#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit frust or private foundation) Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the pand of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Form **990-F7** Department of the Treasury Internal Revenue Service

OMB No. 1545-1150

For the 2011 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization X Address change THE KATOOMBA GROUP 20-3738283 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 1203 19TH ST. NW, 4TH FL 202-298-3000 Terminated City or town, state or country, and ZIP + 4 F Group Exemption WASHINGTON, DC 20036 Number > Cash X Accrual Other (specify) ▶ Accounting Method: H Check ▶ \_\_\_\_\_if the organization is **not** Website: ► WWW.KATOOMBAGROUP.ORG required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( ) **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Check \rightarrow if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 11,316. 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 3 4 Investment income 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) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) **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 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d **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) 7c Other revenue (describe in Schedule 0) 8 11,316. 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 11,316. 18 18 **Net Assets** 19 Net assets or fund balances at beginning of year (from line 27, column (A)) -11,316.(must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

132171 02-06-12

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Fori	n 990-EZ	(2011) THE KATOOMBA GROUP			20-	37	382	83 Page
P	art II	Balance Sheets. (see the instructions for Part	II.)					
		Check if the organization used Schedule O to r		in this Part II				X
		<u> </u>		A) Beginning of year	T		( <b>B</b> ) E	nd of year
22	Cash.	savings, and investments		93,482	• 22			26,133
23		and buildings		,	23	+		
24		assets (describe in Schedule O)			24	+		
25				93,482		+		26,133
	Total	assets liabilities (describe in Schedule 0) SEE SCHEDULE	···	104,798		+		26,133
26				-11,316		_		0,133
27		ssets or fund balances (line 27 of column (B) must agree with line 2				-		
P	art III	Statement of Program Service Accomplishing	,	,		/Ba		kpenses for section
		Check if the organization used Schedule O to r		in this Part III	X			and 501(c)(4)
Wh	at is the c	organization's primary exempt purpose? SEE SCHEDULE	0			org	anízatio	ons and section
		rganization's program service accomplishments for each of its three largest prog		s. In a clear and concise			∤/(a)(1 others.	) trusts; optiona
		ibe the services provided, the number of persons benefited, and other relevant in	formation for each program title.			101	0111013.	•)
28	SEE	SCHEDULE O						
	(Grants	s \$ ) If this amount includes foreig	gn grants, check here	<b>&gt;</b>		28a		
29	SEE	SCHEDULE O						
	(Grants	) If this amount includes foreig	an grants check here	<b></b>	T	29a		
30		SCHEDULE O	grigiants, check here			1		
00		501125022 0						
	<del></del>	A			$\overline{}$	30a		
	(Grants							
31		ogram services (describe in Schedule O) SEE SCHEDULE O						
	(Grants		gn grants, check here	<b></b>	<u> </u>	31a		
		program service expenses (add lines 28a through 31a)	- FI		<u></u>	32		0
P	art IV	List of Officers, Directors, Trustees, and Key			(see the	instru	ctions f	or Part IV.)
		Check if the organization used Schedule O to r		<u>in this Part IV</u>				<u></u>
			(b) Title and average hours	(C) Reportable		ealth b	enefits,	(e) Estimated
		(a) Name and address	per week devoted to	compensation (Forms W-2/1099-MISC)	empl	oyee b	enefit eferred	amount of other
			position	(if not paid, enter -0-)		npensa		compensation
MI	CHAI	EL JENKINS	PRESIDENT					
ΑI	L II	N C/O ORGANIZATION	4.00	0.			0.	0
		BRAND	DIRECTOR					
			0.50	0.			0.	0
SZ	RA .	J. SCHERR	DIRECTOR					
<u> </u>		2	0.50	0.			0.	0
.TZ	MES	SALZMAN	DIRECTOR				•	
	ичпо	DALIZHAN	0.50	0.			0.	0
N/ 7	. ъта	TCARET DILLA CORGO	DIRECTOR	0.			0.	
IMIT	ARTA	ISABEL RUIZ CORZO					^	١ ,
			0.50	0.			0.	0
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_								

Form **990-EZ** (2011)

132172 02-06-12

Pa	other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	e . ) /	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi	s Pan		
22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		res	No
33	activity in Schedule 0	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	00		
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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 others)?	35a		X
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
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
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			. v
27.0	complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions.  • 37a 0	36		X
ora h	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made	0,0		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	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 ·			
D	Section 501(c)(3) and 501(c)(4) 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 its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	105		
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization <b>D.</b>			
е	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		X
	List the states with which a copy of this return is filed. ► NONE  The organization's books are in care of ► MICHAEL JENKINS  Telephone no. ► 202-29	0 2	000	
42 a	The organization's books are in care of $\blacktriangleright$ MICHAEL JENKINS  Located at $\blacktriangleright$ 1203 19TH ST. NW, 4TH FL, WASHINGTON, DC  Telephone no. $\blacktriangleright$ 202-29			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1003	<u> </u>	
J	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		100	110
	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 instead			
	of Form 990-EZ	44b		Х
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
4-	in Schedule O	44d		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
40 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	- 1- (a), 1- (b), 1- (	Form 0	00 E7	(2011)

46 Did tha	organization angogo directly or indirectly in not	itiaal aamnaign aativitia	o on bobalf of or i	n annosition	to condidates for n	ublic offices		103	140
	organization engage, directly or indirectly, in poli				·		46		Х
Dort VI	complete Schedule C, Part I Section 501(c)(3) organizations	and section 10	47/o\/1\ non	overnt.	oboritoble tru	oto ophe en	46		
Part VI									(c)(3)
	organizations and section 4947(a)(1) non-	-		-		=			
	for lines 50 and 51. Check if the organization	tion used Schedule	O to respond to	any questi	ion in this Part VI		<u></u>	137	<del>                                     </del>
								Yes	
	organization engage in lobbying activities or hav	, ,					47		Х
	ganization a school as described in section 170						48		X
	organization make any transfers to an exempt no						49a	ı	Х
<b>b</b> If "Yes,"	was the related organization a section 527 organ	nization?					49b		
50 Complet	te this table for the organization's five highest co	ompensated employees	(other than office	rs, directors,	, trustees and key er	mployees) who e	ach re	eceived	more
than \$10	00,000 of compensation from the organization. I	If there is none, enter "I	Vone."			_			
	(a) Name and address of each employe	е	(b) Title and ave		(C) Reportable	(d) Health benefit	s, <b>(</b>	(e) Estim	nated
	paid more than \$100,000		per week dev		compensation (Forms W-2/1099-MISC)	contributions to employee benefit		nount of	
	NON	Έ	positio	n	,	plans, and deferre compensation	a   c	ompens	ation
							$\top$		
							+		
			1						
						<del> </del>	+		
			1			1			
						-	+		
			-						
							—		
			]						
	mber of other employees paid over \$100,000								
	ation. If there is none, enter "None." NON and address of each independent contractor paid	more than \$100,000		<b>(b)</b> Type of	f service	(c)	Comp	pensatio	n
d Total au	mber of other independent contractors each rec	polying over \$100,000							
	•	•		\(\dagger)					
	organization complete Schedule A? Note: All sec	ction 50 f(c)(3) organiz	alions and 4947(a	)( I) nonexer	mpt	<b>►</b> □	ਹ,	,  _	¬ ".
Under penalties	le trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, incl	luding accompanying sched	dules and statements	, and to the be	st of my knowledge and	bellef, it is true, co	rrect, ;	res	No
Declaration of pr	reparer (other than officer) is based on all information of w	which preparer has any kno	wledge.	,					
Sign	Signature of officer					Date			
Here	MICHAEL JENKINS, PR	ESIDENT				Date			
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid					self- emplo	yed			
Preparer									
Use Only	Firm's name ▶ GELMAN, ROSE	NRERC C FD	FFDMAN		Eirmin FIN	<u> </u>	<u>a 2 (</u>	ากผ	
OGE OILLY	Firm's address ► 4550 MONTGO			1NT		/ 2 2 4 1		51-9	000
				, TA	Phone no	. (301)	9:	) T – A	090
	BETHESDA, M						<del></del>		
May the IRS o	discuss this return with the preparer shown abov	ve? See instructions					XΙ		No
						ı	orm	990-EZ	(2011

#### **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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE KATOOMBA GROUP

Employer identification number

20-3738283

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type I **b** Type II c Type III - Functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Nο X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	organization sted in your document?	organizat	u notify the ion in col.	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
FOREST TRENDS ASSOC	52-2135531	9	Х			х		Х	11,316.
Total 1									11,316.

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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)						
	Public support. Subtract line 5 from line 4.						
	etion B. Total Support				1		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	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						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	<b>First five years.</b> If the Form 990 is for						
	organization, check this box and stop	~			•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2011 (I	ine 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2011. If the o	-					
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			▶□
b	33 1/3% support test - 2010. If the o	•		,		,	
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac		*	-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	OF 990-EZ) 2011

132022 01-24-12

#### 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 bel Section A. Public Support	ow, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(-) 0007	(h) 0000	(=) 0000	(4) 0010	(=) 0011	(f) Total
	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
<b>2</b> 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support	•					
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part IV.)		<del> </del>				
	be examination?	o first seemed this	d founds or fifth t	l		l
14 First five years. If the Form 990 is for t	-			•		
check this box and stop here Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2011 (lin			column (fl)		15	%
<b>16</b> Public support percentage for 2011 (iii)						
Section D. Computation of Invest					16	%
•			20 13 column (f)		17	
17 Investment income percentage for 201						<u>%</u>
18 Investment income percentage from 20						% 17 is not
19a 33 1/3% support tests - 2011. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2010. If the o						
line 18 is not more than 33 1/3%, chec						
<b>20 Private foundation.</b> If the organization	did not check a	box on line 14, 19	a, or 19b, check tl	nıs box and see in	structions	▶└─

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization Employer identification number

THE KATOOMBA GROUP 20-3738283

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
X	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.						
Special	Rules							
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.							

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

#### THE KATOOMBA GROUP

20-3738283

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$11,316.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number** 

#### THE KATOOMBA GROUP

20-3738283

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		_   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		_ \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- -   \$	
102452 01 0	240		90 990-F7 or 990-PF\ (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number THE KATOOMBA GROUP 20-3738283 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Transferee's name, address, and ZIP + 4

123454 01-23-12

Relationship of transferor to transferee

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 Open to Public Inspection

► Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization **Employer identification number** THE KATOOMBA GROUP 20-3738283 FORM 990-EZ. PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR 92,298. DUE TO FOREST TRENDS ASSOCIATION 13,633. GRANTS PAYABLE 12,500. 12,500. TOTAL TO FORM 990-EZ, LINE 26 104,798. 26,133. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE KATOOMBA GROUP, HEADQUARTERED IN WASHINGTON, D.C. IS AN INTERNATIONAL NETWORK OF INDIVIDUALS WORKING TO PROMOTE, AND IMPROVE CAPACITY RELATED TO. MARKETS AND PAYMENTS FOR ECOSYSTEM SERVICES (PES). THE GROUP SERVES AS A FORUM FOR THE EXCHANGE OF IDEAS AND STRATEGIC INFORMATION ABOUT ECOSYSTEM SERVICE TRANSACTIONS AND MARKETS, AS WELL AS A SITE FOR COLLABORATION BETWEEN PRACTITIONERS ON PES PROJECTS AND PROGRAMS. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THE TROPICAL AMERICA KATOOMBA REGIONAL NETWORK FOCUS ON STRENGTHENING INFLUENTIAL INDIVIDUALS FROM ALL KEY SECTORS TO COLLABORATE EFFECTIVELY TOGETHER IN THE LONG-TERM DEVELOPMENT OF INSTITUTIONS AND POLICIES THAT WILL BE REQUIRED TO ESTABLISH AND GROW PAYMENT AND MARKET SYSTEMS FOR ECOSYSTEM SERVICES. PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990-EZ, 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

132211 01-23-12

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

Schedule O (Form 990 or 990-EZ) (2011)

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization **Employer identification number** THE KATOOMBA GROUP 20-3738283 FORUM TO DEVELOP A SHARED UNDERSTANDING OF PES IN THE REGION. CURRENT WORK IS FOCUSED ON ESTABLISHING THE NETWORK AND IDENTIFYING PES INITIATIVES-BOTH POTENTIAL AND EXISTING-THAT COULD OFFER RICH LEARNING OPPORTUNITIES AROUND THE DEVELOPMENT 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. FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS: THE KATOOMBA GROUP US 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.