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Department of the Treasury Internal Revenue Service

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 trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A I	or the	2011 calendar year, or tax year beginning	and ending		
B	Check if applicable	C Name of organization		D Employer identific	cation number
	_Addre	The Kindling Group			
	Name		•	36-4	478085
	Initial	Number and street (or P 0 box if mail is not delivered to street address)	Room/sur	- 	
	Termir		2E		728-8489
	Amend		F	G Gross receipts \$	299,217
一	Applic			H(a) is this a group re	
	pendir			for affiliates?	Yes X No
		1222 W Wilson 2E, Chicago IL 60640		H(b) Are all affiliates inc	
1.3	Tax-exe				list. (see instructions)
		e: ► www.thekindlinggroup.org	347(a)(1) 01 3	H(c) Group exemption	•
		organization X Corporation Trust Association Other	l Vo	ar of formation 2002 M	
	art I	Summary	L 16	at of formation 2002 N	i State of legal domicile 1.
		Briefly describe the organization's mission or most significant activities:	The Kindl	ing Groupe p	rimaru
ခွ		exempt purpose is to foster document			aking and
nar					
Ş	1	Check this box I if the organization discontinued its operations	or disposed of mo	1 1	
Ó	1	Number of voting members of the governing body (Part VI, line 1a)		3	······································
Activities & Governance	1	Number of independent voting members of the governing body (Part VI,	•	4	
ies	5	Total number of individuals employed in calendar year 2011 (Part V, line	2a)	5	
Ξ	6	Total number of volunteers (estimate if necessary)		6	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		432,587.	274,493
Revenue	9	Program service revenue (Part VIII, line 2g)		4,493.	24,376
eve	1	investment income (Part VIII, column (A), lines 3, 4, and 7d)	i i	0.	348
Œ	Į.	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0 10
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), I	(no 12)	437,080.	299,217
			iile 12)	0.	0
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0
		Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lin	es 5-10)	0.	0
ë	16a	Professional fundraising fees (Part IX, column A), line 11e)		0.	0
꿃		Total fundraising expenses (Har UXI column (D), line 25)	0.		
_		Other expenses (Part X, column (A), lines 11a-11d, 31-24e)		574,762.	284,162
	18	Total expenses. Add lines 13317 (minstedital Part X column (A), line 25)		574,762.	284,162
	19	Revenue less expenses. Subtract line 18 from line 12		-137,682.	15,055
Net Assets or Fund Balances		7070101611 117	1	Beginning of Current Year	End of Year
aset asa	20	Total assets (Part X line for CODEN LUC		111,486.	93,975
g¥ GB	21	Total liabilities (Part X, line 26)		245,484.	212,918
캺	22	Net assets or fund balances. Subtract line 21 from line 20	Γ	-133,998.	-118,943
Pa		Signature Block			
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying	schedules and state	ments, and to the best of my	knowledge and belief, it is
		, and complete Declaration of preparer (other than officer) is based on all information			
,			iden et timen propa	1 4/20/	7/
Sigr	,	Signature of officer		Date / Date	
Her		Danny Alpert, Executive Director		,	
		Type or print name and title		-	
	-		· · · · · · · · · · · · · · · · · · ·	Date / Check	PTIN
Paid		Print/Type preparer's name Prepa/er's signature Barton Eilts		12/12/12	
	- 1		<u> </u>	(a ap.o/o	
_	arer	Firm's name Eilts & Associates, Inc.	<u> </u>	Firm's EIN ▶	61-1443699
920	Only	Firm's address 3711 N. Ravenswood, Ste. 10	5		30 505 5155
		Chicago, IL 60613		Phone no 7	73-525-6171
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
13200	01-23				Form, 990 (2011
	S	ee Schedule O for Organization Missi	on Statem	ent Continuat	tion 16
					U
					Ū
_					

Form	990 (2011) The Kindling Group 36-	-4478085	P	age 3
Pa	T IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ł
	If "Yes," complete Schedule A	1	X	 -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	- -
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			X
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election is	3_	\vdash	
7	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessment		1	
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the righ			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D			Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	э		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	de	ļ	ĺ
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part I	V 9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, pern	nanent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX,	or X		
	as applicable.	_		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedul		v	}
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	· ·]	l .
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	!	ļ	x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported	11c		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	"' 11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	₂/ 12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busing			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		[.,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individ	1 1		v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1 .	X

17_

18

19

20a

20b

X

X

X

19

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

	990 (2011) The Kindling Group 36-447	<u>8085</u>	P	<u>age 4</u>
Pa	T IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	i	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	-	ļ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	İ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	· · · · · · · · · · · · · · · · · · ·	28a	•	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			1.00
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ible gaming			
	(gambling) winnings to prize winners?			1c	Ī	Ì
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		<u> </u>	2b	Ì	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				ļ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		3a	f	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a		autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		· ·	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	Ì	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	•	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora	anization solicit			
	any contributions that were not tax deductible?	•		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			.,. ,,	1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a	·	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred			-
	to file Form 8282?			7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	it?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					,,,,,,,
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tım	e during the year?	8	· · · ·	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		ļ	13a		,
_	Note. See the instructions for additional information the organization must report on Schedule O.					
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	- 0		14a		X
	in 100, has kines a rount report these payments in two, provide an explanation in Schedul	e U		14b	000	00441
				LOLUI	990 (ZU11)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	1117		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨	·	
	Daniel Alpert - 773-728-8489			
32006	1222 W Wilson, 2E, Chicago, IL 60640			

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

X Check this box if neither the organizat (A) Name and Title	(B) Average hours per week	(do	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Daniel Alpert										
Executive Director	8.00	<u> </u>					_	0.	0.	0.
(2) Beth Sternheimer									_	_
Treasurer	1.00						ļ	0.	0.	0.
(3) Rachel Kraft		İ	İ			İ			_	_
Director	1.00	<u> </u>	<u> </u>					0.	0.	0.
(4) Rebecca Schanberg	1 00									
Director	1.00	<u> </u>	_	L			L.,	0.	0.	0.
(5) Susan White	1 00	ŀ	Ì							•
Director	1.00							0.	0.	0.
(6) Rich Moskal	1 00								•	0
Board Chair	1.00	├-	-				<u> </u>	0.	0.	0.
(7) Ethan Besinger	1.00							0.	0.	0
Director (8) Mitch Gordon	1.00						<u> </u>	0.	<u></u>	0.
Director	1.00							0.	0.	0.
(9) Lucy Moog	1.00					\vdash				
Director	1.00							0.	0.	0.
(10) James LoBianco	1	 		Н			\vdash			
Director	1.00							0.	0.	0.
(11) Nicole Bashor		_					_			
Director	1.00							0.	0.	0.
									· · · · · · · · · · · · · · · · · · ·	

132007 01-23-12

Form 990 (2011)

	rt VIII Section A. Officers, Directors, 1 (A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one han	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
		(describe hours for related organizations in Schedule O)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		from from organi and re organiz	the zation elated
											-		
											i		
		_											
	Sub-total						•		0.		<u> </u>		0
	Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but		ose	liste	ed at		► E) wh	no re	0. 0. eceived more than \$100	0			0
3	Did the organization list any former office	er director or tri	ıetor		v en	nolo		orl	highest compensated of	mpleyee en		Ye	s No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	such individual										3	<u> </u>
5	and related organizations greater than \$1 Did any person listed on line 1a receive o	50,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	<u> </u> x
Sec	rendered to the organization? If "Yes," co										1	5	X
1	Complete this table for your five highest of the organization. Report compensation for										nsatı	on fron	n
	(A) Name and busines	s address	NC	ONE	<u>:</u>				(B) Description of s	ervices	Con	(C) npensa	ition
								-					
			_	·				-					
2	Total number of independent contractors \$100,000 of compensation from the organ		ot lır	nited	d to	thos		ted	above) who received m	ore than			
						_					Fo	rm 99 6	0 (201

Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1a 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 274,493 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 274,493 Total. Add lines 1a-1f Business Code 561499 13,576 10,800 2 a Production fees 13,576. Program Service Revenue Sponsorship 519100 10,800. All other program service revenue 24,376. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 348. 348 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 299,217. 24,724 Total revenue. See instructions Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21									
2	Grants and other assistance to individuals in			·	·					
	the United States. See Part IV, line 22									
3	Grants and other assistance to governments,				·'					
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	<u></u>								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·					
8	Pension plan accruals and contributions (include									
	section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroli taxes				- <u>- </u>					
11	Fees for services (non-employees):									
а	Management									
b	Legal									
C	Accounting									
d	Lobbying									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other	4,070.		4,070.						
12	Advertising and promotion									
13	Office expenses			<u>"</u>						
14	Information technology									
15	Royalties									
16	Occupancy	6,099.		6,099.						
17	Travel	7,162.	7,162.							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	699.	699.							
20	Interest	6,833.	6,833.							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	3,201.		3,201.						
23	Insurance	6,006.	6,006.							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)									
	Subcontractors	116,349.	116,349.							
	Website development	66,722.		66,722.						
	Production	53,089.	53,089.							
		3,837.		3,837.						
е	All other expenses	10,095.	6,098.	3,997.						
25	Total functional expenses. Add lines 1 through 24e	284,162.	196,236.	87,926.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation									
	Check here If following SOP 98-2 (ASC 958-720)									

Pai	πX	Balance Sheet				
	-			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		69,629.	1	79,534.
	2	Savings and temporary cash investments		2,456.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,828.	4	3,648.
	5	Receivables from current and former officers, directors, truste	es, key			· · · · · · · · · · · · · · · · · · ·
		employees, and highest compensated employees. Complete	Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined unde	r section	······································		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and co	1			
		employers and sponsoring organizations of section 501(c)(9)	voluntary			
		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
-	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
	ł	basis. Complete Part VI of Schedule D 10a	16,587.			
	b		16,587. 7,943.	9,577.	10c	8,644.
	11	Investments - publicly traded securities		•	11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments · program-related. See Part IV, line 11	-		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		27,996.	15	2,149.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		111,486.	16	2,149. 93,975.
	17	Accounts payable and accrued expenses		110,570.	17	118,619.
	18	Grants payable			18	•
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	••
S	21	Escrow or custodial account liability. Complete Part IV of School	edule D		21	. —
Liabilities	22	Payables to current and former officers, directors, trustees, ke				
abi		highest compensated employees, and disqualified persons. C				
=		of Schedule L	.		22	
	23	Secured mortgages and notes payable to unrelated third part	ies	134,914.	23	94,299.
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	· - · · · · · · · · · · · · · · · · · ·	24	•
	25	Other liabilities (including federal income tax, payables to relat	_			
		parties, and other liabilities not included on lines 17-24). Comp	1			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		245,484.	26	212,918.
		Organizations that follow SFAS 117, check here	and complete	"		· · · · · · · · · · · · · · · · · · ·
Se		lines 27 through 29, and lines 33 and 34.	-			
nce	27	Unrestricted net assets		-166,497.	27	-118,943.
ala	28	Temporarily restricted net assets		-166,497. 32,499.	28	-118,943. 0.
g G	29	Permanently restricted net assets			29	
틸		Organizations that do not follow SFAS 117, check here	► □ and			
o l		complete lines 30 through 34.	_		1	
sts	30	Capital stock or trust principal, or current funds			30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund	 		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other	_		32	
ž	33	Total net assets or fund balances	-	-133,998.	33	-118,943.
	34	Total liabilities and net assets/fund balances		111,486.	34	93,975.

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.

Open to Public Inspection

Name of the organization

Employer identification number The Kindling Group 36-4478085 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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 5 | | 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). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 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). 11 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 Type I **b** Type II c Type III - Functionally integrated d ___ Type III - Other 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 II, Type III, 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, Yes the governing body of the supported organization? 11g(i) 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? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (I) Name of supported (ii) EIN (vii) Amount of organization organization in col in col (i) listed in your organization in col organization support organized in the (described on lines 1-9 governing document? (I) of your support? HS 2 above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

PE	Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	nd 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 test	s listed below, plea	se complete Part	III.)				
Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")			<u> </u>				
2	Tax revenues levied for the organ-							
	ızatıon'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			•	}	ļ		
	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				, , , , , , , , , , , , , , , , , , , ,			
Sec	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties				1			
	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 IV.)			<u> </u>		ļ		
	Total support. Add lines 7 through 10						<u> </u>	
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	. 🗀	
Sec	organization, check this box and store tion C. Computation of Publ		rcentage				▶∟	
14	Public support percentage for 2011 (I							
15	Public support percentage from 2010			olumn (1))		15		
	33 1/3% support test - 2011. If the c			n line 13 and line	14 10 33 1/394 05 5		<u>%</u>	
	stop here. The organization qualifies				14 15 33 1/3 /0 01 1	nore, check this bo	M aliu ► □	
b	33 1/3% support test - 2010. If the c				l line 15 is 33 1/3%	6 or more check th	us box	
	and stop here. The organization qual					o or more, oncox a	▶ □	
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b	and line 14 ≈ 10%	or more	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"					ine organ	▶	
b	10% -facts-and-circumstances test					17a and line 15 ie	10% or	
-	more, and if the organization meets th							
	organization meets the 'facts-and-circ						▶ □	
18	Private foundation. If the organization						s •	
			,			edule A (Form 990		

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							
Cale	indar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	ınclude any "unusual grants.")	643,280.	388,000.	495,718.	432,587.	274,493.	2234078.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,518.	2,646.	13,320.	4,493.	24,376.	50,353.	
3	Gross receipts from activities that				•	<u> </u>		
	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	j						
	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	648,798.	390,646.	509,038.	437,080.	298,869.	2284431.	
	Amounts included on lines 1, 2, and					<u> </u>		
	3 received from disqualified persons						0.	
ŧ	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						0.	
	Add lines 7a and 7b						0.	
	Public support (Subtract line 7c from line 6)			77 7			2284431.	
	ction B. Total Support			··	L.,			
_	indar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
	Amounts from line 6	648,798.	390,646.	509,038.	437,080.	298,869.	2284431.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	183.	79.	2.		348.	612.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	: Add lines 10a and 10b	183.	79.	2.		348.	612.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	!						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support (Add lines 9, 10c, 11, and 12)	648,981.	390,725.	509,040.	437,080.	299,217.	2285043.	
	First five years. If the Form 990 is for	the organization's						
	check this box and stop here	J	,	,	,	., (-,(-, -, g	▶□	
Sec	ction C. Computation of Publi	c Support Per	centage					
$\overline{}$	Public support percentage for 2011 (I			olumn (fl)		15	99.97 %	
	Public support percentage from 2010			(·//		16	99.99 %	
	ction D. Computation of Inves					<u></u>		
	Investment income percentage for 20			e 13. column (f))	··	17	.03 %	
	Investment income percentage from 2		•	,	1	18	.01 %	
				on line 14. and line				
	I 9a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
_	line 18 is not more than 33 1/3%, che						▶ □	
20	Private foundation. If the organization							
	02 01 24 12			., cr 100, onour tr		adula A /Form 90	0 or 000 E70 0044	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990. ► See separate instructions.

2011 Open to Public Inspection

Name of the organization

The Kindling Group

Employer identification number 36-4478085

Pa	TI Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·							
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds							
	are the organization's property, subject to the organization's		Yes No							
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only							
	for charitable purposes and not for the benefit of the donor of									
	Impermissible private benefit?		Yes No							
Pa	Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.									
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply).								
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area							
	Protection of natural habitat	Preservation of a cert	tified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last							
	day of the tax year.									
			Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements	2b								
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c							
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure									
	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax							
	year ►									
4	Number of states where property subject to conservation ea	sement is located -								
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements i	*** =	└ Yes							
6	Staff and volunteer hours devoted to monitoring, inspecting,									
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·							
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170								
	and section 170(h)(4)(B)(ii)?		└── Yes							
9	In Part XIV, describe how the organization reports conservat									
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for							
196.	conservation easements.	(A . II'								
Pal	Organizations Maintaining Collections o	•	tner Similar Assets.							
	Complete if the organization answered "Yes" to Form									
1a	If the organization elected, as permitted under SFAS 116 (AS									
	historical treasures, or other similar assets held for public ext		ince of public service, provide, in Part XIV,							
	the text of the footnote to its financial statements that descri									
ь	If the organization elected, as permitted under SFAS 116 (AS									
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts							
	relating to these items:									
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$							
_	(ii) Assets included in Form 990, Part X									
2	If the organization received or held works of art, historical tre		al gain, provide							
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	N . 4							
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$							
Ь	Assets included in Form 990, Part X		> \$							
_										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 The Kind	dling Grou	р					36 <u>–4</u> 4	78085	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession									
	(check all that apply):									
а	Public exhibition	c	ı 🗔	Loan or exc	hange progr	ams				
b	Scholarly research									
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how ti	hey further t	he organizat	ion's exer	npt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma	intained as part of	the orga	inization's co	ollection?				Yes	☐ No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	e organizatio	on answered	"Yes" to	Form 990,	Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		,	
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?						Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Par	Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10).			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance			• •						
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									,
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									************
9	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as	•			•	
а	Board designated or quasi-endowment		%							
b	Permanent endowment ►	%	_							
c	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	nd administe	ered for th	e organiza	ation		
	py.	-					_		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's endo	wment	funds.						
Par	VI Land, Buildings, and Equipme	ent. See Form 990), Part X	, line 10.		· · · · ·				
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated reciation	d	(d) Book v	/alue
1a	Land									
	Buildings						· · · · · · · · · · · ·			
	Leasehold improvements									
	Equipment			1	6,587.		7,94	3.	8	,644.
	Other									
	Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part	X, colun	nn (B), line 1	0(c).)	_		▶	8	,644.

Schedule D (Form 990) 2011

(7) (8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's fliability for uncertain tax positions under 15 (ASC 740)

	dule D (Form 990) 2011 The Kinding Group	000 . 4 .: 15:		30-44	7 8 0 8 3 Page 4
	Reconciliation of Change in Net Assets from Form	990 to Audited Fina		tements	200 217
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		299,217.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		284,162.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		15,055.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		15 055
10	Excess or (deficit) for the year per audited financial statements. Combine li		10		<u>15,055.</u>
Pat	t XII Reconciliation of Revenue per Audited Financial St	tatements With Rev	enue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	f 1			
а	Net unrealized gains on investments	2a		_	
þ	Donated services and use of facilities	2b		_	
C	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIV.)	2d		_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
þ	Other (Describe in Part XIV.)	4b		-	
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial S	Statements With Ex	penses pe	<u>r Return</u>	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b			
C	Other losses	2c		_	
d	Other (Describe in Part XIV)	2d		_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV.)	4b		_	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	····
Pa	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Al				
				-	
			·		
					
·					
				Schedule [) (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ).

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

The Kindling Group

Employer identification number 36-4478085

Form 990, Part I, Line 1, Description of Organization Mission:
the civic and educational impact of such media. These activities
further all aspects of the mission through the production of
documentary films and videos, films and television programs;
educational curricula; and educational websites. Productions by the
Kindling group investigate, document, & present important social,
civic, political, historical, and educational issues.
Form 990, Part III, Line 1, Description of Organization Mission:
programs; educational curricula; and educational websites. Productions
by the Kindling group investigate, document, & present important
social, civic, political, historical, and educational issues.
Form 990, Part VI, Section B, line 11: Board gets together to sign 990 tax
return and review it prior to submission
Form 990, Part VI, Section C, Line 19: All documents are available for
public review upon request
The board gets together to review the annual audit