

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Extended to November 16, 2015

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Chec		U14 calendar year, or tax year beginning and calendar year, or tax year beginning	enaing		
appl	ck if licable	C Name of organization		D Employer identifica	ation number
	Address change	The Kindling Group			
	Name change	Doing business as		36-44	78085
- Ir	nitial eturn		Room/suite	E Telephone number	
F	inal eturn/	4021 N. Broadway		'	28-8489
te	ermin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	754,943
	Amended eturn	Chicago, IL 60613		H(a) Is this a group reti	
	Applica-	F Name and address of principal officer. Danny Alpert		for subordinates?	
p	pending	same as C above		H(b) Are all subordinates incl	
Tax	x-exem	pt status: X 501(c)(3)	or 527	1 ' '	st. (see instructions)
		▶ www.thekindlinggroup.org		H(c) Group exemption	
		ganization: X Corporation Trust Association Other	L Year	of formation: 2002 M	
Parl		ummary		•	M
\top		refly describe the organization's mission or most significant activities. The $$ I	Kindli	ng Groups pr	imary
ဦ	. e:	xempt purpose is to foster documentary,	educa	tional filma	king and
Activities & Governance		neck this box I if the organization discontinued its operations or dispos			
<u>S</u>		imber of voting members of the governing body (Part VI, line 1a)		3	
5		imber of independent voting members of the governing body (Part VI, line 1b)		4	
ර න		tal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	
		tal number of volunteers (estimate if necessary)		6	5
		tal unrelated business revenue from Part VIII, column (C), line 12		7a	0
₹		et unrelated business taxable income from Form 990-T, line 34		7b	0
-	<u>.</u>	8/ NOV 2 3 12 04 5 1 1 1 2 1		Prior Year	Current Year
	8 Cd	ontributions and grants (Part VIII, Min 11)		68,861.	586,995
3 I		ogram service (evenue (Part-VIII, line 2g)		5,060.	167,948
. <u>.</u>		vestment income (Par VIII), column (A), lines 3, 4, and 7d)		1.	0
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,628.	0
- 1		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		75,550.	754,943
_		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	23,493
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0
Ses		ofessional fundraising fees (Part IX, column (A), line 11e)	ļ	0.	0
Ē		·	8.4	•	
Expenses				60,639.	328,221
- 1		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		60,639.	351,714
l		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	14,911.	403,229
Seo	19 Re	evenue less expenses. Subtract line 18 from line 12	Do.		End of Year
ဗျင်္	T	hall accords (Dord V. Iona 40)	Ве	ginning of Current Year 66,443.	572,743
ا اھ		otal assets (Part X, line 16)	├	202,987.	147,814
똃	21 To	otal liabilities (Part X, line 26)	-	-136,544.	424,929
nd Bala	00 N				444,747
Fund Bala		et assets or fund balances Subtract line 21 from line 20			
Par Par	t II	Signature Block	s and statem		knowledge and helief it is
Par Inder	t II penalti	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule		ents, and to the best of my	knowledge and belief, it is
Par Inder	t II penalti	Signature Block		ents, and to the best of my	knowledge and belief, it is
Par Inder	t II penalti	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of when		ents, and to the best of my	knowledge and belief, it is
Par Inder ue, c	t II penalticorrect,	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of whe		ents, and to the best of my	knowledge and belief, it is
Par Inder rue, c	t II penalticorrect,	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of wh Signature of officer Danny Alpert, Executive Director		ents, and to the best of my	knowledge and belief, it is
Par Inder rue, c	penalticorrect,	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of with Signature of officer Danny Alpert, Executive Director Type or print name and title	nich preparei	ents, and to the best of my	5
Par nder ue, c	penalticorrect,	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of with Signature of officer Danny Alpert, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature	nich preparei	ents, and to the best of my has any knowledge/ Date Check) 5] PTIN
Par nder ue, c	penaltu correct,	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of whe Signature of officer Danny Alpert, Executive Director Type or print name and title Print/Type preparer's name arton Eilts Preparer's signature	nich preparei	ents, and to the best of my has any knowledge/ Date Check ff self-employed	PTIN P01327750
Par Inder rue, c	penaltu correct, F Barer F	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of what is based	nich preparei	ents, and to the best of my has any knowledge/ Date Check) S PTIN
Par Inder rue, c	penaltu correct, F Barer F	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of what is based	nich preparei	ents, and to the best of my has any knowledge/ Date Check f self-employed Firm's EIN	PTIN P01327750 61-1443699
Paid Prepa Use 0	r penaltucorrect, F B Barer F D D D D F	Signature Block es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of what is based	nich preparei	ents, and to the best of my has any knowledge/ Date Check f self-employed Firm's EIN	PTIN P01327750

	Check if Schedule O contains	s a response or note to any line in this Part III	
1	Bnefly describe the organization's r		
		<u>mission is to produce compellin</u>	
		ment tools for real social char	
		on company that combines compel	
	films with a socia	al impact through storytelling.	. Kindling is one of
2	Did the organization undertake any	significant program services during the year which were not	
	the prior Form 990 or 990-EZ?		· Yes 🖸
	If "Yes," describe these new service	es on Schedule O.	
3	Did the organization cease conduc-	ting, or make significant changes in how it conducts, any pro	gram services? Yes
	If "Yes," describe these changes or	n Schedule O.	
4	Describe the organization's program	n service accomplishments for each of its three largest progr	am services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) orga	anizations are required to report the amount of grants and all	ocations to others, the total expenses, and
	revenue, if any, for each program s	ervice reported.	
4a	(Code) (Expenses \$	311,379. including grants of \$ 23,4	193.) (Revenue \$ 167,94
		the production of documentary	& educational films
	.,.		
			, , , , , , , , , , , , , , , , , , ,
4b) (Revenue \$
40	(Code) (Expenses \$	including grants of \$) (Hevenue 2
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
	· · · · · · · · · · · · · · · · · · ·		
- Art	Other program services (Describe	n Schedule ()	
4d		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4d	(Expenses \$	including grants of \$) (Revenue	• \$)
4d 4e		including grants of \$) (Revenue	
4d 4200	(Expenses \$ Total program service expenses ▶	including grants of \$) (Revenue	es) Form 990

Pai	TIV 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)?			
	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_		_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		<u> X</u>
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_		<u> X</u>
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		,	
	If "Yes," complete Schedule D, Part IV	9		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, VII, 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ļ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		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		_ X _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
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_
D	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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	
0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		х
18	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	18		x
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	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

Form 990 (2014) The Kindling Group
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule K. If "No", go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
С		24c		
	any tax-exempt bonds? Delithe execution and as an "lon helpfi of" recues for hands outstanding at any time during the year?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u> 240</u>		
25a	****	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		i	
	complete Schedule L, Part II	26	ļ	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV		l	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u></u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
Ç	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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ļ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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, Part II, III, or IV, and			
.	Part V, line 1	34		X
35a	T	35a	†	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		† —	
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
36	,	35		х
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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 197		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X 000	(0014)
		rom	コララリ	(2014)

Tyes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 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 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-T? 5b Did any taxable party notify the organization file Form 8886-T? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	
ta 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 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 If a 19 1c 2a 0 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 If a 2a 0 If a 2a 0 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Build the organization have unrelated business gross income of \$1,000 or more during the year? Build the organization have unrelated business gross income of \$1,000 or more during the year? Build the organization have unrelated business gross income of \$1,000 or more during the year? Build the organization have unrelated business gross income of \$1,000 or more during the year? Build the organization have unrelated business gross income of \$1,000 or more during the year? Build the organization in Schedule O Build the organization of the foreign country: Build the organization in Schedule O Build the organization in Schedule O Build the organization in Schedule O Build the organization of the foreign country: Build the organization in Schedule O Build the organization in Schedule O Build the organization organization file form 114, Report of Foreign Bank and Financial Accounts (FBAR) Build the organization	No
b Enter the number of Forms W-2G included in line 1a. Enter -0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 the organization solicit any contributions that were not tax deductible as charitable contributions?	
(gambling) winnings to prize winners? 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	
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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	
filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ► See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5a 5b C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<u> </u>
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Example 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Sec Sec In Types, "to line 5a or 5b, did the organization file Form 8886-T? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 the organization solicit any contributions that were not tax deductible as charitable contributions? 5b 5c 6a	
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 the organization solicit any contributions that were not tax deductible as charitable contributions? 5c 6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a	X
any contributions that were not tax deductible as charitable contributions?	
, , , , , , , , , , , , , , , , , , ,	
b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>
were not tax deductible?	+
7 Organizations that may receive deductible contributions under section 170(c).	7.7
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 was required	x
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d	+^
D. H	
f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 76 77 76	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h	+
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
sponsoning organization have excess business holdings at any time during the year?	
9 Sponsoring organizations maintaining donor advised funds.	
a Did the sponsoring organization make any taxable distributions under section 4966?	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	
10 Section 501(c)(7) organizations. Enter:	
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11 Section 501(c)(12) organizations. Enter:	
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	
amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a Is the organization licensed to issue qualified health plans in more than one state?	
Note. See the instructions for additional information the organization must report on Schedule O.	
b 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	
c Enter the amount of reserves on hand	1
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	1,5
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	X

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

	Charles Cahadrila O anatorina a reconservation of the Book VI			\mathbf{x}
Soc	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			بمر
Sec	tion A. Governing body and Management		Yes	No
4-	Enter the number of voting members of the governing body at the end of the tax year)	165	140
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
L	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
ь	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	9		
2	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	<u> </u>		<u> </u>
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization have members or stockholders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	•		
7a	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
b	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:			
_	The governing body?	8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		ı	
000	tion b. I didica (mis declion b requests information about particle not required by the internal resemble decly		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
Ü	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b]	1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
C	District the second second second second second second second the second	1		<u> </u>
U	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		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		Х
b		15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		1
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.02	taxable entity during the year?	16a	1	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ŀ		
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	1.02		
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)	availat	ole	
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Daniel Alpert - 773-728-8489			
	1222 W Wilson, 2E, Chicago, IL 60640			
4320		Forr	n 99 0	(2014)

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

Check if Schedule O contains a response or note to any line 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.

(1) Ethan Besinger Director	Average hours per week (list any hours for related organizations below line)	stee or director	not c unle	ss per	more rson i irecto	Highest compensated transfer employee	n an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
(1) Ethan Besinger Director	week (list any hours for related organizations below line)	offic	er an	dad	recto	r/trus	tee)	from the organization	from related organizations	other compensation from the
(1) Ethan Besinger Director	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	ıcer	oloyee	pensated		the organization	organizations	compensation from the
(1) Ethan Besinger Director	hours for related organizations below line)	Individual trustee or direc	institutional trustee	ıcer	oloyee	pensated		organization	_	from the
(1) Ethan Besinger Director	organizations below line)	Individual trustee o	institutional trustee	ıcer	oloyee	bensa		ANI-2/1000 MISCN		
(1) Ethan Besinger Director	below line)	Individual tru	institutional t	ıceı	oloye		1	(44.5/1033-MISC)	1	organization
Director	line)	Individu	instituti	5		5 8				and related
(1) Ethan Besinger Director (2) Andrew Friedman	1.00			8	Key employee	Highest employ	Former			organizations
	ŀ									
(2) Andrew Friedman	1 00	X						0.	0.	0
	1.00									
Director	1 00	X			ļ		_	0.	0.	0
(3) Sheila Roche	1.00		[_	_	•
Director	1 00	X				$\vdash \vdash$		0.	0.	0
(4) Mitch Gordon	1.00									•
Director	1 00	X			-			0.	0.	0
(5) Steve Cohen	1.00					'				•
Director	1 00	X						0.	0.	0
(6) Hilary McCutcheon	1.00]						0	0
<u>Director</u>	20.00	X						0.	0.	0
(7) Daniel Alpert	20.00			v				0.	0	•
Board President	1.00	-	<u> </u>	Х			-	U•	0.	0
(8) Susan White	1.00			x				0.	0.	
Vice President	1.00			Λ				U •	U •	0
(9) Janice MacVicar	1.00	1						ο.	0.	^
Director	-	-	\vdash	├-	-			<u> </u>	0.	0
							-			
		<u> </u>	<u> </u>	<u> </u>	<u> </u>					
	-	1							· 	II
										,
		-		-						
		_								
		1	1							

432007 11-07-14	<u> </u>	<u></u>	<u> </u>	<u> </u>		<u> </u>	1	<u></u>		<u></u>

(A) Name and title	(B) Average hours per week	(da	(C) Position (do not check more to box, unless person is officer and a director.			than	one han	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount o	
	(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-MIS		fro orga and	oensa om the anizati I relate nizatio	e on ed
		-				_							
			ļ ——			-		-					
1b Sub-total		<u> </u>	j					0.		0.			0.
 c Total from continuation sheets to Part d Total (add lines 1b and 1c) 2 Total number of individuals (including but 	·			ed a	bov	e) wl	► ► no re	0. 0. eceived more than \$100	0.000 of reportable	0.			0.
compensation from the organization												Yes	0 N o
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	r such individual	1		-		٠.					3	_	x
 4 For any individual listed on line 1a, is the and related organizations greater than \$1 5 Did any person listed on line 1a receive or 	50,000? If "Yes	," cc	mpl	ete S	Sch	edul	e J i	for such individual			_4		X
rendered to the organization? If "Yes," co Section B. Independent Contractors											5		X
Complete this table for your five highest the organization. Report compensation for the organization for the organization.								the organization's tax		pensa			
(A) Name and busine	ss address	N	ON	E	. <u>.</u>			(B) Description of s	services	С	(C ompei	rsatioi	n
											_	· -	
				_									
													
2 Total number of independent contractors	-	not I	ımıte	ed to	the	se li	stec	d above) who received r	nore than				
\$100,000 of compensation from the orga	inization >					<u>U</u>					Form	9 90 (2014)

432009

0.

0.

d All other revenue
e Total. Add lines 11a-11d

Total revenue. See instructions.

754,943.

167,948.

Form 990 (2014) The Kindling Group
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	
	ot include amounts reported on lines 6b, lb, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	23,493.	23,493.		
_	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
-	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)				
7	Other salaries and wages				
	Pension plan accruals and contributions (include	*****			
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management .				
b	Legal	1,325.		1,325.	
C	Accounting	4,843.		4,843.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	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 Royalties	4,013.	4,013.		
15 16	Occupancy	2,013.	1,010.		
17	Travel	9,823.	9,823.		** ************************************
18	Payments of travel or entertainment expenses	- /.==			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,974.		4,974.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,836.	1,836.		
23	Insurance .	7,389.		7,389.	
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.)				
а	Contractor and services	220,914.	220,914.		
ь	Marketing and developme	47,895.	33,527.	7,184.	7,184.
С	Production	16,348.	16,348.		
d	Operating fees	5,520.	1,425.	4,095.	
е	All other expenses	3,341.		3,341.	
25	Total functional expenses. Add lines 1 through 24e	351,714.	311,379.	33,151.	7,184.
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			L	

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	60,801.	1	399,463.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,841.	4	4,367.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	e		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined u	nder		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	outing		
		employers and sponsoring organizations of section 501(c)(9) voluntary		1 1	
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L	-	6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
!	10a	Land, buildings, and equipment cost or other		1	
		basis Complete Part VI of Schedule D 10a 16,5	587.		
	b	Less, accumulated depreciation 10b 15,6	2,801.	10c	965.
	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	167,948.
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	66,443.	16	572,743.
	17	Accounts payable and accrued expenses	112,176.	17	35,559.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-	21	
S	22	Loans and other payables to current and former officers, directors, truste	es,		
Ē	ĺ	key employees, highest compensated employees, and disqualified person	ns.	1 1	
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	90,811.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24) Complete Part X	l l	1 1	
		Schedule D	0.		112,255.
	26	Total liabilities. Add lines 17 through 25	202,987.	26	147,814.
		Organizations that follow SFAS 117 (ASC 958), check here ▶	and		
ès	ļ	complete lines 27 through 29, and lines 33 and 34.	105 544]	
anc	27	Unrestricted net assets	-136,544.		424,929.
Bal	28	Temporanly restricted net assets		28	
5	29	Permanently restricted net assets	<u></u>	29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.]	
set	30	Capital stock or trust principal, or current funds		30	
Asi	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 funds	.	32	
~	33	Total net assets or fund balances	-136,544.		424,929.
	34	Total liabilities and net assets/fund balances	66,443.	34	572,743. Form 990 (2014)

orm	990 (2014) The Kindling Group	36-4478	3085	Pag	_{ie} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			43.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 14.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	403	3,2	<u> 29.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>-13</u>	5,5	<u>44.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	158	3,2	<u>44.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	42	<u>1,9</u>	<u> 29.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	*******			LX
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduli	• O	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,	1		
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

SCHEDULE A

(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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name of the organization Employer identific						identification number			
		Kindling G					3	6-4478085	
Part I	Reason for Public (Charity Status (4	All organizations must co	omplete the	s part) Se	e instructions	3		
The organ	nization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box)				
1 🗀	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).			
2 🔲	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E.)						
з 🔲	A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).			
4 🔲	A medical research organiz	ation operated in coi	njunction with a hospital	described	In section	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
	city, and state								
5 🔲	An organization operated for	or the benefit of a col	llege or university owner	d or operat	ed by a go	overnmental u	ınıt describ	ed in	
	section 170(b)(1)(A)(iv). (C	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). (C	•		Ū			J	•	
8 🔲	A community trust describe		(1)(A)(vi), (Complete Par	t II)					
9 X	An organization that norma				contribution	ons, members	hip fees, a	nd gross receipts from	
	activities related to its exen								
	income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	red by the or	ganization	after June 30, 1975	
	See section 509(a)(2). (Cor	mplete Part III)	,			-	_		
10 🔲	An organization organized a	-	ively to test for public sa	fety See s	section 50	9(a)(4).			
11 🛄	An organization organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or	
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section 5	509(a)(3). C	Check the box in	
	lines 11a through 11d that	describes the type o	f supporting organizatio	n and com	plete lines	11e, 11f, and	d 11g.		
a 🗆	Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its sup	ported org	janization(s), 1	ypically by	giving	
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or truste	es of the s	upporting	
	organization. You must o	complete Part IV, Se	ections A and B.						
ь 🗀	Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by ha	ving	
	control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	entrol or mana	ge the sup	ported	
	organization(s) You mus	t complete Part IV,	Sections A and C.						
c [Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,	
	its supported organizatio	n(s) (see instructions	s) You must complete	Part IV, Se	ctions A,	D, and E.			
d [Type III non-functionally	y i <mark>ntegrated.</mark> A supp	orting organization oper	rated in co	nnection v	vith its suppo	rted organı	zation(s)	
	that is not functionally int	tegrated The organiz	zation generally must sa	tisfy a disti	ribution re	quirement an	d an attent	veness	
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.			
e 🗆	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type	II, Type III		
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organiz	zation				
f Ent	ter the number of supported	organizations							
_ g Pro	ovide the following information	n about the supporte	ed organization(s).			· · · · · · · · · · · · · · · · · · ·			
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of	·=	(vi) Amount of	
	organization	[(described on lines 1-9 above or IRC section	governing		support Instruct	•	other support (see Instructions)	
			(see instructions))	Yes	No	Instruct		mandenons,	
								-	
		•							
									
		•							
		1							
									
				 	ļ				
Total		l .	I	I	1	I		I	

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2014

		rganizations Described in Se		
	Support Schodula for O	raanizatione Hoecrinoa in So	CTIONS 1/IIINIITIIAIIIVI ANI	H T / DIEM H H I I A H V I I
. rait ii	Subboll Schedule for O	danizations bescribed in Se		

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		-				
	membership fees received (Do not			,			
	include any "unusual grants ")					<u> </u>	
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	· 			į		
	the organization without charge						
4	Total, Add lines 1 through 3						
-	The portion of total contributions						
•	by each person (other than a					:	
	governmental unit or publicly		ļ				
	supported organization) included				İ		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
e	***				-	1	
	Public support. Subtract line 5 from line 4			1			l ==
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(a) 2010	(6) 2011	(6) 2012	(4) 2010	(0) 20 1 4	(i) iotas
	•						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			1			
	and income from similar sources		1			 	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				 	 	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)					 	
11	Total support. Add lines 7 through 10			1	<u> </u>		ŀ
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	r the organization'	's first, second, th	ırd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and sto	p here	 				▶∟
Se	ction C. Computation of Publ	ic Support Pe	ercentage				·····
14	Public support percentage for 2014 (line 6, column (f) c	divided by line 11,	column (f))		14	%
	Public support percentage from 2013					15	9/
16a	a 33 1/3% support test - 2014. If the				14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies					•	▶∟⊥
t	33 1/3% support test - 2013. If the				d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qua						▶□
17a	10% -facts-and-circumstances tes	st - 2014. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in P	art VI how the orga	nization
	meets the "facts-and-circumstances"						. ▶□
ı	10% -facts-and-circumstances tes					r 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 organizate						ns 🕨 🗀
						nedule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2014 The Kindling Group 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

Section A. Public Support	elow, please comp	nete Part II]				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and		67				
membership fees received (Do not						
include any "unusual grants ")	432,587.	274,493.	34,020.	68,861.	586,995.	1396956.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,493.	24,376.		5,060.		201,877.
3 Gross receipts from activities that			1		l	
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge			_			
6 Total. Add lines 1 through 5	437,080.	298,869.	34,020.	73,921.	754,943.	1598833.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6) Section B. Total Support						1598833.
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	437,080.	298,869.	34,020.	73,921.	754,943.	1598833.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		348.		1,629.		1,977.
b Unrelated business taxable income						-
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on		348.		1,629.		1,977.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	437,080.	299,217.	34,020.	75,550.	754,943.	1600810.
14 First five years. If the Form 990 is fo check this box and stop here	r the organization's	s first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ration,
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2014 (olumn (fl)		15	99.88 %
16 Public support percentage from 2013		-	5,0,1,11 (1))		16	99.85 %
Section D. Computation of Inve						22.02 70
			e 13 column (fl)	-1	17	.12 %
17 Investment income percentage for 2t18 Investment income percentage from		•	. 10, coluitiii (i))		18	.12 % .15 %
19a 33 1/3% support tests - 2014. If the	·		n line 14, and line	15 is more than 3		
more than 33 1/3%, check this box a						►X
b 33 1/3% support tests - 2013. If the	e organization did r	not check a box on	line 14 or line 19a	and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	box on line 14, 19a	, or 19b, check th	is box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2014

432023 09-17-14

Part IV Supporting Organizations

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

sec	tion A. All Supporting Organizations			
	As all of the experience a supported experience lated by name in the experience governing		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	'		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	}		
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ļ		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ĺ		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	f		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		İ	
	was accomplished (such as by amendment to the organizing document).	5a		ļ
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	1		
	designated in the organization's organizing document?	<u>5b</u>	-	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>	├─-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6	├──	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		 	
Ü	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		_	 -
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			İ
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		ļ
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	_9c		L
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	[
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

17071115 797808 KIN-002

determine whether the organization had excess business holdings.)

___ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

-				
Schedule A	(Form	990 or	990-EZ)	2014

7

KIN-0021

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

	Type in Non-Functionally integrated 509	(a)(a) Supporting Orga	anizations (continued)	Y
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI) See instructions		_	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014:			
a				
b				
c	<u></u>	<u></u>		
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7\$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.	<u></u>		
8_	Breakdown of line 7			
а				
b				
С				
d	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 The Kindling	Group	36-4478085 Page 8
Part VI	(Form 990 or 990-EZ) 2014 The Kindling Supplemental Information. Provide the exp	planations required by Part II, line 10,	Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information		·
	•		
_			
	- 112 		
_			
			
			

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

The Kindling Group 36-4478085 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Assets included in Form 990, Part X

		<u>lling Grou</u>			 		<u> 36-44</u>			<u>ige 2</u>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or Oth	ner Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that are a	significant	use of its	collection	ı items	3
	(check all that apply)									
а	Public exhibition	c	յ 🗀 ւ	oan or exc	hange programs					
b	b Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	in how th	ey further tl	he organization's ex	empt purp	ose in Parl	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	intained as part of	the organ	nzation's co	ollection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete ıf the	organizatio	n answered "Yes" t	o Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	s or other assets n	ot included				
	on Form 990, Part X?							Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able [.]						
_	, ,	•	_					Amount	<u> </u>	
С	Beginning balance					1c		·		
	Additions during the year					1d				
	Distributions during the year					1e				
•	Ending balance					1f				
1	Did the organization include an amount on Fo	orm 990 Part Y line	21 for e	secrow or ci	ustodial account ha		<u> </u>	Yes		No
2a	If "Yes," explain the arrangement in Part XIII							7 163		1
Par										!
<u>. u.</u>	E T E E E E E E E E E E E E E E E E E E	(a) Current year	1	nor year	(c) Two years back		years back	(e) Four	Veare '	hack
	Danishalana	(a) Current year	(6) -	iioi yeai	(C) TWO YEARS DACK	(u) Three	years back	(e) i oui	years	Daun
1a	Beginning of year balance		 			 				
b	Contributions					 		 		
C	Net investment earnings, gains, and losses		 					 		
d	Grants or scholarships				 					
е	Other expenditures for facilities							ĺ		
	and programs		<u> </u>			-		ļ <u>.</u>		
f	Administrative expenses					ļ		ļ		
g	End of year balance		<u> </u>			<u> </u>		<u> </u>		
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1	g, column (a	a)) held as [.]					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	and administered fo	r the organ	zation	_		
	by:							ĺ	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations	•				=		3a(ii)	\Box	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	dule R?				3b		
4	Describe in Part XIII the intended uses of the							_ <u></u>		
	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere		0. Part IV	. line 11a. S	See Form 990. Part	X. line 10				
	Description of property	(a) Cost or			-	Accumulat	ed	(d) Bool	k valu	 A
	Description of property	basis (invest		, ,		lepreciation	I .	(u) 500.	· vaia	•
	Lond	2200 (700)			,,	F - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -				
	Land	•			<u> </u>					
þ	Buildings									
C	Leasehold improvements	10	E 0 7			15 6	22			<u> </u>
	Equipment	10	.587 .			15,6	44.			<u>65.</u>
	Other	15 222 -		(D) :						
Tota	I. Add lines 1a through 1e (Column (d) must e	guai ⊢orm 990, Par	τ X, colur	πn (ʁ), line	IUC.)				9	65.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 The Kindling Group			78085 Page 4
Par		ments With Rever	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	754,943.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
- а	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	2d		
ď	Add lines 2a through 2d	<u> </u>	2e	0
e	· ·		3	754,943.
3	Subtract line 2e from line 1		3	134,343.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 4- 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		0
С	Add lines 4a and 4b		4c	754 043
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1 14/11 F	5	754,943.
Pa	t XII Reconciliation of Expenses per Audited Financial State		enses per Heturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		. 1	351,714.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
ь	Pnor year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е			2e	0.
3	Subtract line 2e from line 1		3	351,714.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	·			
	Other (Describe in Part VIII.)			
b	Other (Describe in Part XIII)	4b	40	n
С	Add lines 4a and 4b	<u> 40 </u>	4c	0. 351 714
c _5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	40	4c 5	0. 351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	351,714.

SCHEDULE (Form 990)

Department of the Treasury internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

990.
Form
5
► Attach
_

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Employer identification number Open to Public Inspection

% × 36-4478085 Further their mission (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 18,208 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501c3 Enter total number of other organizations listed in the line 1 table The Kindling Group 75-3152211 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization South Chicago Art Center or government Name of the organization 3217 E 91st Street Chicago, IL 60617 Partl Part II

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

30

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (Form 990) (2014) The Kindling Group
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 31 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 432102 10-15-14

Page 2

36-4478085

Schedule I (Form 990) (2014)

Part III

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047 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:
Chicago's premiere content creators; with a group of dedicated
filmmakers, digital strategists, artists, and activists developing and
producing documentaries for traditional and new media as vehicles for
change. Every story the team sets out to tell is rooted in curiosity, a
desire to create dialogue, and a commitment to cross platform
engagement - converting passive viewers to active stakeholders and
resulting in real, measurable impact.
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
Form 990, Part XI, line 9, Changes in Net Assets:
Close out of prior joint project 158,244.

432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
. The Kindling Group	36-4478085
Form 990, Part XII, Line 2c:	
101 330 / 1410 1111 / 1110	
The board gets together to review the annual aud	lit
	- · · · · · · · · · · · · · · · · · · ·
P. C. C. C. C. C. C. C. C. C. C. C. C. C.	