Form 990-EZ Durb test tests Durb test tests 20014 Description Durb test tests Durb test tests 20144 Description Do not enter social security numbers on this form as it may be made public. Description Description Description Description A forth EO14 calendar year, or texpeat beginning and ending Description		-	~~ ==	**PUBLIC DISCLOSURE Short Form	E CO	OPY**			OMB No. 1545-1150
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15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule 0) 16 17 Total expenses. Add lines 10 through 16 17 284. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -266. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 -3,951. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 -4,217.	xpe	14	Occupancy, rent	, utilities, and maintenance			arran 1	14	
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21 Net assets or fund balances at end of year. Combine lines 18 through 20 -4 , 217 .	ts							18	-266.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 -4 , 217 .	sse	19							0 054
21 Net assets or fund balances at end of year. Combine lines 18 through 20 -4 , 217 .	et A	0.0	(must agree with	i end-ot-year figure reported on prior year's return)					
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								21	

12-15-14

Form 990-	10 0 0 000 0 K K K	TOOMBA GROUP		2	20-373	8283 Page:
Part II		see the instructions for Part				
	Check if the organ	ization used Schedule O to	respond to any quest			X
				(A) Beginning of year		3) End of year
				12,181.	19031	12,199
	d and buildings			0.05	23	0.05
		e 0) SEE SCHEDULE		285.		285.
	al assets		~~~~~	12,466.		12,484
		dule 0) SEE SCHEDULE		16,417.		16,701
27 Net	assets or fund balances (line	27 of column (B) must agree with line 2 gram Service Accomplishn	21) nents (see the instruc	-3,951.	27	-4,217.
What is the Describe the manner, desc	Check if the organ e organization's primary exem organization's program service acc cribe the services provided, the nu	ization used Schedule O to pt purpose? <u>SEE SCHEDULE</u> complishments for each of its three largest prog nber of persons benefited, and other relevant in	respond to any quest O gram services, as measured by expen	on in this Part III	501(c)	Expenses red for section (3) and 501(c)(4) rations; optional for)
28 <u>566</u>	SCHEDULE O					
(Grant 29 <u>SEE</u>	ts \$ SCHEDULE O) If this amount includes foreig	gn grants, check here	▶ [28a	0.
(Grant	ts \$) If this amount includes foreig	gn grants, check here	▶ [0.
30 <u>SEE</u>	SCHEDULE O				_	
(Grant	ts \$) If this amount includes foreig	gn grants, check here			0.
31 Other	program services (describ	e in Schedule O)				
(Grant	ts \$) If this amount includes foreig			31a	
32 Total	program service expens	es (add lines 28a through 31a)			▶ 32	0.
Part IV	-	irectors, Trustees, and Key			e the instruction	ns for Part IV)
	Check if the organi	zation used Schedule O to	respond to any questi	on in this Part IV		
	(a) Nan	ne and title	(b) Average hours per week devoted to position	compensation (Forms	d) Health benefi contributions to employee benefilans, and deferr compensation	amount of other
DAVID	BRAND				and personality	
DIREC			0.50	0.	0	. 0.
	J. SCHERR					
DIREC			0.50	0.	0	. 0.
JAMES	SALZMAN					
DIREC	TOR		0.50	0.	0	. 0.
MARTA	ISABEL RUIZ	CORZO				
DIREC	TOR		0.50	0.	0	. 0.
MICHA	EL JENKINS					
PRESI	DENT		4.00	0.	0	. 0.
						_
432172 12-15	5-14		2		For	m 990-EZ (2014)

_	n 990-EZ (2014) THE KATOOMBA GROUP art V Other Information (Note the Schedule A and personal benefit contract)		nts in	the	Page 3
	instructions for Part V) Check if the organization used Sch. O to respon	d to any question in t	his Pa		
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detail	led description of each			0.000
	activity in Schedule 0		33	-	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed cop				
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see		34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business act		1.		
14	on lines 2, 6a, and 7a, among others)?	- 0	35a	NT /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedu		35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		250		x
26	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during	the year? If "Vec "	35c		_ A
36	complete applicable parts of Schedule N	The year in Tes,	36		X
37 9	Enter amount of political expenditures, direct or indirect, as described in the instructions	a 0		-	21
		u 0	- 37b		X
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were an	v such loans made	0.0		
004	in a prior year and still outstanding at the end of the tax year covered by this return?	y odom loano mado	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38	b N/A			
39	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on line 9 39	a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39	10000000			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ►	0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 exc				
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been repo	orted on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed				
	by the organization	▶0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				-
	transaction? If "Yes," complete Form 8886-T		40e		Х
41	List the states with which a copy of this return is filed NONE				
42 a		Telephone no. $\blacktriangleright 202-2$			
	Located at ► 1203 19TH ST. NW, 4TH FL, WASHINGTON, DC	ZIP + 4 🕨	2003	6	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			V	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	
	account)?		42b	-	X
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Fina				
8			104		v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
40	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				
43	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A		
	and enter the amount of tax-exempt interest received of accided during the tax year	43	N/A		
			1	Yes	No
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed ins	tead of			
114	Form 990-EZ		44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed				
2	of Form 990-EZ		44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?		44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation of the second sec				
2	in Schedule O		44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the me				
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instruction		45b		
			Form 99	90-EZ (2014)

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Form 990-EZ	(2014)	THE	KATOOM	IDA GI	1001						20-	-373	040	33	Page
													_	Yes	N
				rectly, in po	olitical campa	aign activitie:	s on behalf of o	or in oppositi	on to can	didates for p	ublic c	office?			
Part VI	complete S		;)(3) organ	izations	sonly								4	6	2
r art vi						estions 47-	49b and 52, a	and comple	te the ta	bles for lin	es 50	and 51			
							question in th								
														Yes	N
17 Did the d	organizatio	n engage ir	n lobbying acti	vities or ha	ve a section 5	501(h) elect	ion in effect du	ring the tax	/ear? If "Y	es," complet	e Sch.	C, Part	11 4	7	2
	19						omplete Schedu	ule E					4	8	2
			y transfers to a							(=),++,+++++++++++++++++++++++++++++++++	ener		49		2
			ization a sectio				((=) + (+ + + + + + + + + + + + + + + + +			49		
			ion from the or				(other than offi	cers, directo	rs, trustee	is and key e	mpioye	ees) who	o each	received	mor
נוזמנו סוג			ind title of each			nie, enter iv	(b) Averag	ne hours	(c)	Reportable	(d) H	ealth ben	efits.	(e) Estin	nate
	1	uj namo u	no into or outri	on pio job			per week d		compen	sation (Forms 099-MISC)	cont	tributions loyee ben	to nefit a	amount o	
				NON	νE		posit	tion	VV-2/	099-10130)	plans,	, and defe	erred	compen	satio
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1 Complete organiza	e this table ition. If ther	for the org e is none,	rees paid over \$ ganization's five enter "None." ddress of each	e highest co NON	1E		t contractors w		eived more		,000 of			n from th	
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d Total nur (a) 1 (a) 1 d Total nur 2 Did the o complete Inder penaltie ue, correct, a Sign Here Paid Preparer Jse Only	e this table tion. If ther Name and the Name and the Name and the Model of the Print/Type Firm's name Firm's name	for the org e is none, business and business and business and business and business and business and the is none, e A /, I declare te. Declarat of officer C SWA of officer C SWA ame C ame C ddress C	anization's five enter "None." ddress of each ddress of each ndent contracto Schedule A? N that I have exe ton of prepere NSON, d title r's name Laus SELMAN, 4550 MG	e highest co NON independe ors each rec lote. All ser mined this forther tha CHIEF CHIEF ROSE ONTGO DA, M	TE ent contractor ceiving over \$ ction 501(c)(creturn, include an officer) is the Preparer's s Preparer's s DBERG DMERY A (D 2081	signature ATING Signature ATENG Signature ATENG Signature ATENG Signature ATENG Signature	tions must attact panying schedu information of OFFICE: CEDMAN JITE 65	(b ch a ules and stat which prepa R Date 11/13) Type of a	service	st of m e. Date] if yed ▶ 5	(()))))))))))))	E) Con	Yes and belie	n] [, it i: 72. 90

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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.

2014
Open to Public Inspection

1-

OMB No. 1545-0047

Name of the organizatio

Name of the organization					12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	Identification number
	TOOMBA G			2 la structure		0-3738283
Part I Reason for Public Cha					•	
The organization is not a private foundation						
1 A church, convention of church			ed in section 170(b)	(1)(A)(i).		
2 A school described in section						
3 A hospital or a cooperative hos						
4 A medical research organizatio	n operated in co	njunction with a hospita	al described in secti	on 170(b)(1)(A)	(iii). Enter 1	the hospital's name,
city, and state:		12 A 2	3	100	<u>.</u>	
5 An organization operated for th		ellege or university owne	ed or operated by a	governmental u	nit describ	ed in
section 170(b)(1)(A)(iv). (Com						
6 A federal, state, or local govern						1.0
7 An organization that normally re		initial part of its support	from a governmenta	al unit or from tr	le general	public described in
section 170(b)(1)(A)(vi). (Comp	and marked and					
8 A community trust described in				as s n	71 Q	2 2 2 3
9 An organization that normally re	ter en stander van de Os	이 가지 않는 것 같은 것 같은 것 같이 있는 것 같이 가지 않는 것 같은 것 같은 것 같이 있다.	an an fill the second second second		har a conservation de la conservat	an a
activities related to its exempt f	and the second second second second		energia esta esta esta en esta esta esta esta esta esta esta esta		a construction of the second	
income and unrelated business		(less section 511 tax) fi	rom businesses acq	uired by the org	anization a	after June 30, 1975.
See section 509(a)(2). (Comple			- (- t C	00/->///		
10 An organization organized and					mu out the	numeros of one or
11 X An organization organized and more publicly supported organi						
lines 11a through 11d that desc						neck the box in
a X Type I. A supporting organiza						aivina
the supported organization(s)						
organization. You must com			a majority of the diff	ectors of trustee	5 01 116 50	pporting
b Type II. A supporting organiz	eroenen sin oos on deelen.		tion with its suppor	ted organization	(e) by bay	ling
control or management of the						
organization(s). You must co			same persons marc	ontroi or manag	le the supp	Joned
c Type III functionally integrat			in connection with	and functionally	, integrate	d with
its supported organization(s)		The second s			yintegrate	u with,
d Type III non-functionally into	All and the second second	Common common and the second	e se en an est de la company est en an est en an est de la company est de la company est est est est est est e		ed organiz	ation(s)
that is not functionally integra		- 1				125, 269
requirement (see instructions			~ 전망 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전		an attorn	
e X Check this box if the organiza		an filoson a Sharan an Brancia an Sharan Sher	and the second		l Type III	
functionally integrated, or Typ				u 1900 i, 1900 i	i, i ypo in	
f Enter the number of supported orga						1
g Provide the following information about the following inf			******		*********	*
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization	(v) Amount of r	nonetary	(vi) Amount of
organization	42654	(described on lines 1-9	listed in your governing document	support (see	other support (see
		above or IRC section (see instructions))	Yes No	Instructio	ns)	Instructions)
FOREST TRENDS		(acc marradianis))				
이상 사람이 있는 것 같아. 이 것 같아요. 이 것 같아요. ????????????????????????????????????	-2135531	7	x		0.	0.
×						
Total					0.	0.
LHA For Paperwork Reduction Act Notic	e, see the Instr	uctions for		Schedu	le A (Form	990 or 990-EZ) 2014

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Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support				15/	- A	
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on					9	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	()	-		12	
	First five years. If the Form 990 is for	a the second		d fourth or fifth t		the second secon	
	organization, check this box and stop	0				· · · · · · · · · · · · · · · · · · ·	
Sec	ction C. Computation of Publi	c Support Pe					
14	Public support percentage for 2014 (li	ne 6, column (f) d	ivided by line 11, d	column (f))		14	%
	Public support percentage from 2013					15	%
	33 1/3% support test - 2014. If the o					more, check this be	ox and
	stop here. The organization qualifies a	as a publicly supp	orted organization				
b	33 1/3% support test - 2013. If the or	rganization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/39	% or more, check th	his box
	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test	- 2014. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstan	ces" test, check th	his box and stop h	nere. Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the				and the second second second second		9
	organization meets the "facts-and-circu		and the second second	Convert Start Call Start			
18	Private foundation. If the organization	i did not check a l	box on line 13, 16	a, 16b, 17a, or 17t			
					Sch	edule A (Form 990) or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014

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

Page 3

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
J	furnished by a governmental unit to						
0	the organization without charge						
	Total. Add lines 1 through 5						
18	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	•••••••••••••••••••••••••••••••••••••••					ation,
	check this box and stop here						
	tion C. Computation of Public					1 1	
15	Public support percentage for 2014 (lin	e 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2013 S					16	%
110.000	tion D. Computation of Invest	CORNEL STREET ST	and a second			1 1	
	Investment income percentage for 2014						%
	Investment income percentage from 20						%
	33 1/3% support tests - 2014. If the or						
	more than 33 1/3%, check this box and						
	33 1/3% support tests - 2013. If the or						
	line 18 is not more than 33 1/3%, check		- Maria and a second			Sector and the State	
20	Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	1. A 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second sec	and the second se
13202	3 09-17-14				Sc	hedule A (Form 99	0 or 990-EZ) 2014

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Schedule A (Form 990 or 990 EZ) 2014 THE KATOOMBA GROUP

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Х

X

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X

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2014 THE KATOOMBA GROUP Part IV Supporting Organizations (continued)

L			N	N.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b	-	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		X
	stion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations		<u> </u>	
122			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C.c.	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations		Vee	Ne
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1.15	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	- 2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	ns):		
а	The organization satisfied the Activities Test. Complete line 2 below.	99 8 00		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
432025	09-17-14 Schedule A (Forr	n 990 or 990	D-EZ)	2014

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Schedule A (Form 990 or 990 EZ) 2014 THE KATOOMBA GROUP

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 1970. See in

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
ection B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y-integrated	d Type III supporting orga	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990 EZ) 2014 THE KATOOMBA GROUP

Pe	Type III Non-Functionally Integrated 5	bug(a)(3) Supporting Org	anizations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex	empt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	·		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount			
iec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required see instructions)			
~	E CONTRACTOR CONTRACTOR			

×	Distributable amount for 2014 from Section C, line o		
	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		
	Excess distributions carryover, if any, to 2014:		
а	Execce alementer of any eres, in any, to be the		
b			
c			
d			
	From 2013		
	Total of lines 3a through e		
	Applied to underdistributions of prior years		
	Applied to 2014 distributable amount	L	
	Carryover from 2009 not applied (see instructions)		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
-	Distributions for 2014 from Section D,		
1	ine 7: \$		
a	Applied to underdistributions of prior years		
	Applied to 2014 distributable amount		
cl	Remainder. Subtract lines 4a and 4b from 4.		
5 I	Remaining underdistributions for years prior to 2014, if		
	any. Subtract lines 3g and 4a from line 2 (if amount		
(greater than zero, see instructions).		
6 1	Remaining underdistributions for 2014. Subtract lines 3h		
2	and 4b from line 1 (if amount greater than zero, see		
	nstructions).		
7 E	Excess distributions carryover to 2015. Add lines 3j		
2	and 4c.		
8 E	Breakdown of line 7:		
а			
b		 	
с			
dE	Excess from 2013		
e E	Excess from 2014		

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

Schedule A (Form 990 or 990-EZ)	2014 TH	IE KATO	OMBA (GROUP

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

9:	 	 			 	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lirs.go	n	OMB No. 1545-0047 2014 Open to Public Inspection		
Name of the organization THE KATOOMBA GROUP		identification 738283	number	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:				
DESCRIPTION OF PROPERTY:		AMOUN	C:	
INTEREST			18.	
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:				
DESCRIPTION BEG. OF	YEAR	END OF	YEAR	
PREPAID EXPENSES	285.		285.	
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:				
DESCRIPTION BEG. OF	YEAR	END OF	YEAR	
DUE TO FOREST TRENDS ASSOCIATION 16	,417.	16,	701.	
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE KATO	OMBA GR	OUP,		
HEADQUARTERED IN WASHINGTON, D.C. IS AN INTERNATIONAL NE	TWORK O	F		
INDIVIDUALS WORKING TO PROMOTE, AND IMPROVE CAPACITY REL	ATED TO	1		
MARKETS AND PAYMENTS FOR ECOSYSTEM SERVICES (PES). THE G	ROUP SE	RVES AS		
A FORUM FOR THE EXCHANGE OF IDEAS AND STRATEGIC INFORMAT	ION ABO	UT		
ECOSYSTEM SERVICE TRANSACTIONS AND MARKETS, AS WELL AS A	SITE F	OR		
COLLABORATION BETWEEN PRACTITIONERS ON PES PROJECTS AND	PROGRAM	S.		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLI	SHMENTS	:		
THE TROPICAL AMERICA KATOOMBA REGIONAL NETWORK FOCUS ON		14.5		
STRENGTHENING INFLUENTIAL INDIVIDUALS FROM ALL KEY SECTOR	RS			
TO COLLABORATE EFFECTIVELY TOGETHER IN THE LONG-TERM				
DEVELOPMENT OF INSTITUTIONS AND POLICIES THAT WILL BE REG	QUIRED !	ro		
ESTABLISH AND GROW PAYMENT AND MARKET SYSTEMS FOR ECOSYS		VICES . 990 or 990-EZ) (2014)	
Value 1 - 14 Por Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Sche 422211 08-27-14		330 01 390-EZ	J (2014)	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.



Name of the organization

THE KATOOMBA GROUP

Employer identification number 20-3738283

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

THE EAST AND SOUTHERN AFRICA KATOOMBA REGIONAL NETWORK

AIMS TO ADDRESS INFORMATION GAPS, LACK OF CAPACITY TO

DESIGN AND MANAGE PROJECTS, AND THE ABSENCE OF

INSTITUTIONS TO SUPPORT ON-THE-GROUND IMPLEMENTATION BY PROVIDING A

FORUM TO DEVELOP A SHARED UNDERSTANDING OF PES IN THE REGION.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

THE KATOOMBA GROUP SUPPORTS WORK IN CHINA TO HELP

DISSEMINATE INTERNATIONAL EXPERIENCE IN THE DEVELOPMENT OF

MARKETS FOR ECOSYSTEM SERVICES, AND PROVIDES ANALYSIS ON

THE IMPACTS OF EXISTING CHINESE ECO-COMPENSATION SCHEMES ON LOCAL

ECONOMIES, THE ENVIRONMENT AND LIVELIHOODS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14