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## Form **990**

**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)

2012 Open to Public

Open to Public Inspection

Department of the Treasury

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

ntem	al Reven	e Service The organization may have to use a copy of this return to satisfy state	reporting requirements.	mspection				
A F	or the	2012 calendar year, or tax year beginning and ending	_					
3 C	heck if	C Name of organization	D Employer identific	eation number				
	Addres change	The kinding Group						
	Name change	Doing Business As	36-4478085					
	Initial return	Number and street (or P O box if mail is not delivered to street address)  Room/suit						
	Termin ated	1222 W. Wilson2E	773-	728-8489				
	Amend	City, town, or post office, state, and ZIP code	G Gross receipts \$	34,020.				
〒	Application		H(a) Is this a group re	H(a) Is this a group return				
	pendin		for affiliates?	for affiliates? Yes X No				
		1222 W Wilson 2E, Chicago IL 60640	H(b) Are all affiliates inc	H(b) Are all affiliates included? Yes No				
1 T	24.646	mpt status: X 501(c)(3)	<del>-</del> -  ' '	list. (see instructions)				
		www.thekindlinggroup.org	H(c) Group exemption					
				State of legal domicile IL				
	rt I	Summary	•					
	1	Briefly describe the organization's mission or most significant activities: The Kindl	ing Groups p	rimary				
Activities & Governance	•	exempt purpose is to foster documentary, educ	ational film	aking and				
.uai		Check this box   If the organization discontinued its operations or disposed of mo						
Ve		Number of voting members of the governing body (Part VI, line 1a)	3	6				
ၓ		Number of independent voting members of the governing body (Part Vicine 1b)	100	6				
ο Ο		Fotal number of individuals employed in calendar year 2012 (Part Viline 2a)	>"\ 5	0				
iţi		Number of independent voting members of the governing body (Part Villine 1b)  Fotal number of individuals employed in calendar year 2012 (Part Villine 2a)  Fotal number of volunteers (estimate if necessary)  Fotal unrelated business revenue from Part VIII, column (C), line 12	6	0				
흕		Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
Ă		Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
		Net unrelated business taxable income from Form 990-1, line 34 (54)	Prior Year	Current Year				
2	28	Contributions and grants (Part VIII, line 1h)	274,493.	34,020.				
Revenue	≫o	Program service revenue (Part VIII, line 2g)	24,376.	0.				
	E10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	348.	0.				
œ :	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
,	F 6	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	299,217.	34,020.				
- 4		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)	0.	0.				
	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
žė.	1	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
je j	. b	Total fundraising expenses (Part IX, column (D), line 25)						
Ж-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	284,162.	66,532.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	284,162.	66,532.				
		Revenue less expenses. Subtract line 18 from line 12	15,055.	-32,512.				
58			Beginning of Current Year	End of Year				
퍒	20	Total assets (Part X, line 16)	93,975.	34,466.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	212,918.	185,921.				
琶	22	Net assets or fund balances. Subtract line 21 from line 20	-118,943.	-151,455.				
	art II	Signature Block	<u> </u>					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of m	y knowledge and belief, it is				
		t, and complete Declaration of preparer (other than officer) is based on all information of which prepa		1				
			02/24	//   -				
Sig	n	Signature of officer	Date /	/ /				
Her		Danny Alpert, Executive Director						
		Type or print name and title						
		Print/Type preparer's name Preparer's sign/ature	Date Check [	PTIN				
Paid	đ	Barton Eilts // // /	Self-employ					
Pre	parer	Firm's name Eilts & Associates, Inc.	Firm's EIN	61-1443699				
	Only	Firm's address 3711 N. Ravenswood, Ste. 105						
	•	Chicago, IL 60613	Phone no 7	73-525-6171				
Mai	u tha l	OS discuss this return with the preparer shown above? (see instructions)		X Yes No				

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Form **990** (2012)

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Form	990 (2012) The Kindling Group	36-4478085	Page 2							
Pai	t III Statement of Program Service Accomplishments	<del></del> -								
	Check if Schedule O contains a response to any question in this Part III		X							
1	Briefly describe the organization's mission:									
	The Kindling Groups primary exempt purpose is to foster	documentary	7,							
	educational filmmaking and the civic and educational imp									
	media. These activities further all aspects of the miss	sion through	<u>1</u>							
	the production of documentary films and videos, films an	nd television	on							
2	Did the organization undertake any significant program services during the year which were not listed on									
	the prior Form 990 or 990-EZ?	Ye:	X No							
	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No							
•	If "Yes," describe these changes on Schedule O.									
4		mageured by expense	ne.							
•	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and									
		irs, the total expenses,	and							
4-	revenue, if any, for each program service reported.  (Code) (Expenses \$ 58, 205 • including grants of \$ ) (Revenue)	- 34	,020.)							
4a	(Code									
	Continued work on the production of documentary & educa-	CIONAL LITHE	<u> </u>							
		<u></u>								
		<u></u>								
		<del></del>								
4b	(Code) (Expenses \$	ue \$	)							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
		- <del></del> -								
		<del></del>								
		<del></del>	<del></del>							
4c	(Code) (Expenses \$) (Reven	ue \$	)							
		<del></del>								
	<u> </u>									
			<del></del>							
4d	Other program services (Describe in Schedule O.)									
70	·	Y								
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 58, 205.									
46	Total biodiani service exhenses		990 (2012)							
วววกก	2	rom	JJU (2012)							

	1990 (2012) The Kindling Group 36-4478	085	Р	age 3
Pa	rt 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)?	ŀ		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u></u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	L	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ł	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		i	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		ļ —	]
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		i	
	If "Yes," complete Schedule D. Part IV	9	1	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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 Schedule D,		ĺ	1
_	Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		<del>                                     </del>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	· · · ·		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x

Part X, line 16? If "Yes," complete Schedule D, Part IX
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
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

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 in

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

**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 and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

ь	lf	'Yes'	' to line	20a,	did the	organizati	on attacl	n a copy	of it	s audited	d financia	<u>l statements</u>	to th	is return
_														

_		X
5		
6		X
7		X
8		X
		1
9		X
10		X
·		
11a	X	
11b		X
11c		X
11d		Х
11e		X
11f		Х
12a		Х
12b		х
13		Х
14a		Х
14b		X
15		Х
16		Х
17		Х
18		х
19_		X
20a		X
20h	1	1

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			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,	.	1 1	
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	i
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X_
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	
C	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		ļ
25a	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		X
b	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			١.,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	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).		•	Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
2 <del>9</del> 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28		<del>  ^``</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	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	J.	<del>                                     </del>	-
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, 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		}
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2012)

	990 (2012) The Kindling Gloup		30-4470	003	<u> </u>	age J		
Par	Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response to any question in this Part V							
	Oncor i Oblicadic O containo a responso to any question in time i ac v				V	No.		
4.	Total the asserbal was and die Boy 2 of Form 1006. Feter 0 of not applicable	مها	l ol		Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		· · · · · ·		1			
·	(gambling) winnings to prize winners?	<b>OP O</b> , ((	.o.o garming	1c	Ì			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				-		
	filed for the calendar year ending with or within the year covered by this return	2a	0					
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		•	2b	ĺ	]		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rıty over, a		1			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X		
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	ınts.			х		
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	5b 5c		X		
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anızatıon solicit			v		
_	any contributions that were not tax deductible as charitable contributions?			6a	-	Х		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gitts	<b>^</b> L				
7	were not tax deductible?			6b		ļ		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	DUCAC	provided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	IVICOS	provided to the payor?	7b	<del> </del>	<del>                                     </del>		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as red	nured	70				
·	to file Form 8282?		401100	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e	ĺ			
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		899 as required?	7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	<u> </u>	<u> </u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	od the	supporting					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tu	me during the year?	8	ļ	<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?			9a	ļ	ļ		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<del> </del>	ļ		
10	Section 501(c)(7) organizations. Enter:	ء ۔ ا	1					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>	ł				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		ł				
11	Section 501(c)(12) organizations. Enter:  Gross Income from members or shareholders	11a						
a	Gross income from other sources (Do not net amounts due or paid to other sources against	110		1				
b	amounts due or received from them.)	116						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a		Ì		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	•		1	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		Ī		
_	Note. See the instructions for additional information the organization must report on Schedule O.					1		
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						
c	Enter the amount of reserves on hand	13c		ļ	<b>.</b>	<b></b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	1	X		

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

The Kindling Group

Page 6 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			
Sec	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		1						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	ŀ	<u>6</u>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	up with	any other						
	officer, director, trustee, or key employee?			2		<u> X</u>			
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct 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 w	as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X			
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 a	appoint	one or						
	more members of the governing body?		•	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
	persons other than the governing body?			7b	ļ	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by ti	ne following						
а	The governing body?			8a_	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached	at the			l			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal i	Revenu	e Code.)						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	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?								
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	<b>b</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	v			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		X			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," c	describe	1		v			
	in Schedule O how this was done			12c		X			
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14					
15	Did the process for determining compensation of the following persons include a review and appro		ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	17		4	1	v			
a	The organization's CEO, Executive Director, or top management official			15a	<del>                                     </del>	X			
b	Other officers or key employees of the organization			15b	ļ				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a	160	ŀ	X			
	taxable entity during the year?		nortion of ton	16a	<b></b>	1			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	jariizati	Off S	16b	•				
<u></u>	exempt status with respect to such arrangements?			100		1			
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed LL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	)-T (Sec	tion 501(c)(3)s only	n availal	ole				
18	for public inspection. Indicate how you made these available. Check all that apply.	, , ,080	alon oo nonoja om	, arana					
40	Own website Another's website Upon request Other (explain Describe in Schedule O whether (and if so, how), the organization made its governing documents,		•	and fina	ncıal				
19		COMMIC	or interest policy,	IIII a	, iOidi				
00	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organi	zation: İ	<b>&gt;</b>				
20	Daniel Alpert - 773-728-8489	a10 16	colus of the organi	Lanon, I					
	1222 W Wilson, 2E, Chicago, IL 60640					-			
23200				F	- 000	/2012			

12-10-12

# 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.

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B) (C)						15th	(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	Pos heck ss pe	more more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	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	8.00				ļ				•	•
Executive Director	1 00	<u> </u>		<u> </u>	<u> </u>	$\vdash$		0.	0.	0.
(2) Beth Sternheimer	1.00	ł	ł	ł	ł	1			•	0
Treasurer	1 00	├—		<u> </u>	-	$\vdash$	_	0.	0.	0.
(3) Rachel Kraft	1.00							0.	0.	0.
Director	1.00	-	_	├	$\vdash$	-	-	- 0.	<u> </u>	
(4) Rebecca Schanberg Director	1.00	ł						0.	0.	0.
(5) Susan White	1.00	-		$\vdash$	-	<del> </del>	$\vdash$			
Director	1.00	1						0.	0.	0.
(6) Rich Moskal	1.00	$\vdash$	<del>                                     </del>		†		一			
Board Chair		1	]	}				0.	0.	0.
(7) Ethan Besinger	1.00		t							
Director								0.	0.	0.
(8) Mitch Gordon	1.00									
Director		]						0.	0.	0.
(9) Lucy Moog	1.00									
Director				ļ				0.	0.	0.
(10) James LoBianco	1.00					1	1	1		
Director		<u> </u>	L	1	_	<u> </u>		0.	0.	0.
(11) Nicole Bashor	1.00	1	l	l	i		i			_
Director		<u> </u>	<u> </u>	ــــــ	ļ	<u> </u>		0.	0.	0.
		{	1							
		ļ				1				
		ļ	<u> </u>	_	-	ـ	<u> </u>			
		-								
		1								
				$\vdash$	-	1	$\vdash$			
		<u> </u>	<u> </u>	_	_		_			
		$\frac{1}{2}$								
		<u>L</u>			Ц.		1		·	Form <b>990</b> (2012)

Form **990** (2012)

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(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)			than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	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		
			ļ			_							
	<del></del>		<del> </del> <del> </del>	!				! 					
			-			_							
	<del></del>		_										
	- 13 - Language - 14 - 14 - Language - 14 - 14 - Language - 14												
			_										
	Sub-total					<u> </u>			0.	0.	0	_	
c	Total from continuation shee Total (add lines 1b and 1c)	ts to Part VII, Section A					<b>&gt;</b>		0.	0.	0	_	
2	Total number of individuals (ind compensation from the organiz		iose	liste	d al	bov	e) wt	no r	eceived more than \$100	0,000 of reportable		0	
3	Did the organization list any for			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on	Yes No		
4	line 1a? If "Yes," complete Sch For any individual listed on line and related organizations great	1a, is the sum of reportab	ole co							the organization	4 X		
5	Did any person listed on line 1: rendered to the organization?	a receive or accrue compe If "Yes," complete Schedul	nsat	tion f	rom	any	y unr			idual for services	5 X		
Sec 1	Complete this table for your five	e highest compensated in	-								sation from		
	the organization Report comp	(A) and business address		ONI		VILLI	OI W	11111	(B) Description of s		(C) Compensation		
			_										
		·								_			
			_	_		_							
								_			<del></del>		
2	Total number of independent of \$100,000 of compensation fro	· · · · · · · · · · · · · · · · · · ·	not li	ımıte	d to		se li	stec	d above) who received n	nore than	······································		
	#100,000 of compensation fro	m me organization -			_		-			<u> </u>	Form <b>990</b> (201	2	

KIN-0021

Dart IX	Statement of	Functional	Fynenses
COLLECT:	otatement of	I GIICUCIIGI	

Section	on 501(c)(3) and 501(c)(4) organizations must comp			ompiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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		<del></del> -		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		<del></del>		
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 Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
·· a	Management				
b	Legal				
c	Accounting	397.		397.	
d	Lobbying			700-7-7-00-7	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O )		··		
12	Advertising and promotion				
13	Office expenses				
14	Information technology			<del>                                     </del>	
15	Royalties		<u> </u>		
16 17	Occupancy				
17 18	Travel  Payments of travel or entertainment expenses				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	202.		202.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,201.	_	3,201.	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O)	EO 10E	FO 105		<u> </u>
а	Production Production	58,105.	58,105	2,779.	
b	Bank service charges	2,779. 593.		593.	
C	Dues & subscriptions	577.		577.	
d	Website development and	678.	100		
	All other expenses	66,532.	58,205		0.
25_	Joint costs. Complete this line only if the organization	30,3321	20,203		
26	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		
					5 000 mass

Par	t X	Balance Sheet					
		Check if Schedule O contains a response to any	questic	n in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			79,534.	1	26,182.
	2	Savings and temporary cash investments				2	
İ	3	Pledges and grants receivable, net			_	3	
	4	Accounts receivable, net	3,648.	4	2,841.		
	5	Loans and other receivables from current and fo	, , , , , , , , , , , , , , , , , , , ,				
ŀ	•	trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
2	7	Notes and loans receivable, net	•			7	
Assets	8	Inventories for sale or use				8	
`	9	Prepaid expenses and deferred charges				9	
	10a		1				
		basis. Complete Part VI of Schedule D	10a	16,587.			
	ь	Less: accumulated depreciation	10b	16,587. 11,144.	8,644.	10c	5,443.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	2,149.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equ	93,975.	16	34,466		
	17	Accounts payable and accrued expenses	118,619.	17	95,110.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
į.	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former	rofficer	s, directors, trustees,			
ā		key employees, highest compensated employee	es, and	disqualified persons.			
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thu	d parties	94,299.	23	90,811
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	105 001
	26	Total liabilities. Add lines 17 through 25			212,918.	26	185,921.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here $ ightharpoonup \left[ f X  ight]$ and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.		110 040	•	151 455
S E	27	Unrestricted net assets			-118,943.		-151,455
ğ	28	Temporanly restricted net assets				28	
ᅙ	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117 (A	NSC 958	), check here 🕨 📖			
6		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	3			30	
ASS	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	110 040	32	151 455
Z	33	Total net assets or fund balances			-118,943.	33	-151,455
	34	Total liabilities and net assets/fund balances			93,975.	34	34,466

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2012)

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

Department of the Treasury

Internal Revenue Service

**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 Kindling Group

Employer identification number 36-4478085

Part 1			ity Status (All Organiza									<del>-</del>
The organ			because it is: (For lines 1									
1 📙	A church, cor	vention of churche	s, or association of churc	ches descr	nbed in se	ction 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).											
4	A medical res	earch organization	operated in conjunction	with a hos	pital descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(iii	). Enter	the hospital	's nam	10,
	city, and state											
5	An organizati	on operated for the	benefit of a college or un	niversity ov	vned or op	erated by	a governn	nental unit	describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🗀	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). (Comple										
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9 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											
			taxable income (less sect									
10	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 to test for public safety. See section objective.  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											
			organization and comple									
	a Type i				nctionally i		d	<b>і</b> 🔲 Тур	e III - No	n-functional	ly inte	grated
e 🗀			at the organization is not		_			r more disc	qualified	persons oth	ner tha	an
			than one or more publicly									
f			tten determination from t									
-		rganization, check t			•							
g		-	organization accepted ar	nv aift or co	ontribution	from any	of the folk	owing pers	ons?			
9	_		directly controls, either al							<i>r</i> .	Yes	No
			supported organization?	<b>J</b>		•		,, ,	•	11g(i)		
			on described in (i) above?	ı						11g(ii)		
		*	a person described in (i) o		e?					11g(iii)		
h			about the supported or									
				<b>J</b>	<b>.</b>							
(i) Nome	of supported	/iii EINI	(iii) Type of organization	(iv) is the c	organization	(v) Did voi	notify the	(vi) Is		(vii) Amoun	t of mo	netanı
, ,	ne of supported (ii) EIN rganization		(described on lines 1-9		sted in your			organization in col (VIII) organized in the		1 ' '	port	,,,otaly
U, g	4111241011		above or IRC section	governing document?		(i) of your support?		US?		Support		
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
							-					
		· · · · · · · · · · · · · · · · · · ·										
			<del>                                     </del>									
				† <del></del>				1			_	
				<del>                                     </del>			-					
				1				1				
				1	<b> </b>	<u> </u>	<b>†</b>	<b>†</b>				
Takel												
Total	D	duation Ast Matt		<u></u>	<u></u>	<u>1</u>	harman	Sobodiii	o A (Ec-	m 990 or 9	90-E7	7 2011
LHA For	Paperwork K6	SUICTION ACT NOTICE	e, see the Instructions f	Uľ				JUNEQUI	C 74 (LOL	ש זט טסס וווו	JU-EL	., 2014

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Pa	rt II Support Schedule for						
	(Complete only if you checked				on failed to qualify	under Part III. I	f the organization
	fails to qualify under the tests	listed below, plea	se complete Part	III.)			
Sec	ction A. Public Support			<del>, </del>	·	,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude 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	ı					
	the organization without charge	i				<u> </u>	
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)						
A	Public support. Subtract line 5 from line 4			1			
	ction B. Total Support	<u> </u>	1	<u> </u>	Marine III III	***************************************	
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(4)	χο, ====				
8	Gross income from interest,	-					
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		1				
9	Net income from unrelated business			·			
9	activities, whether or not the						
	business is regularly carried on			İ			
10				<del>                                     </del>			
10	or loss from the sale of capital						
	·		ļ				
	assets (Explain in Part IV.)  Total support. Add lines 7 through 10						-
	Gross receipts from related activities	etc /see instruct	L		<u>.t</u>	12	
	First five years. If the Form 990 is fo			erd fourth or fifth t	tax vear as a secti		······································
10	organization, check this box and sto		5 mat, 5500ma, m			J. J. (J, (J,	▶□
Se	ction C. Computation of Publ		rcentage	-		-	
14	5		_	column (f))		14	%
15						15	%
16	a 33 1/3% support test - 2012. If the			on line 13, and line	14 is 33 1/3% or	more, check th	is box and
	stop here. The organization qualifies						▶ 🔲
1	b 33 1/3% support test - 2011. If the				d line 15 is 33 1/3	% or more, che	eck this box
	and stop here. The organization qua						. ▶□
17:	a 10% -facts-and-circumstances tes				ne 13, 16a, or 16b,	and line 14 is	10% or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. ▶□
	b 10% -facts-and-circumstances tes					17a, and line	15 is 10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### 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.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		,				
	include any "unusual grants.")	388,000.	495,718.	432,587.	274,493.	34,020.	1624818.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	2,646.	13,320.	4,493.	24,376.		44,835.
_	organization's tax-exempt purpose	2,040.	13,320.	4,493.	24,370.	<del></del>	44,033.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5	390,646.	509,038.	437,080.	298,869.	34,020.	1669653.
		350,040.	30370301	13.,000.	230,003.	01,020	2003033.
78	Amounts included on lines 1, 2, and						0.
Ł	3 received from disqualified persons 2 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.
8	Public support (Subtractline 7c from line 6)			,			1669653.
Se	ction B. Total Support						<u> </u>
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	390,646.	509,038.	437,080.	298,869.	34,020.	1669653.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79.	2.		348.		429.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	_					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	79.	2.		348.		429.
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)	390,725.	509,040.	437,080.	299,217.	34,020.	1670082.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thii	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	99.97 %
16				<u> </u>		16	99.97 %
Se	ction D. Computation of Inve						
	Investment income percentage for 20					17	.03 %
18						18	.03 %
19	a 33 1/3% support tests - 2012. If the	•		on line 14, and line	e 15 is more than 3	3 1/3%, and line	17 is not
-	more than 33 1/3%, check this box a						$\triangleright X$
ı	b 33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che	-					
20	man and a second of the contraction of the						▶□
	123 12-04-12						0 or 990-EZ) 2012

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

2012 Open to Public Inspection

Name of the organization

The Kindling Group

Employer identification number 36-4478085

	The kindling Group		30-4470003
Par			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	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 adv	ised funds
-	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
•	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?	5, 20,10, 22,100, 0, 10, a.,, a., a., pa., pa.	Yes No
Par		ganization answered "Yes" to Form 990.	
<u>. 7. 721</u> 1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
		Treservation of a ce	Timed historic structure
•	Preservation of open space	field assessmention contribution in the form	n of a concentation assembnt on the last
2	Complete lines 2a through 2d if the organization held a quali	med conservation contribution in the for	n 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 st		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	l t
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year ▶	<u>.</u>	
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expen-	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.	
ь	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS		• • • • • • • • • • • • • • • • • • • •
	D		<b>▶</b> \$
a	Assets included in Form 990, Part X		► \$ ► \$
D	Mosers incidence in Louin 550, Lat V		· · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

#### 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.

OMB No 1545-0047
2012
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

Form 8868 (Rev. 1-2013)					Page 2	
■ If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check this	s box	<u></u>	► X	
Note. Only complete Part II if you have already been granted an a				8868.		
If you are filing for an Automatic 3-Month Extension, comple						
Part # Additional (Not Automatic) 3-Month E	xtensio	of Time. Only file the origin	al (no c	opies nee	eded).	
					see instructions	
Type or Name of exempt organization or other filer, see instru	ctions		Employer identification number (EIN			
print						
File by the The Kindling Group		36-4478085				
due date for Number, street, and room or suite no. If a P.O. box, s	lions.	Social security number (SSN)				
filing your return See 1222 W. Wilson, No. 2E						
City, town or post office, state, and ZIP code. For a for Chicago, IL 60640	oreign add	ress, see instructions.				
					<del></del>	
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	Form 6069			
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already granted	d an auton	natic 3-month extension on a prev	iously file	ed Form 88	68.	
Daniel Alpert						
• The books are in the care of ► 1222 W Wilson,	<u> 2E – </u>					
Telephone No ► 773-728-8489		FAX No. ▶			. —	
<ul> <li>If the organization does not have an office or place of busines</li> </ul>					<b>P</b>	
If this is for a Group Return, enter the organization's four digit						
box ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs o	f all memb	ers the ext	ension is for.	
	иоленп	per 15, 2013.				
5 For calendar year $2012$ , or other tax year beginning		, and endin	<del></del>		·	
6 If the tax year entered in line 5 is for less than 12 months, o	check reas	on Initial return	Final	return		
Change in accounting period						
7 State in detail why you need the extension						
			······			
	<del></del>					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	** 6060 ·	ator the tentetive toy less any		Ι	<del> </del>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	01 0003, 6	inter the terriative tax, less any	8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	l oa	-		
tax payments made. Include any prior year overpayment al	- ·					
previously with Form 8868.	ilowed as a	credit and any amount paid	8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include your pa	avment wit	h this form if required by using		-*		
EFTPS (Electronic Federal Tax Payment System). See instr	-	it this form, if required, by using	8c	s	0.	
		st be completed for Part II	<del></del>			
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this f	ding accomp		_	of my knowle	dge and belief,	
		tive Director	Date	. •		
1110						