PUBLIC DISCLOSURE COPY

Form **990-EZ**

Short Form 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. 1545-1150

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2015 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change 20-3738283 THE KATOOMBA GROUP Name change E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return
Final return/
terminated 1203 19TH ST. NW, 4TH FL 202-298-3000 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return WASHINGTON, DC 20036 Number > Application pending X Accrual Other (specify) Cash Accounting Method: **H** Check \triangleright X if the organization is Website: ► WWW.KATOOMBAGROUP.ORG not required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) 501(c) () **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust ____ Association ____ Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 6. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income SEE SCHEDULE O 6. 4 **5a** Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances Less; cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) 8 **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 6. Grants and similar amounts paid (list in Schedule 0) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 1,284. 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 16 Other expenses (describe in Schedule 0) 16 17 1,284. Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -1,278.18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) -4,217.Other changes in net assets or fund balances (explain in Schedule 0) 0. 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

Par	TII Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res					X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		12,199	• 22		212.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE ()	285	• 24		296.
25	Total assets		12,484	• 25		508.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE (5	16,701			6,003.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		-4,217			-5,495.
Par	t III Statement of Program Service Accomplishme	ents (see the instruct		1	Ex	kpenses
	Check if the organization used Schedule O to res	,	,	X	(Required	for section
What	is the organization's primary exempt purpose? SEE SCHEDULE)	ir iir anor arem			and 501(c)(4)
	be the organization's program service accomplishments for each of its three largest program		11		others.)	ons; optional for
	r, describe the services provided, the number of persons benefited, and other relevant infor		es. In a clear and concise		'	
28 5	SEE SCHEDULE O					
20 -	JEE SCHESCHE C					
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)			_	00-	0.
	Grants \$) If this amount includes foreign SEE SCHEDULE O	grants, check here	>	Ш	28a	0.
29 -	DEE 2CUEDOTE O					
_						
_						0
	Grants \$) If this amount includes foreign	grants, check here	<u></u>		29a	0.
30 2	SEE SCHEDULE O					
_						
_						_
(0	Grants \$) If this amount includes foreign	grants, check here	>		30a	0.
31 (Other program services (describe in Schedule O)					
(0	Grants \$) If this amount includes foreign	grants, check here	>		31a	
	() () () () () ()				32	0.
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each one	even if not compensated - :	see the	instructions f	
Par		Employees (list each one	even if not compensated - :	see the	instructions f	
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res	Employees (list each one	even if not compensated - s	 (d) _{He}	alth benefits,	for Part IV)
Par	Check if the organization used Schedule O to res	Employees (list each one spond to any question	even if not compensated - : n in this Part IV (c) Reportable compensation (Forms	(d) He contr	alth benefits, ibutions to	for Part IV)
Par		Employees (list each one spond to any question (b) Average hours	even if not compensated - s n in this Part IV (c) Reportable	(d) He contremple plans,	alth benefits, ibutions to byee benefit and deferred	for Part IV) (e) Estimated
	Check if the organization used Schedule O to res	Employees (list each one spond to any question (b) Average hours per week devoted to	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the

activity in Schedule 0 Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X 8 If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	
activity in Schedule 0 A Were an significant changes made to the organization go governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization is same, Otherwise, explain the change on Schedule 0 (see instructions) 35				Yes	No
34 Were any significant changes made to the organization series of the concernents of the concernent of the concernents of the concernent of the concernents of the concernent of t	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
34 Were any significant changes made to the organization rate more diverse, shall be a considered organization state of the organization in the change on Schedule (See instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2 6a, and 7a among otherse) 36 in 1/2 or 1 line 35a, has the organization steps income of \$1,000 or more during the year from business activities (such as those reported on lines 2 6a, and 7a among otherse) 37 in 1/2 or 1 line 35a, has the organization filed a form 990-T for the year? If 1/3 or provide an explanation in Schedule 0 38 in 1/2 or 1 line 35a, has the organization steps of 1/3 or 1 line organization undergo a liquidation, dissolution, the rimination, or significant disposition of net assets during the year? If 1/2 or 3 or			33		Х
35.0 In the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If 'Yes' to line d.Sa, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule 0 c Was the organization action of 10(4), 301 (y(3), or 501 (y(6)) organization subject to section 6033(s) notice, reporting, and proxy tax requirements furting the year? If 'Yes', complete Senderius (P. part III and extended provided parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization in Error 1120-PDI for this year? 37b If Yes' complete Schedule 1, Part II and enter the total amount involved 37c In Indiation less and explain or the end of the tax year covered by this return? 37b If Yes' complete Schedule 1, Part II and enter the total amount involved 37c Indiation 150 (y(3), 501 (y(3), 4), and 501 (y(2)) organizations. Enter: 37c Indiation 150 (y(3), 501 (y(3), 4), and 501 (y(2)) organizations. Enter amount of tax imposed on the organization during the year under: 37c Section 501 (y(3), 501 (y(4), and 501 (y(2)) organizations. Dut the organization in a prior year that has not been reported on any of its prior Forms 990 or 990 or 990 £27 If Yes, complete Schedule 1, Part I 40c Section 501 (y(3), 501 (y(4), and 501 (y(2)) organizations. Enter amount of tax imposed on organization with a part of the return is filed. ► NONE 41c Section 501 (y(3), 501 (y(4), and 501 (y(2)) organizations. Enter amount of tax imposed on organization managers or dequalified persons during the year under sections 4912, 4955, and 4955 40c Section 501 (y(3), 501 (y(4), and 501 (y(2)) organizations. Enter amount of tax imposed on organization managers or dequalified persons during the year under sections 4912, 4955, and 4955 40c Section 501 (y(3), 501 (y(4), and 501 (y(2)) organizations. Enter amount of tax imposed on organization mana	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
or in res 2, Bit, and 7a, among others)? If If Yes's to line & Sab, has the organization field a Form 990-T for the year? If Yes', provide an explanation in Schedule 0 Was the organization a section 601(c)(4), 601(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes', complete Schedule C, Part III Sol Did the organization undergo a fluidation, dissolution, termination, or significant disposition of net assets during the year? If Yes', complete applicable parts of Schedule N 36		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
b If Yes's to line \$3a, has the organization flied a form 990-1 for the year? If Yes', provide an explanation is included to C. Was the organization a section 50 t(c)4, 50 1(c)(5), or 50 (c)(6) organization subject to section 603(c) and organization organization subject to section 603(c) and organization undergoes a liquidation, dissolution, emination, or significant disposition of net assets during the year? If Yes', complete adjudation, dissolution, emination, or significant disposition of net assets during the year? If Yes', complete adjudation, dissolution, emination, or significant disposition of net assets during the year? If Yes', complete adjudation, dissolution, emination, or significant disposition of net assets during the year? If Yes', asset and state of the tax year covered by this return? 370	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
b If Yes' to line 35a, has the organization filled a form 990-T for the year? If Yio,* provide an explanation in Schedule O Was the organization a section 50 (10(4), 50 (10(6), 60 (10(6)), 60 (10(6		on lines 2, 6a, and 7a, among others)?	35a		X
requirements during the year? If "Yes," complete Schedule C, Part III 356	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
80 Did the organization undergo a liquidation, itermination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule I No. 2 a described in the instructions	C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
80 Did the organization undergo a liquidation, itermination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule I No. 2 a described in the instructions		requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
The Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36				
b Did the organization file Form 1120-PDL for this year? 37b			36		Х
b Did the organization file Form 1120-POL for this year? 37 b	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0 •			
in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38cetion 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 38b N/A 38cetion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4955 ▶ 0 . b 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of uring the year, or did it engage in an excess benefit transaction of uring the year, or did it engage in any section 4958 excess benefit transaction for uring the year, or did it engage in any section 4958 excess benefit transaction of uring the year, or did it engage in any section 4958 excess benefit transaction of uring the year, or did it engage in any section 4958 excess benefit transaction of the variant of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 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 c All transaction organization section 1886-T 80c T Section 4917 (1968) expendition 1886-T 80c T Section 4917 (1968) expendi			37b		X
b If Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a initiation fees and capilate contributions included on line 9 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of this prior forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 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 amount of tax on line 40c reimbursed by the organization. 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T 41 List the states with which a copy of this return is filed ▶ NONE 42a The organization's books are in care of ▶ MICHARL JENKINS Located all ▶ 1203 19TH ST. NW, 4TH FL, WASHINGTON, DC ZIP+4 ▶ 20036 A any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4 At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FincEN Form 114, Repo	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9 for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . section 4912 ▶ 0 . section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ★ occases benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of lis prior forms 990 or 990-E27 li 1 1 × cs. Complete Schedule L, Part I 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 O . d 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 O . d 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 O . d 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 calendar year, did the organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 40 List the states with which a copy of this return is flied ▶ NONE 41 List the states with which a copy of this return is flied ▶ NONE 42 The organization's books are in care of ▶ MITCHAEL JENKINS Telephone no. ▶ 202-298-3000 ZiP+4 ▶ 200.36 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. Yes No 42b X 42c X 44c X 47b Yes No 44c Ni Yes, "enter the name of the foreign country. ▶ Section 4947(a)(1) non			38a		X
a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, tor public use of club facilities 40a Section 501(c)(3) opanizations. Enter amount of tax imposed on the organization during the year under: section 4911	b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
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b Section 4911	b	Gross receipts, included on line 9, for public use of club facilities			
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If Yes, Competer Schedule C, Part	40 Dist	also a consistenti della consistenti di consistenti di consistenti di consistenti di consistenti di consistenti		and balant at an in					Yes	NO
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 7 Did the organization engage in liabilying activities or have a section 501(h) election in effect during the tax year? If Yes,' complete Sch. C, Part II 47 X X 8 Is the organization engage in liabilying activities or have a section 501(h) election in effect during the tax year? If Yes,' complete Sch. C, Part II 47 X X 8 Is the organization asset on a seem to each receive the complete Sch. C, Part II 47 X X 8 Is the organization asset on a seem to each receive the complete Sch. C, Part II 47 X X 9 Is Yes,' was the related organization asset to an exempt more chamble related organization? 9 Is Yes,' was the related organization of Sch. C, Part II 47 X X 9 Is Yes,' was the related organization asset to propose the second organization of the second organization of the second organization. If there is none, enter 'None.' (a) Name and title of each employee (b) Average hours (a) Name and title of each employee (b) Average hours (c) Part II 47 X X (d) Part II 47 X X (e) Estimate configuration asset to the complete sch. C, Part III 47 X X (e) Estimate configuration or second organization. If there is none, enter 'None.' (a) Name and title of each employee (b) Average hours (c) Part II 47 X X (d) Part II 47 X X (e) Estimate configuration. If there is none, enter 'None.' (e) Complete this table for the organization or five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and business address of each independent contractors each receiving over \$100,000 (b) Type of service (c) Complete this table for the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the o						-		46		Х
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organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check if PTIN self-employed PTIN self-employed PTIN self-employed PTIN self-employed PTIN self-employed					·					
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Completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ERIC SWANSON, CHIEF OPERATING OFFICER Type or print name and tittle Print/Type preparer's name Preparer's signature Date Check if PTIN Self- employed Prim's name CELMAN POSENBERG & ERFEDMAN	d Tota	I number of other independent contractors each receivin	g over \$100,000			▶				
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Here ERIC SWANSON, CHIEF OPERATING OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Firm's name - CELMAN - POSENBERG & ERFEDMAN Firm's name - CELMAN - POSENBERG & ERFEDMAN	true, corre	ct, and complete. Declaration of preparer (other than off	icer) is based on all	information of w	hich prepa	rer has any knowledg	e.			
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Print/Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Preparer Firm's name > CFI MAN POSENBERG & FREEDMAN Firm's name F	Sign						Date			
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Preparer		Print/Type preparer's name Pre	parer's signature		Date		_			
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I Firm's Hall ▶ GELMAN, KUSENBEKG & FKEEDMAN Firm's FIN ▶ 52-1392008	Prepar	er Firm's name > GET MAN BOSENTE	EDG 6 EDT	THOMAST		<u> </u>	 	120	0.0	
USE OILLY TO THE TOTAL T	-	IV FIRM'S name GELMAN, ROSENB			NT.		(001)			00
Firm's address > 4550 MONTGOMERY AVE SUITE 650N Phone no. (301) 951-9090					N	Phone no.	(3UI) S	15 T	-90	90
BETHESDA, MD 20814-2930	NA	-					▶ ₹	7 1		-
May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (20)	iviay the II	35 discuss this return with the preparer shown above? S	ee instructions							No

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 the organization

Employer identification number

			KATOOMBA G						0-3/30203	
Pai	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.			
he o	organ	ization is not a private found	dation because it is: (For lines 1 through 11, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative					i).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	, n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:	·	,			CAAA	•	,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit	describ	ed in	-
		section 170(b)(1)(A)(iv). (0		mage or arminorally armino	a o. opo.a					
6			•	nontal unit described in	coetion 17	70/6\/4\/4\	(₁₄)			
6		A federal, state, or local go	-						and the description of the	
7		An organization that norma	•	intial part of its support	rom a gov	ernmentai	unit or from the	generai	public described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership	fees, a	nd gross receipts from	
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its	support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the orgar	nization	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)							
10		An organization organized	and operated exclus	ively to test for public sa	afety. See s	section 50	9(a)(4).			
11	X	An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ns of, or to carry	out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509	(a)(3). C	check the box in	
		lines 11a through 11d that	describes the type of	of supporting organization	n and com	nplete lines	11e, 11f, and 1	1g.		
а	X	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typi	ically by	giving	
		the supported organization								
		organization. You must o							•	
b		Type II. A supporting org			tion with it	s supporte	ed organization(s	a), by ha	vina	
-		control or management of	•					•	-	
		organization(s). You mus			arrio poroc	ono inai oc	miror or manago	ino oup	portod	
•		Type III functionally inte			in connec	tion with	and functionally i	ntegrate	ad with	
C							-	niegrate	sa witii,	
		its supported organizatio	* * *						t:(-)	
d		☐ Type III non-functionally						-		
		that is not functionally inf	-		•		-	n attenti	veness	
	37	requirement (see instruct	•							
е	X	•					Type I, Type II,	Type III		
		functionally integrated, o	• .	nally integrated support	ing organiz	zation.			1	٦
		er the number of supported	-						1	_
g		vide the following information			Viv.) la tha a	raanization	(-) A f		(-i) A	_
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i		support (se		(vi) Amount of other support (see	
		organization		above (see instructions))	-	document?	instructions		instructions)	
					Yes	No		,		_
		T TRENDS								
188	SOC	•	52-2135531	7	Х			0.	0 .	,
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stor	here					<u></u> ▶∟⊥
	ction C. Computation of Publ						
	Public support percentage for 2015 (14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=		~	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				-		▶ □
10	organization meets the "facts-and-circ						
Ιδ	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 100, 1/a, 0r 1/		and see instruction	

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

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

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY AND CAA IN	CITIOTIONS	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		37	
	1	X	
	2		Х
	_		
	3a		Х
	OI-		
	3b		
	3с		
	4a		Х
	4.		
	4b		
	4c		
	5a		Х
	Ju		
	5b		
	5с		
	6		Х
	7		X
			X
	8		Λ
	9a		Х
	9b		Х
	0-		X
	9с		
	10a		Х
	10b		
า 9	90 or 99	0-EZ	2015

Par	Tt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		Х
b		11b		Х
	· · · · · · · · · · · · · · · · · · ·	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	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	1	х	
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_	22	
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,			Х
0	supervised, or controlled the supporting organization.	2		Λ
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	ctions <u>)</u>		
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 <i>Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	•
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instr u	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	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		
Sect	ion 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		
	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		
Sect	ion 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-integra	ated Type III supporting org	ganization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2015

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4:	ion E. Dietvikution Allocations (acc instructions)	Excess Distributions	Underdistributions	Distributable
Secu	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Cumplemental Information Decide the evaluations required by Datil Box 10, Datil Box 17, and 75, Datil Box 10.
Turt VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O

(Form 990 or 990-EZ)

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.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE KATOOMBA GROUP

Employer identification number 20-3738283

THE KATOOMBA GROUP		20-3	373828	33	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:					
DESCRIPTION OF PROPERTY:			AMO	ימטכ	Γ:
INTEREST					6.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:					
DESCRIPTION BEG.	OF	YEAR	END	OF	YEAR
PREPAID EXPENSES		285.			296.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:					
DESCRIPTION BEG.	OF	YEAR	END	OF	YEAR
DUE TO FOREST TRENDS ASSOCIATION	16,	701.		6 ,	003.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE RESERVED IN WASHINGTON, D.C. IS AN INTERNATIONAL INDIVIDUALS WORKING TO PROMOTE, AND IMPROVE CAPACITY MARKETS AND PAYMENTS FOR ECOSYSTEM SERVICES (PES). THE A FORUM FOR THE EXCHANGE OF IDEAS AND STRATEGIC INFORMATION SERVICE TRANSACTIONS AND MARKETS, AS WELL AS COLLABORATION BETWEEN PRACTITIONERS ON PES PROJECTS AS	RELA IE GF	TWORK (ATED TO ROUP SE ION ABO	OF O, ERVES OUT FOR	AS	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMMENTE TROPICAL AMERICA KATOOMBA REGIONAL NETWORK FOCUS		SHMENTS	5:		
STRENGTHENING INFLUENTIAL INDIVIDUALS FROM ALL KEY SE	CTOF	RS			
TO COLLABORATE EFFECTIVELY TOGETHER IN THE LONG-TERM					
DEVELOPMENT OF INSTITUTIONS AND POLICIES THAT WILL BE	REÇ	QUIRED	ТО		
ESTABLISH AND GROW PAYMENT AND MARKET SYSTEMS FOR ECCLIPATION FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.		CEM SEE			Z) (2015
532211 09-02-15		•			<i>i</i>

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.

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number 20-3738283

Name of the organization

THE KATOOMBA GROUP

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 THE ENVIRONMENT AND LIVELIHOODS. FORM 990-EZ, PART IV: THE PRESIDENT, MICHAEL JENKINS, IS AN EMPLOYEE OF FOREST TRENDS ASSOCIATION (FTA), A RELATED ENTITY, AND RECEIVES ALL HIS COMPENSATION FROM FTA. HE DEVOTED 40 HOURS PER WEEK TO FTA IN ADDITION TO HIS TIME WITH KATOOMBA.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

	868 (Rev. 1-2014)					Page 2
If you	u are filing for an Additional (Not Automatic) 3-N	onth Extension,	complete only Part II and check this	s box		▶ [X]
	Only complete Part II if you have already been gra			iled Form	8868.	
	u are filing for an Automatic 3-Month Extension,			-1 (1\
Part	II Additional (Not Automatic) 3-M	onth Extensio			•	
	T.,		Enter filer's		<u> </u>	ee instructions
Type o	Name of exempt organization or other filer, see instructions.				imployer identification number (EIN) or	
print File by the	THE KATOOMBA GROUP			20-3738283		
due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	curity numbe	er (SSN)
instructio		e. For a foreign add	dress, see instructions.			
Enter th	ne Return code for the return that this application	is for (file a separa	ate application for each return)			01
	почети в пределения в преде	io ioi (iiio a copaiio				
Application Return App			Application Return			Return
Is For		Code	Is For	- ·		
Form 990 or Form 990-EZ		01				
Form 990-BL			Form 1041-A			
Form 4720 (individual)			Form 4720 (other than individual)	individual)		
Form 990-PF			Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
Form 990-T (trust other than above)			Form 8870			12
STOP!	Do not complete Part II if you were not already	granted an autor	natic 3-month extension on a prev	iously file	d Form 8868	3.
● If thi box ▶ 4 I 5 F 6 If [7 S	e organization does not have an office or place of s is for a Group Return, enter the organization's form. If it is for part of the group, check this bourequest an additional 3-month extension of time corcalendar year 2015, or other tax year beging the tax year entered in line 5 is for less than 12 nother change in accounting period state in detail why you need the extension ADDITIONAL TIME IS REQUIR	our digit Group Exc and attaintil NOVEM Inning nonths, check reas	emption Number (GEN) I ach a list with the names and EINs of BER 15, 2016. , and ending son: Initial return	f this is fo f all memb g Final r	r the whole grers the exten	sion is for.
b If	this application is for Forms 990-BL, 990-PF, 990 onrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720 ax payments made. Include any prior year overpa previously with Form 8868. Talance due. Subtract line 8b from line 8a. Include 157700 (Fig. 1) and 157700 (Fig. 1) a	, or 6069, enter an yment allowed as	y refundable credits and estimated a credit and any amount paid	8a 8b	\$	0.
E	FTPS (Electronic Federal Tax Payment System).		atherem let 16 B 18	8c	\$	0.
Under point it is true	Signature and Vo enalties of perjury, I declare that I have examined this fo , correct, and complete, and that I am authorized to prep	rm, including accomp	st be completed for Part II control of the complete of the control of the complete of the comp	-	f my knowledgi	e and belief,
Signatur	re >	Title ▶ CPA		Date		
					Form 88	368 (Rev. 1-2014)