	Individual/sole proprietor 🗹 C Corporation 🗌 S Corporation 🗎 Partnership 🔲 Trust/estate	
Print or type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	Exempt payee
Print	☐ Other (see instructions) ►	
- ş	Address (number, street, and apt. or suite no.) Requester's name and	address (optional)
Š	1904 EMBASSY SQUARE BLVD LOUISVILLE MET	RO COUNCIL
Ų	City, state, and ZIP code	
Ö	LOUISVILLE KY 40299	
	List account number(s) here (optional)	
	Taxpayer Identification Number (TIN)	
to a resid entit	r your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line void backup withholding. For individuals, this is your social security number (SSN). However, for a dent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other ies, it is your employer identification number (EIN). If you do not have a number, see How to get a on page 3.	
	e. If the account is in more than one name, see the chart on page 4 for guidelines on whose ber to enter.	ntification number
_	rt II Certification	
	er penalties of perjury, I certify that:	
	he number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issue	
5	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been noti ervice (IRS) that I am subject to backup withholding as a result of a fallure to report all interest or dividends, or (c) the o longer subject to backup withholding, and	fied by the Internal Revenue e IRS has notified me that I am
	am a U.S. citizen or other U.S. person (defined below).	
bec inter gen	dification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently stause you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does rest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirementally, payments other than interest and dividends, you are not required to sign the certification, but you must provide uctions on page 4.	not apply. For mortgage nent arrangement (IRA), and
Sig He	n Signature of Man Man Pate - 30	1-15

Conoral 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
Committee Chair/Exec Committee
Board Chair

25 hours annually 50-100 hours annually 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	TREASURER	
Angela Reeves Oak	Cliff Vatter	Mark Hurst
	Raymond James Financial Svcs.	Stoll, Keenon,Ogden
Bowling Green, KY	310 W Liberty St	2000 PNC Plaza
42103	Louisville KY 40202	500 West Jefferson St
		Louisville KY 40202-2828
	w - 502.560.1260	
	clifford.vatter@raymondjames.com	w - 502-560-4236
VICE CHAIR		f - 502-627-8732
Jennifer Ball	Trevor Howie	mark.hurst@skofirm.com
Greater Louisville Inc	Creative Alliance	
The Metro Chamber of Commerce	437 W Jefferson	Founding Member
614 W Main St, Ste 6000	Louisville KY	Natalie Semaria
Louisville KY 40202		
w - 502.625.0091	w -	Louisville KY 40241
f - 502.625.0010		
JBall@GreaterLouisville.com	Jeremy Garris	
	Staff Pharmacist, BriovaRX	
SECRETARY	Jeffersonville IN 47130	
Douglas Foster		
Brown-Foreman	w - 812.256.8600	
626 W Main St, Ste 200	f - 812.256.8700	
Louisville KY 40202	w - jeremy.garris@briovarx.com	
200,071110 1777 1772	,,,,,	
w - 502.774.7289		
f - 502.774.6833		
Doug Foster@B-F.com	Jenny Butt Huelsman	
	Financial Advisor	
	NSSA Certified Advisor	
Steven Sandman	ARGI	
	1914 Stanley Gault Pkwy.	
Louisville KY 40223	Louisville KY 40223	
- Continuity Common	w - 502.753.0609	
	f - 502.426.0247	
	JenniferHuelsman@argi.net	
04.23.2015 10 members		

7-Job Profiles - Effective Date Effective as of 08/19/2015

LICCUVE AS UT US 13/20 13					
Title	Hire Date	Wage Eff Date	Type	Salary Rate/Per	r An
Executive Director	05/18/2015	05/18/2015	Salary	3,958.33	
Program Director	07/09/2012	07/01/2014	Salary	2,979.16	
Plant Manager - VA Laundry	11/06/2000	08/01/2014	Salary	2,206.16	
Member Services	03/09/2009	08/01/2014	Salary	1,827.91	
Commercial Operations Mgr	10/12/2006	08/01/2014	Salary	1,786.54	
	10/29/2012	06/01/2014	Salary	1,695.84	
	06/26/2007	08/01/2014	Salary	1,686.79	

Hire Date	Wage Eff Date	Type		Rate/Per	Annual Salary
05/18/2015	05/18/2015	Salary	3,958.33		34,999.92
07/09/2012 44/06/2000	07/01/2014	Salary	2,979.16		7 1,499.84
1/00/2000	08/01/2014	Salary	1 827 91		43,869,84
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)

		Y	Year to Date	
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	
1730-000-01	Total UNEMPLOYMENT RESERVE:	\$	33,164	
ACCOUNTS RECEIVABLE	TOTAL UNEMPLOYMENT RESERVE:	Ψ	33,104	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total ACCOUNTS RECEIVABLE:	\$	415,934	
SECURITY DEPOSITS	Total Accounts Receivable.	Ψ	410,001	
	Total SECURITY DEPOSITS:	\$	7,778	
PREPAID	1000.0200.00.00	·	,,,,,	
	Total PREPAID:	\$	20,585	
PROPERTY AND EQUIPMENT	r			
	Total PROPERTY AND EQUIPMENT:	\$	1,041,855	
	Total ASSETS:	\$	2,030,949	
LIABILITIES				
LIABILITIES				
2340-000-01	OTHER PAYABLES	\$	3,612	
	Total LIABILITIES:	\$	3,612	
CURRENT MATURITIES OF C	APITAL LEASE OBL			
	Total CURRENT MATURITIES OF CAPITAL LEASE OBL:	\$	11,157	
CURRENT MATURITIES OF M		¢	E4 256	
2505-000-01	MORTGAGE CURR	\$	54,256	
ACCOUNTS DAVABLE	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 CUI	RR CAP LEASE			
	Total LONG-TERM LIAB, LESS CURR CAP LEASE:	\$	11,739	
LONG-TERM MORT PAY, LES				
2605-000-01	MORTGAGE LT	\$	435,281	
	Total LONG-TERM MORT PAY, LESS CURR MORT PAY:	\$	435,281	
	Total LIABILITIES:		678,978	
FUND BALANCE				
UNRESTRICTED				
	Total UNRESTRICTED:	\$	1,254,513	
TEMPORARILY RESTRICTED				

201	4	•	\sim	1		n	1
301	- 1	-ر	ル	v	-	U	4

TEMPORARILY RESTRICTED FUNDS-MAIN

Total TEMPORARILY RESTRICTED:

\$ 97,458

\$

97,458

Total FUND BALANCE:

1,351,971

Total LIABILITIES & FUND BALANCE:

\$ 2,030,949

FOR INTERNAL USE ONLY.

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G/L Date: 9/4/2015

ZOOM GROUP (CGM)

_		Year to Date
REVENUE & SUPPORT		Toda to Bato
OVR REVENUE		
OVR FEE FOR SERV RE\	1	\$ 43,260.00
	Total OVR REVENUE:	\$ 43,260.00
MEDICAID		A 040 007 07
MEDICAID		\$ 612,607.27 \$ 612.607.27
MEDICAID - MP	Total MEDICAID:	\$ 612,607.27
MEDICAID-MICHELE P		\$ 862,221.73
	Total MEDICAID - MP:	\$ 862,221.73
TUITION FROM FAMILIES		
TUITION FROM FAMILIES	3	\$ 2,377.50
	Total TUITION FROM FAMILIES:	\$ 2,377.50
CLIENT NEEDS REVENUE CLIENT NEEDS PAYMEN		\$ 70.00
CLIENT NEEDS FATMEN	Total CLIENT NEEDS REVENUE:	\$ 70.00
OTHER PRIVATE CONTRA		ψ /0.00
OTHER PRIVATE CONTR		\$ 405.00
	Total OTHER PRIVATE CONTRACTS:	\$ 405.00
PRIVATE CONTRACTS		
PRIVATE CONTRACT RE		\$ 1,485,255.07
	Total PRIVATE CONTRACTS:	\$ 1,485,255.07
HORTICULTURE JOB REV HORT JOB REV	ENUE	\$ 11,182.00
HOIN JOD NEV	Total HORTICULTURE JOB REVENUE:	\$ 11,182.00
CONTRIBUTIONS AND GR		Ų 1.1,10 <u>2.</u> 100
	Total CONTRIBUTIONS AND GRANTS:	\$ 86,185,95
DONATIONS - TEMPORAR		* *************************************
	Total DONATIONS - TEMPORARILY RESTRIC	\$ 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		¢ 401.61
RENTAL	T. (.) EVERNOES.	\$ 421.61 \$ 421.61
WAGES	Total EXPENSES:	Φ 421.01
WAGES		\$ 1,457,036.29
	Total WAGES:	\$ 1,457,036.29
BONUS AND INCENTIVES		
EMPLOYEE BONUS AND		\$ 24,788.91
	Total BONUS AND INCENTIVES:	\$ 24,788.91
CLIENT WAGES CLIENT WAGES		\$ 602,482.43
CLIENT WAGES	Total CLIENT WAGES:	\$ 602,482.43
VACATION PAY	Total CLIENT WAGES.	Ψ 002,402.40
VACATION PAY		\$ 64,960.73
	Total VACATION PAY:	\$ 64,960.73
EMPLOYEE BENEFITS		
EMPLOYEE BENEFITS		\$ 139,553.09
DETENTION DEVICES	Total EMPLOYEE BENEFITS:	\$ 139,553.09
RETENTION BENEFIT WELLNESS BENEFITS		\$ 3,843.09
TTELENTEOU DENEI (10	Total RETENTION BENEFIT:	\$ 3,843.09
RETIREMENT 403B		, -,
RETIREMENT 403B	(Continue	,
403 B EXPENSES RETIREMENT 403B		\$ 1,325.00 \$ 12,960.00
ALTIALMENT 4030		ų 12,000.00

Income Statement

Income Statement	10010045		
For The 12 Periods Ended 6	730/2015	ZOOM GR	OUP (CGM)
v	Total RETIREMENT 403B:	\$	14,285.00
EMPLOYER FICA		\$	115,047.48
EMPLOYER FICA	Total EMPLOYER FICA:	\$	115,047,48
EMPLOYER CLIENT FICA	TOTAL EMPLOYER FICA.	Ψ	110,047.40
EMPLOYER CLIENT FICA	4	\$	44,981.33
	Total EMPLOYER CLIENT FICA:	\$	44,981.33
UNEMPLOYMENT EXPEN	SE	ф	26,238.85
UNEMPLOYMENT	Tatal UNICARDI OVACNIT EVDENCE.	\$ \$	26,238.85
WORKMAN'S COMP	Total UNEMPLOYMENT EXPENSE:	Ψ	20,236.63
WORKER'S COMP		\$	28,364.42
	Total WORKMAN'S COMP:	\$	28,364.42
PROF SERVICES			
	Total PROF SERVICES:	\$	138,866.45
PROF SERVICES - GOVT		¢	26 242 19
ABILITY ONE PAYMENTS		\$	26,242.18
PROGRAM SUPPLIES	Total PROF SERVICES - GOVT CONTRACT:	Φ	20,242.10
THOUSAM OUT TELE	Tatal DDOCDAM CHDDI IEC.	-\$	35,309.98
UNIFORMS	Total PROGRAM SUPPLIES:	Ψ	55,555.50
UNIFORMS		\$	1,120.65
	Total UNIFORMS:	\$	1,120.65
OFFICE SUPPLIES		_	4.045.70
OFFICE SUPPLIES		\$	4,915.73
COMMUNICATIONS	Total OFFICE SUPPLIES:	\$	4,915.73
COMMUNICATIONS COMMUNICATIONS		\$	36,531.90
	Total COMMUNICATIONS:	\$	36,531.90
MAINTENANCE			
MAINTENANCE		\$	19,188.97
	Total MAINTENANCE:	\$	19,188.97
POSTAGE POSTAGE		\$	3,146.62
POSTAGE	Total POSTAGE:	\$	3,146.62
FACILITY RENTAL	TOTAL.	Ψ	0,1-10.02
FACILITY RENTAL		\$	65,084.00
	Total FACILITY RENTAL:	\$	65,084.00
UTILITIES		\$	21 422 64
UTILITIES	T-4-LUTUUTIES.	-\$	21,432.64
PRINTING	Total UTILITIES:	Ψ	21,402.04
PRINTING		\$	3,231.98
	Total PRINTING:	\$	3,231.98
VEHICLE EXPENSE			
	Total VEHICLE EXPENSE:	\$	22,101.48
CONFERENCES & MEETI		¢.	10472
CONFERENCES & MEET		\$	-184.73 -184.73
TECHNOLOGY SUPPORT	Total CONFERENCES & MEETINGS:	Φ	-104.73
72011102001 0011 0111	Total TECHNOLOGY SUPPORT:	\$	3,303.10
TRAINING	Total recrinocost sorroit.	•	0,000.10
	Total TRAINING:	\$	29,180.37
MEALS AND ENTERTAIN		•	
MEALS & ENTERTAINM	≣NT	\$	2,196.67
	Total MEALS AND ENTERTAINMENT:	\$	2,196.67
PROVIDER TAX		\$	31,167.74
PROVIDER TAX	Total PROVIDER TAX:	\$	31,167.74
TUITION ASSISTANCE	TOTAL PROVIDER TAX:	Φ	51,107.74
Scholarship Payments		\$	1,610.10
• •	Total TUITION ASSISTANCE:	\$	1,610.10
FUNDRAISING EXP - UNF			
FUNDRAISING EXPENS		\$	15.54
FUNDRAISING EXP - TEM	Total FUNDRAISING EXP - UNRESTRICTED:	\$	15.54
FUNDRAISING EXPENS		\$	31,098.27

Income Statement

For The 12 Periods Ended 6	130/2015	ZOOM GR	OUP (CGM)
	Total FUNDRAISING EXP - TEMP RESTRICTED	\$	31,098.27
DUES & PUBLICATIONS			
DUES & PUBLICATIONS		\$	3,975.22
	Total DUES & PUBLICATIONS:	\$	3,975.22
MARKETING			
MARKETING PROJECTS		\$	5,697.45
	Total MARKETING:	\$	5,697.45
BUSINESS FILING FEES			
FILING FEES & REGISTF	RATIONS	\$	278.12
	Total BUSINESS FILING FEES:	\$	278.12
INSURANCE - GENERAL			
GENERAL LIABILITY INS		\$	19,588.88
	Total INSURANCE - GENERAL:	\$	19,588.88
RECOGNITION CLIENT/TE	EAM MBR		
CLIENT RECOGNITION		\$	923.95
	Total RECOGNITION CLIENT/TEAM MBR:	\$	923.95
RECOGNITION EMPLOYE	ES		
EMPLOYEE RECOGNITI	ON .	\$	7,177.27
	Total RECOGNITION EMPLOYEES:	\$	7,177.27
ACTIVITIES EXPENSE			
ACTIVITIES EXPENSE		\$	6,859.98
	Total ACTIVITIES EXPENSE:	\$	6,859.98
EVENTS CLIENT/TEAM M	EMBER		
CLIENT EVENTS		\$	9,670.40
	Total EVENTS CLIENT/TEAM MEMBER:	\$	9,670.40
JOB ADVERTISEMENTS			
JOB ADVERTISING		\$	1,184.00
	Total JOB ADVERTISEMENTS:	\$	1,184.00
MISC EXPENSES			
	Total MISC EXPENSES:	\$	45.48
	Total FUNCTIONAL EXPEN	\$ 3	3,052,963.62

(DECREASE) INCREASE FROM ACTIVITIES:

(DECREASE) INCREASE IN TOTAL NET ASS

Total OTHER INCOME AND EARNINGS BEFORE INCOME TAX: \$ 139,931.69

\$ -132,865.24 \$ 7,066.45

7,066.45

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OTHER INCOME AND EXPENSE

Internal Revenue Service District Director

Date: April 21, 1999

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

P. O. Box 2508 Cincinnati, OH 45201

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

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).

'his classification was based on the assumption that your organization's perations 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.

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

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

CGM Inc. Louisville Diversified Services

>rganizations that are not private foundations are not subject to the >xcise 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 ourposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

four 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 'ax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or susiness as defined in section 513 of the Code.

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

lease direct any questions to the person identified in the letterhead bove.

his letter affirms your organization's exempt status.

Sincerely,

C. Ashley Bullard District Director

C. Ally Bulled

0216571.09

8/22/2013 2:48 PM

Fee Receipt: \$8.00

ameray AMD

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

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 2/14 day of August, 2013.

C.G.M. SERVICES/INC.

Mark T. Harst, 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

amcray WTH

Allson Lundergan Grimes Kentucky Socretary of State Received and Filed; 8/22/2013 2:47 PM Fee Receipt; \$20.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate (Domestic o	of Withdrawal of Assu r Foreign Business Entity)	med Name	CWA
Pursuant to the provisions of KR purpose, submits the following st	S 365, the undersigatements:	ned applicant applies to withdi	aw an assumed nar	ne and, for that
1. The assumed name to be with	O1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Group		
2. The assumed name has been	alscontinued by or	must be identical to the name on re G. M. Sarvices, (no.		of State.)
3. This application will be effectly or the deleved effective date con-	e unon filing, unle	ist he the exact name of the critity o	las timas in menutateut	hr)
or the delayed effective date can	not be prior to the o	late the application is filed. The	e date and/or time is	i
	Canto	mhar 97 8000	l	(Delayed effective date and/or time)
4. The date the original certificate	40 meu	mber 27, 2006	-	••
5. The "real name" is (you must ch	esk one);		•	
a Domestic General Parti	nership .	a Foreign Ge	nerel Partnership	·
a Domestio Limited Liabiti	ity Partnership	a Foreign Lim	ilted Clability Partner	ehlp
a Domestic Limited Partn	ership	a Foreign Lim	lited Partnership	-
a Domestic Business Trus	st .	a Foreign Bus	Ineas Trust	
a Domestic Corporation		a Foreign Cor		
a Domestic Limited Liabili	tv Company	_	Ited Liability Compa	
6. The mailing address is:	,,	or oreign can	ned clabinty Compa	ll y
1904 Embassy Square	Blvd.	Louisville	Kentucky	/ 40299
Street Address or Post Office Box Numb	er#	City	State	Zip
I declare underweender at under-		familiar (m. 11. d. st. m	_	
I declare under panelty of perjury t	inger the laws of K			
Sharehand Survey		Mark T. Hurst	Chairma	n. 8/21/13
Signature of Authorized Party		Printed Name	Title	Date



0216571.09

amoray ASN

Allson Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/22/2013 2:48 PM Fee Receipt: \$20,00

COMMONWEALTH OF KENTUCKY Fed ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate (Domestic c	of Assumed I or Foreign Busine	lame ss Entity)	ASN
Pursuant to the provisions of KR following statement:	S 366, the unders	igned applies to ass	ime a name and, for tha	t purpose, submita the
1. The assumed name is: Zoo	m Group			
2. The name of the business ent name: Zoom Group, Inc.			ofilp, the partners) that is	/are adopting the assumed
		retary of State,)		
3. The "real name" is (you must ch				
a Domestic General Parti	nership	a	Foreign General Partner	rahlp
a Domestic Limited Liabii	lty Partnérship		Foreign Limited Liability	Partnership
a Domestic Limited Partn	erahip	a	Foreign Limited Partners	ehlp
a Domestlo Business Tru	st	a	Foreign Business Trust	
a Domestic Corporation	·	a	Foreign Corporation	
a Domestic Limited Liabili	ity Company	•	Foreign Limited Liability	Company
 This application will be effective the delayed affective cannot be 	e upon filing, unle prior to the date t	ss a delayed effectiv the application is file	re date and/or time is pr d. The date and/or time	Ovided. The effective date is (Delayed effective date
i. The business is organized and	existing in the sta	ite or country of Keel	oky	and/or time)
i. The mailing address is:				***************************************
1904 Embassy Square	Blvd.	Louisville	Kentucky	40299
treet Address or Post Office Box Numb	. ⊕r \$	Oity	Siste	Zίρ
declare under penalty of perjury t	inder the laws of	Kentucky that the for	going is true and correct	l.
The file was	Mark T.		Chairman	011
uthorized/Party Signature	Printed Name		Title	Date 8/21/13

ARTICLES OF INCORPORATION

OF

C. G. M. SERVICES, INC.

C INAL COPY FILTD SEGRETARY OF STATE OF KENTUCKY FRANKFORT, KENTUCKY KINS

JUN 25₁₉₈₆

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 volunary 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 10 th day of June, 1986.
incorporators, chis , s day or ,
$\overline{}$
Trank V. Placolow
Shirley Raeckie Dune Sul
latalie Smalle
Jahren Marilan
- Compared to the control of the con
STATE OF KENTUCKY
COUNTY OF JEFFERSON
The undersigned, a Notary Public in and for the State and
County aforesaid, hereby certifies that on this 10 th day
of June 1986, the alun
The state of the s
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 10 th day of June , 19.86.
My commission expires Queguet 1, 1989.
My Commission Expires Aug. 1.1989
(D'1 m) 1 '-0
NOTARY PUBLIC, KY STATE AT LARGE
NOTARI PUBLIC, KI BIATE MI BIMOS
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THIS INSTRUMENT PREPARED BY:

Attorney at Law 721 W. Market Street

Louisville, KY 40202

(502) 589-9333

354 PAGE 815

ZOOM GROUP, INC.

FINANCIAL STATEMENTS

Years Ended June 30, 2014 and 2013

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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.

Dening, Malone, Liveray & Octroff

Louisville, Kentucky October 22, 2014

ZOOM GROUP, INC.

STATEMENTS OF FINANCIAL POSITION

June 30, 2014 and 2013

Assets	2014	2013
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	20,838	13,489
Total current assets	1,020,971	1,187,554
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	305,100	181,248
compared in progress	1,406,938	1,312,090
Less accumulated depreciation	327,134	264,904
2000 doodanddda doprociadon	1,079,804	1,047,186
Total assets	\$ 2,100,775	\$ 2,234,740

See Notes to Financial Statements.

Liabilities and Net Assets	2014	2013	,
Current Liabilitites			
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	135,948	125,355	
Total current liabilities	243,749	261,644	
Long-Term Liabilities, less current maturities			
Capital lease obligations	22,897	3,052	
Mortgage payable	489,227	541,924	
Total long-term liabilities	512,124	544,976	
Total liabilities	755,873	806,620	-
Net Assets			
Unrestricted	1,247,444	1,381,085	
Temporarily restricted	97,458	47,035	
	1,344,902	1,428,120	
Tatal liabilities and not agents	\$ 2,100,775	\$ 2,234,740	
Total liabilities and net assets	<u> </u>	+ -, 1,1 10	

ZOOM GROUP, INC.

STATEMENTS OF ACTIVITIES

Years Ended June 30, 2014 and 2013

	Total	\$ 2,975,294 86,093 5,000	17,018	10,899 24,828 483	3,181,121	3,181,121	2,357,317 550,917 61,106 2,969,340	211,781	1,216,339 \$ 1,428,120
2013	Temporarily Restricted		\$ 17,018	·	32,948 (64,373)	(31,425)		(31,425)	\$ 47,035
	Unrestricted	\$ 2,975,294 86,093 5,000	45,576	10,899 24,828 483	3,148,173	3,212,546	2,357,317 550,917 61,106 2,969,340	243,206	1,13/,8/9
	Total	\$ 2,918,574 31,028 1,972	127,944	11,421 29,383 23,063 422	3,143,807	3,143,807	2,469,159 622,361 135,505 3,227,025	(83,218)	1,428,120
2014	Temporarily Restricted		\$ 108,958		108,958 (58,535)	50,423		50,423	\$ 97,458
	Unrestricted	\$ 2,918,574 31,028	18,986	11,421 29,383 23,063 422	3,034,849	3,093,384	2,469,159 622,361 135,505 3,227,025	(133,641)	1,381,085 \$ 1,247,444
		Revenues and Support Service revenues Contributions and grants In-kind contributions	Metro United Way Special events (net of costs of direct benefits to donors of \$15,553 in 2014 and \$5,146 in 2013)	Interest income Unrealized gains Realized gains Other revenues	Net assets released from restrictions	Total revenues and support	Expenses Program services Administrative Fund-raising Total expenses	(Decrease) increase in total net assets	Net assets, beginning of year Net assets, end of year

See Notes to Financial Statements.

ZOOM GROUP, INC.

STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended June 30, 2014 and 2013

\$ 1,291,426 \$ 373,989 \$ 1,814,014 \$ 334,720 \$ 61,083 \$ 2 70,559 33,930 120,935 25,688 5,821 70,559 33,930 120,935 25,688 5,821 70,559 23,736 6,057 8,603 7,408 15,205 2,775 719 1,784 2,487 502 92 775 719 1,784 2,487 502 92 775 7784 7,840 451 1,784 2,487 2,917 532 909 521 1,787 2,917 532 10,405 2,125 22,022 986 10,861 14,716 669 63,980 64,981 2,834 517 64,338 11,545 17,674 15,288 2,790 18,604 6,985 31,438 10,184 2,459 11,323 4,384 25,183 2,918 6,817 11,244 11,323 4,384 25,183 2,918 6,817 11,244 14,538 19,897 34,477 25,831 5,449 2,549		Job	Small Business	Day	2014 Total Program	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	di i	Fund-	
\$ 148,599 \$ 1,291,426 \$ 373,989 \$ 1,814,014 \$ 334,720 \$ 61,083 \$ 2,2 \$ 16,446 70,559 33,930 120,935 25,688 5,821 1 11,985 92,716 28,433 133,134 24,430 4,380 11,524 1,292 6,057 8,603 7,408 15,205 2,775 13,144 2,487 2,487 502 92 2,775 13,144 2,487 2,487 502 92 2,775 934 47,840 451 48,685 3,364 614 43,40 5,282 10,405 2,125 22,022 986 2,936 11,791 4,340 6,498 19,244 11,491 4,340 14,716 11,491 4,340 4,269 2,026 10,896 4,430 11,373 18,106 4,601 4,269 2,020 34,936 17,952 5,566 4,601 4,269 18,604 6,985 31,438 10,184 2,459 18,604 6,985 31,438 10,184 2,459 11,323 4,4530 11,323 4,336 11,323 4,336 11,323 4,336 11,323 4,336 11,323 4,340 11,323 4,340 11,323 4,340 11,341 1,244 4,219 11,888 3,762 2,138 17,689 15,849 11,868 3,762 2,138 17,689 15,831 5,449 11,349 5,449 11,888 3,762 2,138 19,897 25,831 5,449 11,349 11,349 11,340		Placement	Operations	Services	Services	Administ	rative	Kaising	1 <u>0 tal</u>
insurance 16,446 70,559 33,930 120,935 25,688 5,821 1 11,985 92,716 28,433 133,134 2,430 4,380 11,985 1,781 2,388 2,039 7,408 15,205 2,775 2,775 2,884 13,198 2,487 2,487 2,487 2,487 2,487 2,775 2,274 2,487 2,48					\$ 1,814,014		4,720		
11,985 92,716 28,433 133,134 24,430 4,380 1 1,781 3,588 2,039 7,408 15,205 2,775 8,603 8,603 5,775 2,775 1,254 1,292 6,057 8,603 502 92 13,144 54 13,198 3,364 614 394 47,840 451 48,685 3,364 614 9,492 10,405 2,125 22,022 986 2,899 9,887 6,498 19,244 11,491 4,716 1,791 4,38 11,545 17,674 15,288 2,790 4,601 4,269 2,026 10,896 4,430 1,373 4,4601 4,269 2,026 10,896 4,430 1,373 4,4601 4,269 2,026 10,896 4,430 1,373 9,476 11,323 4,384 25,183 2,918 6,48 1,799 1,845 16,695 19,339 6,817 1,244 4,21 14,538 19,897 7,768 15,943 2,910 1,868 3,762 2,138 7,768 15,493 5,495 1,868 3,762 2,138 7,768 15,849 2,910 3,152 8,468 19,330 20,950 25,831 5,449	benefits	16,446	70,559	33,930	120,935	2,	5,688	5,821	152,444
insurance 1,781 3,588 2,039 7,408 15,205 2,775 584 1,292 6,057 8,603 502 92 584 119 1,784 2,487 502 92 584 13,198 549 5492 10,405 521 1,787 2,917 532 59,492 10,405 2,125 22,022 986 52,859 9,887 6,498 19,244 11,491 4,316 1,791 4,338 11,545 17,674 15,288 2,790 4,601 4,269 2,026 10,896 4,430 1,373 5,849 18,604 6,985 31,438 10,184 2,459 61 9,476 11,323 4,384 25,183 2,918 648 7,99 1,845 16,695 19,339 6,817 1,244 1,868 3,762 2,138 7,768 15,943 2,910 5,449 18,648 19,897 34,477 5,549 5,449 18,644 5,985 31,438 10,184 2,459 61 3,762 2,138 7,768 15,949 15,549 5,449 18,648 19,897 34,477 5,549 5,449 18,648 19,897 34,477 5,549 5,449 1,868 3,762 2,138 7,768 15,949 5,810 5,449 1,868 3,762 2,138 7,768 15,949 5,849 5,449 1,868 19,330 30,950 25,831 5,449 5,449 1,868 11,868 11,868 11,868 11,868 1 5,449 1,868 11,868 11,868 11,868 11,868 11,868 1 5,440 1,868 11,868 11,868 1 5,441 1,868 11,868 11,868 1 5,441 1,868 11,868 11,868 1 5,442 11,868 11,868 11,868 1 5,444 11,868 11,868 1 5,445 11,868 11,868 1 5,446 11,868 11,868 1 5,446 11,868 11,868 1 5,446 11,868 11,868 1 5,446 11,868 11,868 1 5,446 11,868 11,868 1 5,446 11,868 1 5,446 11,868 1 5,446 11,868 1 5,446 11,868 1 5,446 11,868 1 5,446 11,	es	11,985	92,716	28,433	133,134	77	4,430	4,380	161,944
1,254 1,292 6,057 8,603 502 92 584 119 1,784 2,487 502 92 13,144 54 13,198 3,364 614 451 48,685 3,364 614 537 999 521 1,787 2,917 532 9,492 10,405 2,125 22,022 986 2,887 6,498 19,244 11,491 4,340 1,791 4,338 11,545 17,674 15,288 2,790 1,373 3,304 8,732 22,900 34,936 17,922 5,566 5,849 18,604 6,985 31,438 10,184 2,459 6,817 11,204 1,868 3,762 2,138 7,768 15,949 18,864 6,987 34,477 15,943 2,910 1,868 3,762 2,138 7,768 15,949 18,864 19,330 2,138 15,949 18,864 2,138 10,184 2,459 11,868 3,762 2,138 7,768 15,949 55,849 11,868 3,762 2,138 7,768 15,949 15,949 19,330 2,138 7,768 15,949 15,949 19,330 2,138 7,768 15,949 15,949 19,330 30,950 25,831 5,449	ompensation insurance	1,781	3,588	2,039	7,408	ï	5,205	2,775	25,388
584 119 1,784 2,487 502 92 13,144 54 13,198 3,364 614 357 909 521 1,787 2,917 532 9,492 10,405 2,125 22,022 986 2,859 9,887 6,498 19,244 11,491 4,340 1,791 4,338 11,545 17,674 15,288 2,790 4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 e1 9,476 11,323 4,384 25,183 2,918 648 42 14,538 19,897 34,477 1,868 3,762 2,138 7,768 15,949 5,449 1,868 3,762 2,138 7,768 15,949 5,449 1,868 3,762 2,138 7,768 15,949 5,449	expense	1,254	1,292	6,057	8,603				8,603
13,144 54 13,198 394 47,840 451 48,685 3,364 614 357 909 521 1,787 2,917 532 2,859 9,887 6,498 19,244 11,491 4,340 2,859 9,887 6,498 19,244 11,491 4,340 1,791 4,338 11,545 17,674 15,288 2,790 4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 61 9,476 11,323 4,384 25,183 2,918 648 4,2 14,538 19,897 34,477 1,868 3,762 2,138 7,768 15,943 5,449 3,152 8,468 19,330 25,831 5,449	, pr	584	119	1,784	2,487		502	92	3,081
394 47,840 451 48,685 3,364 614 357 909 521 1,787 2,917 532 9,492 10,405 2,125 22,022 986 2,859 9,887 6,498 19,244 11,491 4,340 3,32 669 63,980 64,981 2,834 517 4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 61 9,476 11,323 4,384 25,183 6,817 1,244 42 14,538 19,897 34,477 1,868 3,762 2,138 7,768 15,943 5,910 3,152 8,468 19,330 30,950 25,831 5,449	xpense		13,144	54	13,198				13,198
357 909 521 1,787 2,917 532 9,492 10,405 2,125 22,022 986 2,859 9,887 6,498 19,244 11,491 4,340 332 669 63,980 64,981 2,834 517 4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 el 9,476 11,323 4,384 25,183 2,918 648 42 14,538 19,897 34,477 42 14,538 19,897 34,477 11,868 3,762 2,138 7,768 15,943 5,449	ervices	394	47,840	451	48,685	•	3,364	614	52,663
9,492 10,405 2,125 22,022 986 2,859 9,887 6,498 19,244 11,491 4,340 332 669 63,980 64,981 2,834 517 1,791 4,338 11,545 17,674 15,288 2,790 4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 64 14,538 19,897 34,477 1,868 3,762 2,138 7,768 15,943 3,152 8,468 19,330 20,950 25,831 5,449	subscriptions	357	606	521	1,787	•	2,917	532	5,236
2,859 9,887 6,498 19,244 11,491 4,340 332 669 63,980 64,981 2,834 517 1,791 4,338 11,545 17,674 15,288 2,790 4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 9,476 11,323 4,384 25,183 2,918 648 799 1,845 16,695 19,339 6,817 1,244 42 14,538 19,897 34,477 1,244 1,868 3,762 2,138 7,768 15,943 5,419 3,152 8,468 19,330 30,950 25,831 5,449	ı	9,492	10,405	2,125	22,022		986		23,008
332 669 63,980 64,981 2,834 517 1,791 4,338 11,545 17,674 15,288 2,790 4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 9,476 11,323 4,384 25,183 2,918 6,817 1,244 799 1,845 16,695 19,339 6,817 1,244 42 14,538 19,897 34,477 1,244 1,868 3,762 2,138 7,768 15,943 3,152 8,468 19,330 30,950 25,831 5,449	snos	2,859	9,887	6,498	19,244		1,491	4,340	35,075
332 669 63,980 64,981 2,834 517 1,791 4,338 11,545 17,674 15,288 2,790 4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 9,476 11,323 4,384 25,183 2,918 6,817 1,244 799 1,845 16,695 19,339 6,817 1,244 42 14,538 19,897 34,477 1,244 1,868 3,762 2,138 7,768 15,943 3,152 8,468 19,330 30,950 25,831 5,449	al fees					10(0,861	14,716	115,577
1,791 4,338 11,545 17,674 15,288 2,790 4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 9,476 11,323 4,384 25,183 2,918 648 799 1,845 16,695 19,339 6,817 1,244 42 14,538 19,897 34,477 15,943 2,910 1,868 3,762 2,138 7,768 15,943 2,510 3,152 8,468 19,330 30,950 25,831 5,449		332	699	63,980	64,981		2,834	517	68,332
4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 9,476 11,323 4,384 25,183 2,918 648 799 1,845 16,695 19,339 6,817 1,244 42 14,538 19,897 34,477 1,244 1,868 3,762 2,138 7,768 15,943 2,910 3,152 8,468 19,330 30,950 25,831 5,449	ld maintenance	1,791	4,338	11,545	17,674	ï	5,288	2,790	35,752
4,601 4,269 2,026 10,896 4,430 1,373 3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 1,847 11,323 4,384 25,183 2,918 648 799 1,845 16,695 19,339 6,817 1,244 42 14,538 19,897 34,477 1,868 3,762 2,138 7,768 15,943 2,910 3,152 8,468 19,330 30,950 25,831 5,449	ents							18,196	18,196
3,304 8,732 22,900 34,936 17,952 5,566 5,849 18,604 6,985 31,438 10,184 2,459 1,845 11,323 4,384 25,183 2,918 648 42 14,538 19,897 34,477 1,868 3,762 2,138 7,768 15,943 2,910 3,152 8,468 19,330 30,950 25,831 5,449	lopment	4,601	4,269	2,026	10,896	•	4,430	1,373	16,699
5,849 18,604 6,985 31,438 10,184 2,459 9,476 11,323 4,384 25,183 2,918 648 799 1,845 16,695 19,339 6,817 1,244 42 14,538 19,897 34,477 1,868 3,762 2,138 7,768 15,943 2,910 3,152 8,468 19,330 30,950 25,831 5,449	nd printing	3,304	8,732	22,900	34,936	÷	7,952	5,566	58,454
nn and travel 9,476 11,323 4,384 25,183 2,918 648 799 1,845 16,695 19,339 6,817 1,244 42 14,538 19,897 34,477 1,244 1,868 3,762 2,138 7,768 15,943 2,910 3,152 8,468 19,330 30,950 25,831 5,449		5,849	18,604	6,985	31,438	Ξ	0,184	2,459	44,081
799 1,845 16,695 19,339 6,817 1,244 42 14,538 19,897 34,477 34,477 2,910 1,868 3,762 2,138 7,768 15,943 2,910 3,152 8,468 19,330 30,950 25,831 5,449	ation and travel	9,476	11,323	4,384	25,183		2,918	648	28,749
42 14,538 19,897 34,477 1,868 3,762 2,138 7,768 15,943 2,910 3,152 8,468 19,330 30,950 25,831 5,449		799	1,845	16,695	19,339		6,817	1,244	27,400
1,868 3,762 2,138 7,768 15,943 2,910 3,152 8,468 19,330 30,950 25,831 5,449	X	42	14,538	19,897	34,477				34,477
3,152 8,468 19,330 30,950 25,831 5,449		1,868	3,762	2,138	7,768		5,943	2,910	26,621
	uo	3,152	8,468	19,330	30,950	2.	5,831	5,449	62,230

		Total	2,094,270	140,326	151,187	19,772	2,483	2,339	8,488	46,836	5,670	24,583	31,832	76,445	98,236	9,770	25,251	31,264	48,441	42,333	33,758	16,254	27,499	5,533	26,770		\$ 2,969,340
	Fund-	Raising	\$ 11,122 \$ 2	939	1,129	481		22		13,749	125		799		843	21	25,251	267	3,850	536	408	88		135	1,041		\$ 61,106 \$ 2
		Administrative	\$ 308,868	30,079	22,543	13,366		619		1,689	3,461	839	12,883	76,345	23,414	575		11,612	11,864	14,883	7,253	2,439		3,740	4,445		\$ 550,917
Total	Program	Services	\$ 1,774,280	109,308	127,515	5,925	2,483	1,698	8,488	31,398	2,084	23,744	18,150	100	73,979	9,174		19,085	32,727	26,914	26,097	13,727	27,499	1,658	21,284		\$ 2,357,317
	Day	Services	\$ 359,494	32,842	25,692	1,763	2,483	1,407	1,094	773	787	2,883	7,002	100	689'99	8,933		4,631	19,787	7,868	9,522	12,968	14,959	493	17,177		\$ 599,347
Small	Business	Operations	\$ 1,297,101	61,003	93,123	2,593		120	968'9	30,427	891	11,477	9,154		4,542	174		10,273	10,968	14,881	8,208	473	12,306	726	3,459		\$ 1,578,795
	Job	Placement	\$ 117,685	15,463	8,700	1,569		171	498	198	406	9,384	1,994	•	2,748	. 67		4,181	1,972	4,165	8,367	286	234	439	648		\$ 179,175
			Salaries	Employee benefits	Payroll taxes	Workers' compensation insurance	Activities expense	Advertising	Bad debt expense	Contract services	Dues and subscriptions	Insurance	Miscellaneous	Professional fees	Rent	Repairs and maintenance	Special events	Staff development	Supplies and printing	Telephone	Transportation and travel	Utilities	Provider tax	Interest	Depreciation	•	Total expenses

See Notes to Financial Statements.

ZOOM GROUP, INC.

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2014 and 2013

	2014	2013
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	3	367
Net cash (used in) provided by operating activities	(83,756)	135,246
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	(102,678)	(316,343)
Net cash provided by (used in) investing activities	26,237	(273,769)
Cash Flows from Financing Activities		
Principal payments on mortgage payable	(50,135)	(8,153)
Principal payments under capital lease obligation	(10,497)	(2,008)
Net cash used in financing activities	(60,632)	(10,161)
Net decrease in cash and cash equivalents	(118,151)	(148,684)
Cash and cash equivalents at beginning of year	278,370	427,054
Cash and cash equivalents at end of year	\$ 160,219	\$ 278,370

See Notes to Financial Statements.

	2014	2013
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	(538)	(76,535)
Net cash (used in) provided by operating activities	\$ (83,756)	\$ 135,246
Supplemental Schedule of Non-Cash Investing and Financing Transactions		
Equipment acquired through capital lease obligations	\$ 41,374	
Purchases of property and equipment in accounts payable		\$ 49,204
Real estate acquired with mortgage payable		\$ 600,000

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.

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.

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.

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
	<u>Cost</u>	Market Value	(Depreciation)
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	97,599	97,952	353
Total	<u>\$363,040</u>	<u>\$403,606</u>	<u>\$40,566</u>

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

- 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.

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		<u>\$91,195</u>	<u>91,195</u>
Total assets at fair value	<u>\$312,411</u>	<u>\$91,195</u>	<u>\$403,606</u>
		June 30, 2013	3
	Level 1	Level 2	<u>Total</u>
Measured on a recurring basis:		y	
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	4	<u>\$104,826</u>	104,826
Total assets at fair value	<u>\$375,338</u>	<u>\$104,826</u>	<u>\$480,164</u>

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.

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 Total realized/unrealized gains Purchases	\$ 6,654 787 3,526
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.

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

•	<u>2014</u>	<u>2013</u>
Equipment Accumulated amortization	\$49,842 <u>(12,471</u>)	\$8,468 <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	552
	40,252
Less amount representing interest	4,189
Net minimum lease payments	\$36,063

Note 7. Mortgage Payable

Mortgage payable consists of the following:

	<u>2014</u>	2013
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	52,485	49,923
	<u>\$489,227</u>	<u>\$541,924</u>

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	257,307
	<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	14,900
	<u>\$78,500</u>

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:

	Balance <u>6/30/13</u>	Contributions	Released	Balance <u>6/30/14</u>
Contributions restricted for: Metro United Way grant for supported living and adult day programs Scholarships and activities Studio Works	\$17,018 28,817 1,200 \$47,035	\$108,958 \$108,958	\$(17,018) (5,750) (35,767) \$(58,535)	\$23,067 74,391 \$97,458
	Balance 6/30/12	Contributions	Released	Balance <u>6/30/13</u>
Contributions restricted for: Metro United Way grant for supported living and adult day programs Scholarships and activities Day Programs Studio Works	\$ 45,680 25,678 2,800 4,302	\$17,018 12,800 1,850 	\$(45,680) (9,661) (4,650) (4,382)	\$17,018 28,817
	<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.

** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as It may be made public. Open to Public Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

ΑF	or the	e 2013 calendar year, or tax year beginning <u>JUL 1, 2013</u> and end	ding J	<u>UN 30, 2014</u>	<u> </u>
Вс	heck if	C Name of organization		D Employer identif	ication number
Г	_Addre	S ZOOM GROUP, INC.			:
	Name chang	Doing Business As			
	∐hitial _return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	
	Termi	1904 EMBASSY SQUARE BOULEVARD		(502	
	Amen Treturn	Oity of town, state of province, country, and zir of foreign poster occ		G Gross receipts \$	3,200,280.
	Application			H(a) is this a group r	eturn
	pendi	F Name and address of principal officer:MD • KIM FKAIIIEK			3? Yes X No
		SAME AS C ABOVE	· · · · · · · · · · · · · · · · · · ·		ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L	527		list. (see instructions)
		te: > WWW.ZOOMGROUP.ORG	Ta 37	H(c) Group exemption	
		organization; X Corporation	L Year C	ormation: 1986]	M State of legal domicile; KY
۲٤	ırt I	Summary Briefly describe the organization's mission or most significant activities: ZOOM G	מווחשי	TNC FYTS	TO TO HELD
8		ADULTS WITH DEVELOPMENTAL DISABILITIES EXP			
g		Check this box if the organization discontinued its operations or disposed			
Ver		Number of voting members of the governing body (Part VI, line 1a)		i i	10
ဇ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)			10
ಶ ೪		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			199
Activities & Governance		Total number of volunteers (estimate if necessary)			80
<u>Ş</u>		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ř		Net unrelated business taxable income from Form 990-T, line 34		1	0.
		i.		Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		169,617.	160,944.
ğ		Program service revenue (Part VIII, line 2g)		2,959,089.	2,897,006.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,899.	
<u>د</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<16,842.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,122,763.	3,080,226.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0.
ន		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,374,387.	2,507,407.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š.		Total fundraising expenses (Part IX, column (D), line 25) 118,105		F.C.4 4.D.2	605 400
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	r e	561,423.	685,420.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,935,810. 186,953.	3,192,827.
တ	19	Revenue less expenses. Subtract line 18 from line 12			<112,601.>
Fund Balances			Beg	inning of Current Year 2,234,740.	End of Year 2,100,775.
		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	·····	806,620.	755,873.
릴		Net assets or fund balances. Subtract line 21 from line 20	····	1,428,120.	1,344,902.
	rt II	Signature Block		1/120/1200	
		lties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	nts, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			
		· Parky		11-	26-14
Sign)	Signature of officer		Date	/
lere		MS. KIM PRATHER, INTERIM EXECUTIVE DIRE	CTOR		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check [PTIN
aid		DARRELL L MORRIS		self-employ	ed
rep	arer	Firm's name DEMING MALONE LIVESAY & OSTROFF P	SC	Firm's EIN	
lse (Only	Firm's address 9300 SHELBYVILLE RD STE 1100			001/01/01
		LOUISVILLE, KY 40222-5187		Phone no. (5	02)426-9660
/lav	the IF	RS discuss this return with the preparer shown above? (see instructions)		************************	X Yes No

332002 10-29-13 Form 990 (2013) ZOOM GROUP, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6.		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
6	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	,		
а		11a	x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
С	the organization report an amount for investments * program rollated and arrive, and to that to 5% or more or section reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			x
	d the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
đ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	to the West State Water to Dark V. line OED If #Von # complete Cahadula D. Dart V	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1,0		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
12a		12a	X	
_	Schedule D, Parts XI and XII	12.4		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	If "Yes," and if the organization answered "No" to line 12a, their completing schedule B, Paris XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		-44
b	Did the organization have aggregate revenues or expenses or more than \$10,000 from grandhaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1 4b		X
	or more? If "Yes," complete Schedule F, Parts I and IV	1417		-41
15		15		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	10		- 22
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	13		-43
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	X	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	77	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		У
	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		L

Form 990 (2013)

Par	t IV Checklist of Required Schedules (continued)		Vec	NI-
L		-	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہے ا		X
	A Dat IV column (A) line 12 If "Ves " complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States of Factor,			X_
	AN Pro- DO M Non-R complete Schadule Parts and	22		
23	Did the experiencing answer "Ves" 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? It res, competer	_		х
		23		
24a	But the annual reliant have a tay exampt hand issue with an outstanding principal amount or more than \$100,000 as of the			
	last day of the year, that was Issued after December 31, 2002? If "Yes," answer lines 240 intrough 240 and complete	١ ا		v
	C. L. L. W. MALOS do to line 959	24a		<u> </u>
b	Tild the experiention invost any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease			
·	Lower hands?	24c		
d	But the approximation not as an "on hebalf of" issuer for bonds outstanding at any time during the year	24d		
25a	Obstant FO4(a)(a) and FO4(a)(d) organizations. Did the organization engage in an excess benefit transaction with a			7.7
200	# during the year? If "Ves " complete Schedule L. Paπ I	25a		X
b	the exemptation aware that it engaged in an excess benefit transaction with a disqualified person in a pilot year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Onto the full Port I	25b		<u>X</u>
26	Did the experiencies report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	Isto Cohodulo I Part II	26		X
07	Did the acceptation provide a great or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member			
	-f of these persone? If "Ves " complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	to the structions for applicable filing thresholds, conditions, and exceptions):			
_	A supply a former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
a	to the surrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Fait IV	28b		X_
b	An artiful of which a current or former officer, director, trustee, or key employee (or a family member trefeor) was an onicer,			
C	The standard or direct or indirect owner? If "Yes." complete Schedule L, Part IV	28c		X
00	Statute among the reaction reaction more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
30	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	16 BVos B complete Schedule N. Part I	31	ļ	X
~~	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
32	O-tdid-N. Dart II	32	<u> </u>	X
	Did the examination own 100% of an entity disregarded as separate from the organization under negulations			
33	201 7701 2 and 201 7701-32 If "Yes " complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	
34	D. 417 Pag 4	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	within the meaning of section 312(b)(13)? If Tes, complete Scheduler, the section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
36	Section 501(c)(3) organizations. Did the digamization make any transfer of any transfer of the section 501(c)(3) organizations. Did the digamization make any transfer of the section 501(c)(3) organizations. Did the digamization make any transfer of the section 501(c)(3) organizations. Did the digamization make any transfer of the section 501(c)(3) organizations. Did the digamization make any transfer of the section 501(c)(3) organizations. Did the digamization make any transfer of the section 501(c)(3) organizations. Did the digamization make any transfer of the section 501(c)(3) organizations. Did the digamization make any transfer of the section 501(c)(3) organization make any transfer of the section 501(c) organization make any transfer organization organ	36	<u> </u>	X
	If "Yes," complete Schedule H, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1.	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	and that is treated as a partnership for rederal income tax purposes? In Tech Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note, All Form 990 filers are required to complete Schedule O	38	X	
	Note, All Form 990 filers are required to complete deflection of management and the second of the se	Forn	990	(2013)

Pai	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter ·O· if not applicable	33			
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	ble gaming			
Ť	(gambling) winnings to prize winners?		ic	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1	
	filed for the calendar year ending with or within the year covered by this return2a	199			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ity over, a		l	
	financial account in a foreign country (such as a bank account, securities account, or other financial accou	nt)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accou	nts.		l	
Ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		<u>X</u> _
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	anization solicit		1	**
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r gifts	۱. ا	ĺ	
	were not tax deductible?		6b_		
7	Organizations that may receive deductible contributions under section 170(c).		_		
а		rovided to the payor?	7a	X	
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	- ^-⊢	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req		7.	İ	X
	to file Form 8282?		7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year	17	7e	ŀ	¥
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	il	7f		X
f	to the state of th	:	7g		
g	If the organization received a contribution of qualified intersection property, did the organization field of the organization field the	le a Form 1098-C2	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the s	unnortina	•••		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time	ne during the year?	8		
^	Sponsoring organizations maintaining donor advised funds.				
9	District and the section of the sect		9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		-
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b				
11	Section 501(c)(12) organizations. Enter:			-	
	11a			ŀ	
	Gross income from other sources (Do not net amounts due or paid to other sources against			l	
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	}	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	L		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	}			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		l		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		1	
	organization is licensed to issue qualified health plans		l		
c	Enter the amount of reserves on hand				~
14a	Did the organization recent and property		14a 14b		<u>X</u> _
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u></u>		990	(2013)
			· CHILL		(~v (U)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a 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			******			LX.
Sec	tion A. Governing Body and Management						
				_		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
10	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			•			,
	Enter the number of voting members included in line 1a, above, who are independent	1b		10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	anv other				
2	officer, director, trustee, or key employee?	,	,		2		X
	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision	'''			
3	Did the organization delegate control over management duties customarily performed by or under a	o dii o	or capo. Holon	ı	3		X
	of officers, directors, or trustees, or key employees to a management company or other person?	300 46	a filado	···	4	х	
4	Did the organization make any significant changes to its governing documents since the prior Form	220 110	10 Inca :	™	5		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as						X
6	Did the organization have members or stockholders?			···· ├	6		Δ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		_		37
	more members of the governing body?			····	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			-	7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:				
a	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	at the				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)	*			
<u> </u>	WOLLD!! CHOISE THE CONTROL			_		Yes	No
400	Did the organization have local chapters, branches, or affiliates?				10a		X
10a	If *Yes,* did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,				
Ø	and branches to ensure their operations are consistent with the organization's exempt purposes?		•		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	v befo	re filing the form	?	11a	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,					
b	Describe in Schedule O the process, if any, used by the organization to review that I only out			ı	12a	x	
12a			flicte?	···· -	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	(00 E 4	nooriho	····	12.17		
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, u	escribe		12c	х	
	in Schedule O how this was done	*******		⋯		X	
13	Did the organization have a written whistleblower policy?			···· ├	13	X	
14	Did the organization have a written document retention and destruction policy?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···· ├	14		
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- 1			
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization		***************************************		15b	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 arrange	ment v	/ith a				
	taxable entity during the year?			<u>L</u>	16a		<u> X</u>
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's	1			
	exempt status with respect to such arrangements?				16b		
Sac	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed ►KY						
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	Γ (Sect	ion 501(c)(3)s or	ılv) av	vailab	le	
18	for public inspection. Indicate how you made these available. Check all that apply.	,_,,,		.,			
	- 157 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in Sai	nedule (1)				
				n and	finan	cial	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	Juniot I	or interpor bones	, and	miat	viai	
	statements available to the public during the tax year.	la	anda afiba av	niaas!	an: 🏲		
20	State the name, physical address, and telephone number of the person who possesses the books a	na rec	oras or the orga	ınzatı	ווט: 🃂	_	
	ZOOM GROUP - (502) 581-0658						
	1904 EMBASSY SQUARE BLVD., LOUISVILLE, KY 40299						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz (A)	(B)							(D)	(E) '	(F)
Name and Title	Average	64	n not c	Pos	itior	tion more than one		Reportable	Reportable	Estimated
	hours per week	bo:	k, unle icer ar	ss pe	หรอก	is bol	h an	compensation from	compensation from related	amount of other
	(list any	ţ	5					the	organizations	compensation
	hours for	rdre				2		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		as:	Benss		(W-2/1099-MISC)		organization
	organization below	8 A	lonal		ploye	E S				and related
	line)	ndlyldual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CLIFF VATTER	1.00		╁═		-	12.00	<u> </u>			
TREASURER		X		Х				0.	0.	0.
(2) STEVE SANDMAN	1.00									
DIRECTOR		X					-	0.	0.	0.
(3) NATALIE SEMARIA	1.00									
DIRECTOR		X						0.	0.	0.
(4) TREVOR HOWIE	1.00									
DIRECTOR		X						0.	0.	0.
(5) DOUGLAS FOSTER	1.00							_		
SECRETARY	4 00	X		X				0.	0.	0.
(6) ANGELA REEVES	1.00	-								
CHAIR	1 00	X		Х				0.	0.	0.
(7) JENNIFER BALL	1.00	$ _{\mathbf{X}}$						•	0	•
DIRECTOR	1.00	 ^		\dashv				0.	0.	0.
(8) JEREMY GARRIS VICE CHAIR	1.00	x		X				0.	0.	0.
(9) JENNY BUTT	1.00	1	H					0.	0.	
DIRECTOR		x					ı	0.	0.	0.
(10) CASEY ADAMS	1.00							V V		
DIRECTOR		X						0.	0.	0.
(11) TAMMIE HOLLAR	40.00					Ī				
EXECUTIVE DIRECTOR				x			l	81,815.	0.	0.
(12) ROBERT KAISER	40.00]		- 1						•
CONTROLLER				X				29,422.	0.	0.

				_	_		_			
		}								
		$\vdash \vdash$		\dashv		\dashv	_	···		
		-	į						A CONTRACTOR OF THE CONTRACTOR	
· · · · · · · · · · · · · · · · · · ·		-		\dashv	\dashv		\dashv			
							1			
		\vdash	\dashv		\dashv	-	\dashv			
									<u></u>	- 000

332007 10-29-13

Form	1990 (2013) ZOOM GRO						<u> </u>							age o
Par	t VII Section A. Officers, Directors, Trus		Employees, and Highest Compensated Emplo							es (continued)	-т		<i>(</i> =\	
	(A)	(B)				C) ition			(D)	(E)		-	(F)	لد
	Name and title	Average	(60	not d	heck	more	than	опе	Reportable	Reportable compensation			timate nount :	
		hours per week	box	, unle: cer an	ss pe d a d	rson Frecto	is bol suut\x	han tee)	compensation	from related			other	Ji
		(list any			Γ	Г	T	Ė	the	organizations			pensa	tion
		hours for	direc				-			(W-2/1099-MISC)	fr	om the	9
		related	ie or	ste			i sal		(W-2/1099-MISC)	•		orga	anizati	on
		organizations	Individual trustee or director	lostitutional trustee		Key employee	Highest compensated employee		,			and related		
•		below	videa	tetto	G	E	pesto	age .			- 1	orga	ınizatio	วทธ
		line)	皇	last	Officer	<u>₹</u>	울등	Œ			4			
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4 %	Sub-total	<u> </u>			L			>	111,237.	(0.			0.
ar -	Total from continuation sheets to Part V	II. Section A			•••••			\	0.	(0.			0.
G	Total (add lines 1b and 1c)	., 0001101171		•••••			·····	•	111,237.	(0.			0.
	Total number of individuals (including but r	not limited to th	ose	liste	ed a	boy	e) w	no r						
2	compensation from the organization			•			•							0
	Compensation from the organization P												Yes	No
_	Did the organization list any former officer,	director, or to	iste	e. ke	o ve	olan	ovee	. or	highest compensated e	mployee on	Γ			
3	line 1a? If "Yes," complete Schedule J for s	uch individual		.,	, .	,	•	•				3		X
	For any individual listed on line 1a, is the si	um of reportab	le co	חחח	ens	ation	n and	d ot	her compensation from	the organization				
4	and related organizations greater than \$15	n nnn? If *Yes.	" co	mnle	ete l	Schi	edul	e Ji	for such individual			4		X
_	Did any person listed on line 1a receive or	accuse combe	nsat	ion f	rom	anv	v uni	elat	ted organization or indiv	dual for services	<u> </u>			
5	rendered to the organization? If "Yes," con	acciae compe	b .11	forsi	uch	nen	, a san					5		X
	tion B. Independent Contractors	ipiete ochedar	001	0, 0,	2011	00,0	0011							
	Complete this table for your five highest co	mnancated in	den	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensa	ation f	rom	
1	the organization. Report compensation for	the calendar v	ecp.	endi	กสง	with	or w	dthir	n the organization's tax	vear.				
	***************************************	tito calondar y	oui	Oriai		*****	<u> </u>	Ī	(B)			(0	 ;)	
	(A) Name and business	address	N	INC	₹.				Description of s	ervices	Co	omper	nsatio	n
			<u> </u>	O L T A										
								\neg						
									•					
		incheding Lesse		mila	d to	+1-	See II	l	d above) who received n	nore than				
2	Total number of independent contractors (including but f	ioi II	mile	u (C	, a10	0	0.00	a abovoj mno rocensta n					
	\$100,000 of compensation from the organ	izativii 🚩					<u> </u>		W		i	Form	990 (2013)

Form 990 (2013)	ZOOM	GROUP,	INC.
Part VIII St	tement of Reve	nue	

Total revenue Resided or consequence Description D			Check if Schedule O cont	tains a response	or note to any li				
Total Acid lines 2821 Seventials Seven						(A) Total revenue	exempt function	business	I from tax under
2 a MEDICATD REVENUE 900099 1,430,450. 430,450. 900099 1,381,056. 900099 1,381,056. 900099 35,500. 85,500. 900099 35,500. 85,500. 900099 35,500. 900099 90009	\$ \$	1 a	Federated campaigns	1a			· · · · · · · · · · · · · · · · · · ·		
2 a MEDICATD REVENUE 900099 1,430,450 1,430,450	ran E n	b	· -				ļ.		
2 a MEDICATD REVENUE 900099 1,430,450. 430,450. 900099 1,381,056. 900099 1,381,056. 900099 35,500. 85,500. 900099 35,500. 85,500. 900099 35,500. 900099 90009	ž,	c		1 1	127,944.	.]			
2 a MEDICATD REVENUE 900099 1,430,450 1,430,450	光点	d		1 1					
2 a MEDICATD REVENUE 900099 1,430,450 1,430,450	S,E	е		[1					
2 a MEDICATD REVENUE 900099 1,430,450 1,430,450	ËÑ	f							
2 a MEDICATD REVENUE 900099 1,430,450 1,430,450	te E		similar amounts not included abo	ve 1f	33,000.				
2 a MEDICATD REVENUE 900099 1,430,450 1,430,450	달음	g	Noncash contributions included in lines	1a-1f: \$	1,972.		1		
2 a MEDICATD REVENUE 900099 1,430,450 1,430,450	<u>8</u> €	h)	160,944.			
Description Process									
Total. Add lines 2a2!	8	2 a	MEDICAID REVENU	JE					
Total. Add lines 2a2!	ه ڲٙ	b	PROGRAM SERVICE	S	900099	1,381,056.	1,381,056.		
Total. Add lines 2a2!	SE	C	SEVEN COUNTIES	REVENUE	900099	85,500.	85,500.		
Total. Add lines 2a2!	e an	d							
Total. Add lines 2a2!	D.C.	е				1 No. 1			
3 Investment Income (Including dividends, Interest, and other similar amounts) 11,421. 11,421. 11,421. 11,421.	ቯ	f	All other program service reve	nue					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of taxeexempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental oxpenses c Rental income or (loss) 7 a Gross amount from sales of or designation of assets other than inventory b Less: cost or other basis and sales expenses 70,303. 6 Ran or (loss) 8 a Gross income from fundralising events (not including \$ 127,944. or contributions reported on line 1o). See Part IV, line 18 a Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost or goods sold b Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost or offer see of liventory Miscellancous Revenue Business Code 11 a MTSCRILANEOUS 9 00099 4 22. 4 22. 1 17,404. 1 17,404. 1 11,421. 1 1,421. 1 11,		g	Total. Add lines 2a-2f			2,897,006.			
4 Income from investment of tax exempt bond proceeds 5 Royaltics		3							
A			other similar amounts)			11,421.			11,421.
(i) Personal (ii) Personal (iii) Personal Person		4							
Second		5	Royalties	·····	>				
b Less: rontal expenses				(i) Real	(ii) Personal				
C Rental income or (loss) C		6 a	Gross rents						
The standard of the standard		b	Less: rental expenses			,			
7 a Gross amount from sales of assets other than inventory 1		c	Rental income or (loss)						
See		đ	Net rental income or (loss)	<u></u>	>				
Solution		7 a	Gross amount from sales of		 	-			
and sales expenses			assets other than inventory	93,366.					
C Gain or (loss) 23,063	1	b	Less: cost or other basis						
d Not gain or (loss) ≥ 23,063.			and sales expenses				·		
8 a Gross income from fundraising events (not including \$ 127,944. of contributions reported on line 1c). See Part IV, line 18		С	Gain or (loss)	23,063.					
Including \$ 127,944. of		d	Net gain or (loss)	*****	<u>, 🕨 </u>	23,063.			23,063.
Secont including 12 12 12 12 12 12 12 1	ழ	8 a							
c Net income or (loss) from fundralsing events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MTSCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. All other sevenue. See instructions.	티		including \$127,9	44. of	****				
c Net income or (loss) from fundralsing events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MTSCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. All other sevenue. See instructions.	ě		-						
c Net income or (loss) from fundralsing events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MTSCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. All other sevenue. See instructions.	er F			a					
c Net income or (loss) from fundralsing events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MTSCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. All other sevenue. See instructions.	∄l				32,953.				
Part IV, line 19					<u></u>	<17,400.	>		<17,400.>
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 21,568. b Less: cost of goods sold b 16,798. c Net income or (loss) from sales of inventory 4,770. Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 422. 422. b c d All other revenue e Total, Add lines 11a-11d 422. 12 Total revenue. See instructions.	I	9 a							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and a									
10 a Gross sales of inventory, less returns and allowances									•
and allowances a	1				······				
b Less: cost of goods sold b 16,798. c Net income or (loss) from sales of inventory	- 1	10 a			04 560				
c Net income or (loss) from sales of inventory ▶ 4,770. 4,770. Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 422. 422. b C C C 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.									
Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 422. 422. b C <	1		•			4 550	4 250		
11 a MISCELLANEOUS 900099 422. 422. b		С					4,770.		<u> </u>
b	L			9			400		
c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 3,080,226.2,902,198. 0. 17,084.			MISCELLANEOUS		900099	422.	422.		
d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. > 3,080,226.2,902,198. 12 Total revenue. See instructions. > 3,080,226.2,902,198.	- 1	þ							
e Total. Add lines 11a-11d		-						- W	
12 Total revenue. See instructions. 3,080,226.2,902,198. 0. 17,084.						400			
					************		2 002 100		17 004
	332000		I otal revenue. See instructions.		>	J, UBU, 226.	4,904,198.	<u> </u>	Form 990 (2013)

Form 990 (2013) ZOOM GROUP, INC.
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	not include amounts reported on lines 6b, 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,	162,074.	46,976.	113,219.	1,879.
	trustees, and key employees	104,074.	40,310.	113,2130	1,0,5.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2,038,027.	1,753,122.	225,586.	59,319.
7	Other salaries and wages	4,000,021	x,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8	Pension plan accruals and contributions (include	13,060.	8,682.	3,702.	676.
_	section 401(k) and 403(b) employer contributions)	132,302.	109,371.	17,901.	5,030.
9	Other employee benefits	161,944.	133,134.	24,430.	4,380.
10	Payroll taxes				
11	· · · · · · · · · · · · · · · · · · ·				
a	ManagementLegal	5,145.		5,145.	
a	Accounting	12,300.		12,300.	
C A	Lobbying				
u e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
y	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				P 114
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.)				
_	CONTRACT SERVICES	52,663.	48,685.	3,364.	614.
a h	REPAIRS AND MAINTENANCE	35,752.	17,674.	15,288.	2,790.
a o	MISCELLANEOUS	35,075.	19,244.	11,491.	4,340.
d	PROVIDER TAX	34,477.	34,477.		
	All other expenses	69,124.	41,892.	22,552.	4,680.
	Total functional expenses. Add lines 1 through 24e	3,192,827.	2,452,361.	622,361.	118,105.
25 26	Joint costs. Complete this line only if the organization				í
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	II IDROWING OUT 80-2 (MGO 800-120)				Form 990 (2013)

Form 990 (2013)
Part X Balance Sheet

Pa	rt 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
	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			4
		employers and sponsoring organizations of section 501(c)(9) voluntary			·
ফ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	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	basis. Complete Part VI of Schedule D 10a 1,406,938. 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.		7,778.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,234,740.	16	2,100,775.
	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	
8	22	Loans and other payables to current and former officers, directors, trustees,			
#		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	= 14 H40
	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	- M. C	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			26 262
İ		Schedule D	5,186.	25	36,063.
	26	Total liabilities. Add lines 17 through 25	806,620.	26	755,873.
ļ		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Š		complete lines 27 through 29, and lines 33 and 34.	1,381,085.		1 247 444
aŭ	27	Unrestricted net assets		27	1,247,444. 97,458.
Bal	28	Temporarily restricted net assets	47,035.	28	31,430.
ng	29	Permanently restricted net assets		29	
린		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances	^-	and complete lines 30 through 34.		20	
Set	30	Capital stock or trust principal, or current funds		30 31	
As	31	Paid in or capital surplus, or land, building, or equipment fund		32	
l g	32	Retained earnings, endowment, accumulated income, or other funds	1,428,120.	33	1,344,902.
_	33	Total liabilities and net assets/fund balances	2,234,740.	34	2,100,775.
	34	Total havilings and het assets/fund data loes	HINTITEUM	07]	Form 990 (2013)

Forn	1990 (2013) ZOOM GROUP, INC.			Pa	ge 12
	rt 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	3,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,19		
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	1,42		
5	Net unrealized gains (losses) on investments	5	2	<u>9,3</u>	<u>83.</u>
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	1,34	<u>4,9</u>	<u>02.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>L</u>
			,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	441-401-401-401	1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
•	review, or compilation of its financial statements and selection of an independent accountant?		. 2c.	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. За		<u>X</u>
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990 (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	ine organiza							I	Employer	MANAGEMENT	TAVA FAI	mber
			ROUP, INC.									
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	eldmoo tst	te this par	rt.) See ins	structions.				
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one	box.)					
1 🖳	A church, co	onvention of church	es, or association of chu	rches desc	cribed in s	ection 170)(A)(1)(d)(i).				
2 🖳	A school de	scribed in section 1	70(b)(1)(A)(ii). (Attach Sc	chedule E.)							
3	A hospital or	r a cooperative hosp	ital service organization	described	in section	170(b)(1))(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	D(b)(1)(A)(i	iii). Enter t	the hospita	l's nan	ne,
	city, and sta	ite:										
5 🔲	An organizat	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	it describ	ed in		
	section 170	D(b)(1)(A)(iv). (Comp	lete Part II.)									
6 🔲	A federal, st	ate, or local governn	nent or governmental uni	it describe	d in sectio	on 170(b)(1)(A)(v).					
7 X	An organizat	tion that normally red	ceives a substantial part	of its supp	oort from a	govemm	ental unit (or from the	e general į	public desc	ribed i	in
	section 170	(b)(1)(A)(vi), (Comple	ete Part II.)									
8 🔲	A community	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
			taxable income (less sec									
		509(a)(2). (Complet	· · · · · · · · · · · · · · · · · · ·		·			•				
10			perated exclusively to te	st for publ	lic safety.	See sectio	on 509(a)(4).				
11 🔲	An organizat	tion organized and o	perated exclusively for the	he benefit	of, to perfe	orm the fu	nctions of	, or to can	ry out the	purposes o	of one	or
	more publich	y supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(a	2). See se	ction 509	(a)(3). Che	eck the box	that	
	describes th	e type of supporting	organization and compl	lete lines 1	ie through	n 11 h.						
	а П Туре	! b ☐ T	ype II c 🔲 T	ype III - Fu	nctionally	integrated	1 (d 🔲 Tyr	oe III - Non	·functional	ly integ	grated
е 🗀	By checking	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	y by one o	r more dis	qualified p	persons oth	er tha	n
	foundation n	nanagers and other	than one or more public!	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 509	(a)(2).	
f	If the organiz	zation received a wri	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Typ	e III				
	supporting o	rganization, check t	his box									
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	described	in (ii) and ((iii) below,		Yes	No
	the gov	erning body of the s	upported organization?					******		11g(i)		
	(ii) A family	member of a perso	n described in (i) above?	**********	***********	.,.,,				11g(ii)		
			person described in (i) o									
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
					•							
(1) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Did you	u notify the	(yi) İs	s the	(vii) Amount	of mor	netarv
	nization	1,	(described on lines 1-9	in col. (i) lis				organizati (i) organiz		sup		
•				governing	document?	(i) of you	r support?	U.S	5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
							:					
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ot al								I	1			

332021 09-25-13

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SULT BUTTO SULT STUDY CENTER TNO Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2013 ZOOM GROUP, INC.

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	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 organ-						
	ization'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.
	ction B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	126,530.	161,794.	135,231.	169,617.	160,944.	754,116.
	Gross Income from interest,	ддоудост					
٥	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.
_	Net income from unrelated business	13,300	2,7,000	20/2/20			
a							
	activities, whether or not the						
40	business is regularly carried on			i			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10	Other income. Do not include gain						
	or loss from the sale of capital	8,198.	193.	284.	483.	422.	9,580.
	assets (Explain in Part IV.)	8,190.	1,55,	20 1	4031		841,474.
	Total support. Add lines 7 through 10	ata fona ivatruatio	· · · · · · · · · · · · · · · · · · ·			12 13	$\frac{344,474}{,714,471}$
12	Gross receipts from related activities, First five years. If the Form 990 is for	etc. (see instruction	first second thir	d fourth or fifth to			,,,,,,,,,,,
13							
e _o	organization, check this box and stop	ic Support Per	centage		• • • • • • • • • • • • • • • • • • • •		
				aluma (6)		14	85.30 %
	Public support percentage for 2013 (I					15	86.75 %
15	Public support percentage from 2012	Schedule A, Part	II, IME 14				
16a	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization		!! 4 = 1 00 d /00/		
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ttion	46.4646		
17a	10% -facts-and-circumstances test	t - 2013. If the orga	anization did not o	neck a box on line	13, 16a, or 16b, a	ina line 14 is 10% (or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - 2012. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the *facts-and-circ						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b , 1 7a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2013

332022 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 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 t
qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			-			,
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		·				
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from Ene 6.)						
	otion B. Total Support						4
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						1
	and income from similar sources						
b	Unrelated business taxable income						1
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	*************************			*************	********************	>
Sec	tion C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2013 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))	**************	15	%
	Public support percentage from 2012					16	%
Sec	tion D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	13 (line 10c, colum	ın (f) divided by lir	e 13, column (f))	*****************	17	<u>%</u>
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19	a, or 19b, check th	is box and see ins	tructions	>
33202	3 09-25-13				Sch	edule A (Form 990	or 990-EZ) 2013

Also complete this part for any additional information. (See Instructions).	t III, line 12.
	A SAME PARTIES AND ADDRESS OF THE PARTIES AND AD
	•
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TNC.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

ZO	OOM GROUP, INC.						
Organization type (check o							
Filers of:	Section:						
Form 990 or 990-EZ	X 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						
•	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.						
Special Rules							
509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 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% i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contributions	o)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty 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							
but it must answer "No" on certify that it does not meet	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						
LHA For Paperwork Redu	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)						

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number

Matte of expansion	Employor tachanounda nambo.
ZOOM GROUP, INC.	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,550.	Person X Payroll

323452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

ZOOM GROUP, INC	M GROUP, INC	ſΝ	Ι	UP,	GRO	ZOOM
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ZOOM	GROUP, INC.		
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ZOOM	GROUP,	INC

art II	Noncash Property (see instructions). Use duplicate copies of F	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
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	<u> </u>
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$. •
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) lo. om	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

ime of organiz			Employer identification number
Part III	DUP, INC. Exclusively religious, charitable, etc., indivi- year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	dual contributions to section 501(c) following line entry. For organization contributions of \$1,000 or less for space is needed.	(7), (8), or (10) organizations manded more many, constructions on the completing Part III, enter the year. (Enter this information once.)
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
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee
No. om art 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
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transfered name address and	(e) Transfer of gift	Dalatina kin atturat
	Transferee's name, address, and a	LII TT	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ZOOM GROUP, INC.	
Par		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 fur	nds
•	are the organization's property, subject to the organization's exclusive legal control?	Yes L 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 confe	rring
	impermissible private hanefit?	Yes INO
Par	t 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 historica	
	Protection of natural habitat Preservation of a certified h	istoric 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 contribution con	onservation easement on the last
_	day of the tax year.	
		Held at the End of the Tax Year
а	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 organ	nization during the tax
	vear >	
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	<u></u>
	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	ear 🕨 \$
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 state	ment, and balance sneet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
	conservation easements.	Similar Accata
Par	till Organizations Maintaining Collections of Art, Historical Treasures, or Other	Sillingi 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 a	ind balance sneet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or	r public service, provide, in Part Alli,
	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 it	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	.
	(i) Revenues included in Form 990, Part VIII, line 1	• \$
	(iii) 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	Powonus included in Form 990, Part VIII, line 1	🏲 🕏
b	Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2013

Suling the organization's acquisition, accession, and other records, check any of the following that are alignificant use of its collection items (chack all that apply): Post of the control of the collection items (chack all that apply):	Sci	hedule D (Form 990) 2013 ZOOM G art III Organizations Maintaining	ROUP, INC.	_		•						age
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 et littla spop); a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations c Preservation for the organization of collection? Pyes No Pert IV Encrow and Custodial Arrangements. Complete the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21: 1a Is the organization an agent, thusse, custodian or other intermediary for contributions or other assets not include on Form 980, Part X, line 21: 1b If "Yes" Septim the arrangement in Part XIII and complete the following table: 1c Arnount c Beginning balance 10 c Beginning balance	L	Secondariono mentranimi	Collections of	Art, H	istorical T	reasures	, or Ot	her Sim	ilar Ass	ets/co	ntinue	:d)
contack at that apply): a	3	Using the organization's acquisition, acces	ssion, and other reco	rds, ch	eck any of th	e following	that are a	significan	t use of its	s collec	tion it	ems
b Scholarly research c Preservation for future generations 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 han to be maintained as part of the organization solicitor? Part IV Secrow 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, line 21. 1b If "Yes" explain the arrangement in Part XIII and complete the following table: C Beginning balance		(check all that apply);		,								
a Preservation for future generations 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's collections of art, historical treasures, or other similar assets to be sold to reise funds rather then to be maintained as part of the organization's collection? Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yee" to Form 990, Part IX, line 8, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, fustee, sustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9. 1b !f "Yes," explain the arrangement in Part XIII and complete the following table: 2 Boglinning balance 2 Boglinning balance 3 Boglinning balance 4 Bedlinning the year 4 Boglinning the year 5 Boglinning data organization include an amount on Form 990, Part X, line 217 1 Boglinning data organization include an amount on Form 990, Part X, line 217 2 Boglinning data organization include an amount on Form 990, Part X, line 217 2 Boglinning of year balance 4 Beglinning of year balance 5 Contributions 6 Cartifications 6 Cartifications 7 Boglinning of year balance 8 Cartifications 9 Cartif				d L	Loan or ex	change pro	grams					
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, clid the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of 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 XIII and complete the following table: • Beginning balance • Geginning balance • Beginning of the organization include an amount on Form 990, Part X, line 217 • Part V Endowment Funds. Complete if the explanation has been provided in Part XIII • Part V Endowment Funds. Complete if the explanation has been provided in Part XIII. 1a Beginning of year balance • Contributions • Net investment earnings, gains, and losses • Grants or scholarships • Collere organizations • Net investment earnings, gains, and losses • Grants or scholarships • Collere organizations • Part V Endowment Funds. Complete if the organization that are held and administered for the organization by: 1	j	—		е	Other							
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reported an amount on Form 990, Part XI, line 9, or reported an amount on Form 990, Part XI, line 11. Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI? If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year E Ending balance 20 Did the organization include an amount on Form 990, Part X, line 217 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. 1a Beginning of year balance 1b Contributions C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and organizations f Administrative expenses g End of year balance 9 End of year	5	During the year, did the organization solicit	or receive donations	of art,	historical tre	asures, or o	ther simil	ar assets				
reported an amount on Form 990, Part XI, line 9, or reported an amount on Form 990, Part XI, line 11. Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI? If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year E Ending balance 20 Did the organization include an amount on Form 990, Part X, line 217 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. 1a Beginning of year balance 1b Contributions C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and organizations f Administrative expenses g End of year balance 9 End of year	I D	to be sold to raise funds rather than to be	<u>naintained as part of</u>	f the or	ganization's c	collection?			[Yes		
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on Form 950, Part X? □ If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Id □ □ Id □ □ Id □ □ Id □ □ Id □ □ Id □ Id □ □ Id □ Id □ □ Id □	18	Is the organization an agent, trustee, custo	dian or other interme	ediary fo	or contributio	ns or other	assets no	nt included				
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Control Con	b	If "Yes," explain the arrangement in Part XII	and complete the f	ollowin	a table:		••••••	************	∟	⊥ res	L	No
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E Distributions during the year Finding balance Finding balan	d	Additions during the year	*************************	••••	****************	*****************		10				
Tending balance 11 28 28 28 28 29 29 29 29	е	Distributions during the year		******	****************	***************		10				
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Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property	-4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.		•••••••••	*************	••••••••			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 300,000. 300,000.	Part			318-1								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 300,000. 300,000.		Complete if the organization answered	"Yes" to Form 990,	Part IV	, line 11a. Se	e Form 990	. Part X. li	ine 10.				
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.		Description of property	(a) Cost or ol	her	(b) Cost	or other	(c) Ac	cumulated	i (d) Bool	k valu	e
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.	1a l	and		2119			uep	reciation				
c Leasehold improvements	h i	Buildinas	•					04 ==				
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e Other	4 5	Faulinment	•				-	$\frac{43,72}{}$	4.			
	u :	-quipmont	•		389	7,106.	2	61,72	5.	12'	7,3	81.
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		Other	· L					-				<u> </u>

Schedule D (Form 990) 2013

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 X
Schedule D (Form 990) 2013

Sche Par	dule D (Form 990) 2013 ZOOM GROUP, INC. t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per	Retur	Page 4 n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	а.	_		
1 2	Total revenue, gains, and other support per audited financial statements			1	3,143,807.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments		00 000		
b	Donated services and use of facilities	2a	29,383	4	
c	Recoveries of prior year grants	2b		-	
d	Other (Describe in Part XIII.)	20		-	
e	Add lines 2a through 2d	<u> Zu </u>		-	20 202
3	Subtract line 2e from line 1	******************	********	2e 3	29,383. 3,114,424.
4	Amounts included on Form 990, Part Vill, line 12, but not on line 1:	******	*********************	-3	2'TTA'ACA'
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	•		
b	Other (Describe in Part XIII.)	4h	<34,198.	\	
C.	Add lines 4a and 4b			4c	<34,198.
0	Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)			- E	2 000 226
Part	All neconciliation of expenses per Audited Financial Staten	nents With	Expenses per	Retu	rn.
V	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 i	Oonated services and use of facilities	. 2a			
b F	rior year adjustments	. 2b		İ	
c (Other losses	20			
d (ther (Describe in Part XIII.)	. 2d			
e A	Add lines 2a through 2d	******		2e	0.
3 5	Subtract line 2e from line 1	**************		3	3,227,025.
4 /	anounts included on Form 990, Part IX, line 25, but not on line 1:				
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b C	other (Describe in Part XIII.)		<34,198.	>	
	dd lines 4a and 4b	***************	*	4c	<34,198.
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.			_5	3,192,827.
THE INCO REVE	ORGANIZATION IS EXEMPT FROM FEDERAL, STAME TAXES AS A NOT-FOR-PROFIT CORPORATION NUE CODE SECTION 501(C)(3). THE ORGANIZATION IN THE U.S. FEDERAL JURISDICTION.	AS DES	CRIBED UNI	FOR	
	VITIES NOT DIRECTLY RELATED TO THE ORGANI BE SUBJECT TO TAXATION AS UNRELATED BUSIN	ZATION	'S TAX-EXE		
	F JUNE 30, 2014, THE ORGANIZATION DID NOT			D II	NTEREST OR
ENAI	TIES RELATED TO INCOME TAX LIABILITIES,	AND NO	INTEREST	OR 1	PENALTIES
	BEEN CHARGED TO OPERATIONS FOR THE YEAR				ARS ENDED
N OF 2054 -25-13	R AFTER JUNE 30, 2011 REMAIN SUBJECT TO R	EVIEW A			e D (Form 990) 2013
	25				

Schedule D (Form 990) 2013

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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Schedule G (Form 990 or 990-EZ) 2013

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Name of the organization ion number ZOOM GROUP; INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.10m a Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes _ No b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundralser have custody or control of contributions? (i) Name and address of individual (v) Amount paid (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity or entity (fundraiser) to (or retained by) from activity fundralser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-12-13

9211119 757070 100701

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

	l	•			l	
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs	3,681.		Addition of Spinson Language	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	32,953.			
	11	Net income summary. Subtract line 10 from li				<17,400.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	17.1
		\$15,000 on Form 990 EZ, line 6a.	•		•	
nue		¥.5,555 011 011 = ,	(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				
rses	2	Cash prizes				
Expenses	3	Noncash prizes			***************************************	
Direct	4	Rent/facility costs				· · · · · · · · · · · · · · · · · · ·
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % ☐ 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)	***************************************)	
		er the state(s) in which the organization operat				
а	is ti	ne organization licensed to operate gaming act	ivities in each of these s	tates?		└ Yes └ No
b	lf "N	ło," explain:				
		Market Ma				
		re any of the organization's gaming licenses re		rminated during the tax y	/ear?	Yes No
b	If "Y	'es," explain:				
332082	5 00-	-12-13			Schedule G (For	m 990 or 990-EZ) 2013
					•	•

Schedule G (Form 990 or 990-EZ) 2013 ZOOM GROUP, INC.			Page 3
11 Does the organization operate gaming activities with nonmembers?		Vec	No No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		100	
to administer charitable gaming?	🗀	Yes	☐ No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	<u>13a</u>	<u> </u>	<u>%</u>
 b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: 	13b	<u> </u>	%
Name			
Address			· · · · · · · · · · · · · · · · · · ·
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address >			
16 Gaming manager information:			
Name			and the same of th
Gaming manager compensation > \$			
Description of services provided .			
		-	
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a ls the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	Пу	es [□ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III.	lines 9, 9	b, 10b	, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			

		,,	
2083 09-12-13			

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization							Em	plove	r ident	ificat	ion nu	umber	
	ZOOM GROU	JP, INC.											
		**		-	section 501(c)(4) org						•		
Complete if the					art IV, line 25a or 25i	o, or Form 990-EZ, I	Part V,	line 40	Ob.	7			
1 (a) Name of disqualified	person (b)	(b) Relationship between disqualified person and organization (c) Description of trans								-	(d) Corre		
	·	porson and o								1	es	No	
										+	<u> </u>		
									-	1			
2 Enter the amount of tax													
section 4958								▶ \$					
3 Enter the amount of tax	t, if any, on line 2,	above, reimburs	sea by	tne or	ganization	****************	*	P					
Part II Loans to an	d/or From In	terested Per	sons										
					, Part V, line 38a or F	Form 990, Part IV, li	ne 26:	or if th	e orga	nizati	on		
•	ount on Form 990												
(a) Name of	(b) Relationship		(d) Loan to or		(e) Original	(f) Balance due	(g) ln				(i) W	Written	
interested person	with organization	of loan	organi	zation?	principal amount		default		comm	ittee?	ayıco	T	
			То	From			Yes	No	Yes	No	Yes	No	
	-						 	<u> </u>					
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•		<u></u>	l		> \$							i	
otal Part III Grants or As	ssistance Ber	nefiting Inter	este	d Per	sons.		L		L	<u> </u>			
	organization ansv												
(a) Name of interested		(b) Relationship	betwe	en	(c) Amount of	(d) Type					ose of	:	
		Interested pers		d	assistance	assistan	ance			assistance			
		the organize	1001					_					
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(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 20		7		aring c			
(a) Hame of interested person	(b) Relationship between interested person and the organization	(b) Helationship between interested person and the organization (c) Amount of transaction (d) Description transaction						
CLIFF VATTER	CLIFF VATTER, BOARD	0	רו. דפיפי דמ א	Yes	No			
	January DOARD	U.	CLIFF IS A	-	X			
					 			
					<u> </u>			
					: 			
P								
Part V Supplemental Information	- Jan							
Provide additional information for re	sponses to questions on Schedule L (see in	structions).						
SCH I. PART IV BUSTNESS	MD 3 MG 3 CHIT ON CO.							
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTEREST	ED PERSONS:					
(A) NAME OF PERSON: CLIFE	· VATTER							
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:					
CLIFF VATTER, BOARD MEMBE				· · · · · · · · · · · · · · · · · · ·				
EDITT VALLER, BOARD MEMBE	CR, IS A FINANCIAL ADV	ISOR WITH F	MAL GROMYAS	s.				
(D) DESCRIPTION OF TRANSA	CTION: CLIFF IS A MEM	DED AT EITH						
			FINANCE		-			
COMMITTEE AND PROVIDED FI	NANCIAL ADVISOR SERVIO	CES TO THE	ORGANTZAUTC	NT.				
			OHOMITAMIL)TA •				
LIFF RECEIVED A PORTION	OF THE FEES FOR THESE	SERVICES;	THE REMAIND	ER O	F			
HE FEES GOES TO THE MANA	CED FIND							
The state of the s	CHD FORD.							
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332132 09-25-13

SCHEDULE 0

(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.

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

Name of the organization number ZOOM GROUP, INC. 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,

332211 09-04-13

Name of the or	gani	zation	ZOOM	GROIII	דות פ	ď								Emr	Nover id	antification	Page 2 number
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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

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.
.041	



DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN UT 84201

Marles

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