# 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.



Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

AI	For the	2021 calendar year, or tax year beginning and	ending					
B	Check if applicable	E Name of organization		D Employer identifie	cation number			
	Addres	RESOURCE GENERATION, INC.						
	Name Change	Doing business as		27-18475	61			
	Initial		Room/suite	E Telephone number				
	Final return/			347-709-				
	termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,507,879.			
	Amend			H(a) Is this a group re	eturn			
	Applica	F Name and address of principal officer: YAHYA ALAZRAK	for subordinates					
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in				
1	Tax-exe	empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1)	or 🔄 527		list. See instructions			
J	Websit	e: WWW.RESOURCEGENERATION.ORG		H(c) Group exemption				
ĸ	Form of	organization: X Corporation Trust Association Other	L Year		State of legal domicile: NY			
Pá	art I	Summary			•			
_	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O				
Governance								
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.			
ove.		Number of voting members of the governing body (Part VI, line 1a)			13			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			13			
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		·····	24			
itie		Total number of volunteers (estimate if necessary)			268			
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
			<u> </u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		2,951,560.	3,130,540.			
Revenue		Program service revenue (Part VIII, line 2g)		113,031.	94,596.			
vel				2,462.	-58.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,339.	1,662.			
				3,077,392.	3,226,740.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		126,309.	93,120.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.				
	I	Benefits paid to or for members (Part IX, column (A), line 4)		1,826,274.	2,338,466.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	1,020,274.	2,330,400.			
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)	27	0.	0.			
Expenses	d	Total fundraising expenses (Part IX, column (D), line 25) ► 154,9	<u> </u>	726,154.	768,804.			
_	11/ 9	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,678,737.	3,200,390.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12	······	398,655.	26,350.			
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
sse Bala	20	Total assets (Part X, line 16)		2,985,675.	3,097,699.			
et A nd I	21	Total liabilities (Part X, line 26)		97,469.	147,663.			
Ž,	22	Net assets or fund balances. Subtract line 21 from line 20		2,888,206.	2,950,036.			
_	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.								
					.7.22			
Sig	n	Signature of officer		Date				
He	re	YAHYA ALAZRAK, EXECUTIVE DIRECTOR						
		Type or print name and title		) etc. i i i i				
		Drint/Tuna proporaria nama		)ate Chook	I PTIN			

	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	MICHAEL WALLACE			oon omprojou	P00881				
Preparer	Firm's name 🕨 LUTZ AND CARR, C		I	Firm's EIN ▶ 13	-16550	65			
Use Only	Firm's address 🖕 551 FIFTH AVENUE	, SUITE 400							
	NEW YORK, NY 101	76	1	Phone no. $212-$	697-22	99			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	EVALUATE The second sec								

	990 (2021) RESOURCE GENERATION, INC.	27-1847561	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> C</u>
1	Briefly describe the organization's mission:		
	RESOURCE GENERATION ORGANIZES YOUNG PEOPLE WITH WEALTH		
	PRIVILEGE IN THE U.S. TO BECOME TRANSFORMATIVE LEADERS	WORKING TOWA	RDS
	THE EQUITABLE DISTRIBUTION OF WEALTH, LAND AND POWER.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	XN
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	version is any few analy meaning any inclusion where		
42	(Code:) (Expenses \$ 2,121,337 ·including grants of \$ 93,120 ·) (Reve	94 .	596
ta	NATIONAL ORGANIZING	anue \$	550
	RESOURCE GENERATION ORGANIZES YOUNG (18-35), WEALTHY PE	ODI F FROM AC	RUG
	THE U.S. TO LEVERAGE THEIR RESOURCES, PRIVILEGE AND REI		
	MAKE LASTING STRUCTURAL CHANGE IN PARTNERSHIP WITH THOS		
	BY INCOME INEQUALITY AND CLASS OPPRESSION. THE BROADER		IED
	GENERATION COMMUNITY INCLUDES PEOPLE OF ALL AGES AND CI		
	WHO SUPPORT THE ROLE THAT YOUNG PEOPLE WITH WEALTH PLAY		NDS
			TNO
	CHANGE. RG HAS 17 CHAPTERS AROUND THE U.S., AND WE FOCU		
	LEADERS THROUGH STORYTELLING, PEER-LED LEARNING AND ACT		
	MEMBERS TO ENGAGE IN COLLECTIVE ACTION THROUGH LOCAL CH		ONA.
	CAMPAIGNS, INNOVATIVE FUNDING MODELS, AND IN THEIR FAMI	LLY S	
	PHILANTHROPY.		
4b	(Code:) (Expenses \$) (Reve	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	
4d	Other program services (Describe on Schedule O.)		
-iu		١	
40	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 2,121,337.	)	
<del>4</del> e	Total program service expenses ► 2,121,337.	_ ^	00 /22
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Form 990 (2021)

RESOURCE GENERATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
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			
	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			
	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			<u>-</u> -
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	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,"	40		v
00-	complete Schedule G, Part III	19		XX
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (			GENERATIO
Part IV	Checkli	st of Required Scheo	dules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
<u>^</u>	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? <i>If "Yes," complete</i>			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	040		x
h	Schedule K. If "No," go to line 25a	24a 24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		
.0	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			37
	"Yes," complete Schedule L, Part IV	28c	v	X
9	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	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
4	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	
5a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
87	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
88	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 01	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 48			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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<u>4</u> 1	2021.05000 RESOURCE GENERATION, INC.	92(	חר	1
	2021.03000 REDOUCE GENERATION, INC.	220	· · · _	<b>1</b>

Form 990 (2021)	RESOURCE GENERATION,	INC.
Part V Statemen	ts Regarding Other IRS Filings and	Tax Compliance (continued)

b If Yes, that Ified a Form 90-T for this year? If 'No' to ins 32, provide an explanation on Schedule O A tany time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial account?  A tany time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  B Was the organization to a prohyto ta prohibited tax shetter transaction at any time during the tax year?  See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  B Was the organization have and gross receipts that are normally greater than \$100,000, and did the organization not into groanization that are normally greater than \$100,000, and did the organization noticule with every solicitation an express statement that such contributions or gifts were not tax deductible outhibutions under section 170(c).  D If Yes, 'd dithe organization inter organization nation, intered y on indirectly to pay the goods and services provided to the payor? Ta X Tb X Ta						Yes	No
b If at least one is reported on time 2a, did the organization file an lequined federal employment tax returns?     ps     X       ab Oth the organization have unrelated bashess gross income of \$1,000 or more during the year?     ps     X       ab Oth the organization have unrelated bashess gross income of \$1,000 or more during the year?     ps     X       b If Yes, "that the are moth the frequency of the organization on Schedule O     ab     A       b If Yes, "that the are moth the frequency of the organization have an interest in, or a signature or other authority over, a     the organization have unrelated bashess gross income of \$1,000 or more during the year?     ds     2       b If Yes, "that the name of the frequency output the organization have an interest in or a signature to or other authority over, a     ds     2       b If Yes, "that the name of the frequency output the organization have an interest in a social to a gross of the organization have an interest in masso is a party to a prohibed tax sheller transaction at any to a prohibed tax sheller transactin at any to a prohibed tax sheller transaction at any to a prohib	2a			24			
Note if the sum of lines 1 and 2 is greater than 250, you may be required to -(ke. See instructions.     Image: Second Sec			L			v	
a Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a     2       b If Yres, "has tifted a Form 900 or for the year? ( <i>Wr's for hor 8b, provide an exploration on Schedule O</i> )     3b       a A ary time during the calendar year, did the organization have an interest in, or a signature or other authorty over, a financial account? ( <i>wch</i> as a brank account, securities account, or other financial accounts (FBAR).     5a       b If Yres, "noter the name of the foreign country ▶     See instructions for him groupmemts for FinCEN Form 114, Report of foreign Bank and Financial Accounts (FBAR).     5a       b Was the organization in party to a prohibited tax shelter transaction?     5b     5a       b D or syntaxible party notify the organization in Fine MB861?     5a     2       a y contributions that we end tax deductible a charatable contributions?     6a     2       b If Yes," did the organization include with every solicitation and prite for goods and services provided to the payor?     7a     X       b If the organization short wen or tax deductible and hard party as a contributions or gifts     6b     6a       c D did the organization include with every solicitation and prite for goods and services provided to the payor?     7a     X       c D did the organization advert was as other payors.     7a     X     7b     X       c D did the organization advert was as other payors.     7a     7a     7a     7a       d If Yee', 'indicata the number of Forms 8282 Rind dur	b				20	~	
b If Yes, 'that If lied a Form 90-T for this year? If 'No' to ins 3b, provide an explanation on Schedule 0.       3b         ia At any time during the calendar year, /id the organization have an interest in, or a signature or other authority over, a financial account or country (such as a bank account, securities account, or other financial account?)       4a       3         b If Yes, 'enter the name of the foreign country (buch as a bank account, securities account, or other financial account, securities account, or other financial account?)       5a       3b         3b Ub any taxabite party notify the organization that I was or is a party to a prohibited tax shelter transaction?       5a       3b         3b Ub any taxabite party notify the organization fits If was or is a party to a prohibited tax shelter transaction?       5a       3b         3b Ub any taxabite party notify the organization fits If was or is a party to a prohibited tax shelter transaction?       5a       3b         3b Ub Asset State State State an ormally greater than \$100,000, and did the organization noticule with every solicitation and party for gools and services provided to the payor?       7a       X         1b TYes, 'did the organization notify the doner of the value of the gools or services provided?       7a       X         1b If the organization needee asymmetin excess of ST ande party as contribution and party for which it was required?       7a       X         1b If the organization needee of the solue as other bolices, during the personal boeffit contracof?       7a       X					0-		x
a A Ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account's (such as a bank account, securities account, or other financial account)?							
transitial account in a foreign country (such as a bank account, securities account, or other financial account)?  4  4  4  4  4  4  4  4  4  4  4  4  4					30		
b       If Yes a, enter the name of the foreign country I       See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Ba       2         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Ba       2         b       Did any taxable party notify the organization in Endown B886 f?       Ba       2         a       Destination include with very solicitation an express statement that such contributions or gits organization include with very solicitation an express statement that such contributions or gits of the organization include with very solicitation an express statement that such contributions or gits of the organization include with very solicitation an express statement that such contributions or gits of the organization include with very solicitation an express statement that such contributions or gits of the organization networks on the very solicitation an express statement that such contributions or gits of the organization include with very solicitation an express statement that such contributions or gits of the organization include with very solicitation an express statement that such contributions or gits of the organization include with very solicitation enclude any trunds, directly for indirectly, on a personal benefit contribution of the organization include with very solicitation in any statement with the assess of the organization inference and the	a				4-		v
See instructions for filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).           Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?         5a         2           Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?         5a         2           I "Yes" to line Ga or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?         5a         2           I "Yes", did the organization nual gross receives that are normally greater than \$100,000, and did the organization solid         6a         2           Organization tax deductible contributions on express statement that such contributions or gifts         6b         7a         X           Organization teche a payment in access of \$76 made partly as a contribution and partly for goods and services provided to the payor?         7a         X           D I "Yes", did the organization notify the donor of the value of the goods or services provided?         7a         X           D I 'Yes", did the organization making, or othewize dispose of tanjbite personal property for which it was required to file form 8282?         7d         7a         Z           D I 'Yes", indicate the number of Forms 8282 filed during the year         7d         7a         Z         7a         Z           I 'Yes", indicate the number of Forms 8282 filed during the year         7d         7a         Z         7a	L-		accou	nt) ?	4a		
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a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         b Gross income from members or shareholders       11a         a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax exempt interest received or accrued during the year       12b         section 501(c)(29 qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         vote: See the instructions for additional information the organization must report on Schedule O.       14a         b If "Yes," was ti filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         b If "Yes," ase the instructions and file Form 4720, Schedule N.       15         Is the organization an educational institution subject to the section 4968 excise tax on ne							
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If "Yes," complete Form 6069.         6         Form 990 (20)           2005 12-09-21         6         Form 990 (20)					47		
2005 12-09-21 6 Form <b>990</b> (20)					1/		
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		12-09-21					(202)

Form 990	(2021)	)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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 on Schedule O. See instructions.

		1	40		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	13	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		1.2			
	Enter the number of voting members included on line 1a, above, who are independent		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	-	•			Ι.
_	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under					,
	of officers, directors, trustees, or key employees to a management company or other person?			3		
	Did the organization make any significant changes to its governing documents since the prior Form			4		
	Did the organization become aware during the year of a significant diversion of the organization's a			5		
6	Did the organization have members or stockholders?			6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	stockh	olders, or			
	persons other than the governing body?			7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following:			
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			1		_
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)			
					Yes	N
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing be	ody befo	ore filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If on Schedule O how this was done</i>			12c	x	
3	Did the organization have a written whistleblower policy?			13	Х	
	Did the organization have a written document retention and destruction policy?			14	Х	
	Did the process for determining compensation of the following persons include a review and appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			10		
	taxable entity during the year?			16a		-
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			104		
	exempt status with respect to such arrangements?	<u></u>		16b		1
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$ , CA					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 00	$\Omega T (continue E01(c))/2$	)e only		<u>2</u>
	for public inspection. Indicate how you made these available. Check all that apply.	anu 99		is only	) avall	aD
	Own website Another's website I Open request Other (expla	in on Cr				
٥			,	nd fina	ncial	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year.	COUNIC	or interest policy, ar	iu iinal	ICIAI	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's t		nd records			
.0	THE ORGANIZATION - 347-709-6290	JUUNS al				
	1216 BROADWAY, 2ND FLOOR, NEW YORK, NY 10001					
				Form	1 <b>990</b>	(2)
2006	5 12-09-21 <b>7</b>			TUII	1000	(21
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ч⊥.			5117 1100			

Part VII	Compensation of Officers,	Directors, T	rustees, Key	y Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	Pos heck ss pe	ition more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) EMILY DUMA	1.00	.,,						0	0	0
CO-CHAIR	1 00	X		X				0.	0.	0.
(2) CRYSTAL MIDDLESTADT	1.00	.,,						0		0
CO-CHAIR	1 00	X		X				0.	0.	0.
(3) MAC LIMAN	1.00	.,						0		0
SECRETARY		X		X				0.	0.	0.
(4) RACHEL ROBASCIOTTI	1.00							0.	_	0
TREASURER	1.00	X		X				0.	0.	0.
(5) NWAMAKA AGBO BOARD MEMBER	1.00	x						0.	0.	0.
(6) SHEENA BROWN	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(7) TRISHALA DEB	1.00							0.	•	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(8) HOLLY FETTER	1.00								0.	0.
BOARD MEMBER		x						0.	0.	0.
(9) SARAH FRANK	1.00							•••		•••
BOARD MEMBER		x						0.	0.	0.
(10) ALLISON JOHNSON HEIST	1.00									
BOARD MEMBER		x						0.	0.	0.
(11) CHARLES LONG	1.00									
BOARD MEMBER		x						0.	0.	Ο.
(12) ZAK PARPIA	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) YAHYA ALAZRAK	40.00									
EXECUTIVE DIRECTOR (AS OF 09/21)		х		х				95,970.	0.	17,528.
(14) SHERRY IIMAY HO	40.00									
EXECUTIVE DIRECTOR (THROUGH 06/21)		X		X				57,490.	0.	19,259.
132007 12-09-21	1					L		1		Form <b>990</b> (2021)

132007 12-09-21

Form 990 (2021)

14541110 759420 9200

2021.05000 RESOURCE GENERATION, INC.

8

	990 (2021)	RESOURCE	GENERA	<u> </u>	ON ,	, ]	IN	С.			27-1	847	561	Pa	ige <b>8</b>
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)						es (continued)								
		week (list any		Average hours per week (list any basis of the sector of th					h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC/		Est am c comp	(F) imate ount c other oensat	of tion
			related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	` 1099-NEC)		orga and	nizatio relate nizatio	on ed
	Subtotal									153,460.		0.	36	5,78	37.
c d	Total from Total (add	continuation sheets to Part V lines 1b and 1c)	/II, Section A				·····			0. 153,460.	000 of reportab	0.		, 5,78	0.
		tion from the organization		1030	1310								,	Yes	0 No
3	line 1a? If	anization list any <b>former</b> officer 'Yes," complete Schedule J for	such individual								•		3		X
4 5	and related	lividual listed on line 1a, is the s I organizations greater than \$15 rson listed on line 1a receive or	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		X
Sec	rendered to	o the organization? If "Yes," cor pendent Contractors	-				-			-			5		Х
1	Complete t	his table for your five highest c	-	-								npens	ation fr	om	
	the organiz	ation. Report compensation fo (A) Name and busines					vitri	or w		(B) Description of s		С	(C) ompen		<u>ו</u>
2	Total numb	per of independent contractors	(including but n	iot li	mite	d to	tho	se li	ster	d above) who received n	nore than				
		of compensation from the organ				0		0					Form 9	<b>90</b> (2	2021)

132008 12-09-21

Form	ı 99	0 (2	2021) RESOURCE GENE	ERATION,	INC.		27-1847	561 Page 9
Ра	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any li	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b		1			
s, G			Fundraising events 1c					
Gift lar /			Related organizations 1d		1			
imi)		е	Government grants (contributions) 1e		]			
tior er S		f	All other contributions, gifts, grants, and					
the				<u>,130,540.</u>	-			
onti nd (		-	Noncash contributions included in lines 1a-1f	308,470.				
aC		h	Total. Add lines 1a-1f	1	3,130,540.			
•	-		CONFERENCE FEES	Business Code 900099	94,330.	94,330.		
Program Service Revenue	2	a b	PUBLICATION SALES	900099	266.	266.		
Ser			TODETCATION SALES	500055	200.	2000		
am ever		c d						
ogra Re		e						
Pre			All other program service revenue					
					94,596.			
	3		Investment income (including dividends, inter					
			other similar amounts)		1,251.			1,251.
	4		Income from investment of tax-exempt bond	-				
	5		Royalties					
			(i) Real	(ii) Personal	4			
	6		Gross rents 6a		-			
			Less: rental expenses 6b Rental income or (loss) 6c		4			
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 279,830.	•				
		b	Less: cost or other basis		1			
anı			and sales expenses 7b 281,139.					
evenue			Gain or (loss) 7c -1,309.		1			1
r Re			Net gain or (loss)	<b>&gt;</b>	-1,309.			-1,309.
Other R	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See Part IV. line 18 8a					
		h	Part IV, line 18 8a Less: direct expenses 8b		1			
			Net income or (loss) from fundraising events	· · · · · · · · · · · · · · · · · · ·				
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a	1				
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10		-			
			Less: cost of goods sold [10]	-				
		С	Net income or (loss) from sales of inventory .	Business Code				
snc	11	2	MISCELLANEOUS INCOME	900099	1,662.			1,662.
nue		a b			-,002.			1,002.
ella		c						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d		1,662.			
	12		Total revenue. See instructions		3,226,740.	94,596.	0.	1,604.
13200	9 12	-09	·21					Form <b>990</b> (2021)

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2021.05000 RESOURCE GENERATION, INC. 9200\_\_\_1

RESOURCE GENERATION, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	21,030.	21,030.		
•	and domestic governments. See Part IV, line 21	21,030.	21,030.		
2	Grants and other assistance to domestic	72,090.	72,090.		
3	individuals. See Part IV, line 22 Grants and other assistance to foreign	72,050.	12,050.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	179,428.	130,616.	43,429.	5,383
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,528,251.	1,007,580.	422,653.	98,018
8	Pension plan accruals and contributions (include		40 600	10 000	2
_	section 401(k) and 403(b) employer contributions)	65,559.	43,633.	17,936.	3,990
9	Other employee benefits	426,807. 138,421.	282,404. 92,126.	117,883. 37,870.	26,520 8,425
10	Payroll taxes	130,421.	92,120.	57,870.	8,423
11	Fees for services (nonemployees):				
	Management	13,956.		13,956.	
b	F	102,081.	5,588.	95,857.	636
c d		102,001.	5,500.	55,057.	050
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch O.)	288,480.	257,197.	31,283.	
12	Advertising and promotion	693.	452.	241.	
13	Office expenses	68,334.	27,944.	37,415.	2,975
14	Information technology	86,224.	57,934.	24,235.	4,055
15	Royalties				
16	Occupancy	61,529.	41,004.	16,424.	4,101
17	Travel	74,637.	43,072.	31,355.	210
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2 002	2 076	010	100
22	Depreciation, depletion, and amortization	3,083. 13,847.	2,076. 4,232.	818. 9,180.	189 435
23	Insurance	13,04/.	4,434.	9,100.	433
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	STAFF DEVELOPMENT	46,806.	29,169.	17,637.	
h	MISCELLANEOUS	9,134.	3,190.	5,944.	
c		- ,	-,	- ,	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,200,390.	2,121,337.	924,116.	154,937
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 Figure if following SOP 98-2 (ASC 958-720)				

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11 2021.05000 RESOURCE GENERATION, INC.

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14541110 759420 9200

	<u>1990 (</u>		ATION, I	NC.		27-	1847561 Page <b>11</b>
Pa	rt X						
		Check if Schedule O contains a response or not	e to any line in th	is Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	573,254.		523,958.		
	2	Savings and temporary cash investments			2,186,101.		2,445,973.
	3	Pledges and grants receivable, net			140,794.		94,563.
	4	Accounts receivable, net			34,013.	4	3,724.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se persons			5	
	6	Loans and other receivables from other disqualit	fied persons (as d	lefined			
		under section 4958(f)(1)), and persons described	(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net		Γ		7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges			48,430.	9	29,481.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,500.			
	b	Less: accumulated depreciation	10b	18,500.	3,083.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,985,675.	16	3,097,699.
	17	Accounts payable and accrued expenses	97,469.	17	147,663.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedu	le D		21	
es	22	Loans and other payables to any current or form	ner officer, directo	or,			
Liabilities		trustee, key employee, creator or founder, subst					
iab.		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	s 17-24). Complet	e Part X			
		of Schedule D		·····  -	07 400	25	147 (()
	26	Total liabilities. Add lines 17 through 25			97,469.	26	147,663.
S		Organizations that follow FASB ASC 958, che	ck here 🕨 🗴				
ů.	-	and complete lines 27, 28, 32, and 33.			2 7/7 /12		2 955 172
sala	27	Net assets without donor restrictions		2,747,412. 140,794.	27	2,855,473. 94,563.	
Б	28	Net assets with donor restrictions		140,/94.	28	94,505.	
Fun		Organizations that do not follow FASB ASC 9	58, check here				
P		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			2,888,206.	31	2,950,036.
Ż	32	Total net assets or fund balances			2,985,675.	32	3,097,699.
	33	Total liabilities and net assets/fund balances			4,202,073.	33	5,057,059.

Form **990** (2021)

132011 12-09-21

Form	1 990 (2021) RESOURCE GENERATION, INC.	27-18	<u>47561</u>	Paç	ge <b>12</b>	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,226			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,200			
3	Revenue less expenses. Subtract line 2 from line 1	3			50.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,888	3,2	06.	
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	35	5,4	80.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,950	),0	36.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				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 on Schedul				x	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ	ired audit			1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L	

Form **990** (2021)

132012 12-09-21

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Department of the Treasury

Internal Revenue Service

(Form 990)

Total

# 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-FZ

Attach to Form 550 of Form 550-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

	2021
	Open to Public Inspection
_	

OMB No. 1545-0047

Name of the organization

INdi	le oi	RFCC	NIRCE GENER	RATION, INC.					7-1847561		
Pa	rt I	Reason for Public			complete t	his part ) S	See instruction		/ 104/501		
		nization is not a private found		-							
1		A church, convention of ch									
2		A school described in sect									
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).				
4											
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7	X	An organization that norma	ally receives a substa	antial part of its support	from a gov	vernmenta	l unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C									
8	Н	A community trust describ			-						
9		An agricultural research or									
		or university or a non-land-	grant college of agric	culture (see instructions	). Enter the	name, cit	y, and state of	f the colleg	e or		
10		university:						hin face a			
10		An organization that norma									
		activities related to its exer income and unrelated busi									
		See section 509(a)(2). (Co				.5505 2090		gamzation			
11		An organization organized		sively to test for public s	afety. See	section 50	09(a)(4).				
12		An organization organized	-	•	-			arry out the	e purposes of one or		
		more publicly supported or	rganizations describe	ed in section 509(a)(1)	or <b>section</b>	509(a)(2).	See section 5	509(a)(3). (	Check the box on		
		lines 12a through 12d that	describes the type of	of supporting organization	on and con	nplete line	s 12e, 12f, and	d 12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	d by its sup	ported or	ganization(s), t	typically by	' giving		
		the supported organizati	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting		
	_	organization. You must	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org					-		-		
		control or management of			same perso	ons that co	ontrol or mana	ige the sup	ported		
_		organization(s). You mus	-								
с		Type III functionally interested ergenization						lly integrat	ed with,		
d		its supported organizatio						rted organi	zation(s)		
ŭ		that is not functionally in									
		requirement (see instruct			-		-	a an actorn			
е		Check this box if the org						II, Type III			
		functionally integrated, o									
f	Ente	er the number of supported	organizations						-		
g		vide the following informatio					•				
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions		
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions		

Schedule	A (Form 990) 202
Part II	Support Sc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support				-					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1463897.	1832554.	2876925.	2951560.	3130540.	12255476.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge $\dots$									
4	Total. Add lines 1 through 3	1463897.	1832554.	2876925.	2951560.	3130540.	12255476.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						113,096.			
6	Public support. Subtract line 5 from line 4.						12142380.			
	ction B. Total Support	<b></b>			1					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021				
7		1463897.	1832554.	2876925.	2951560.	3130540.	12255476.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,		2 0 0 2	4 001	2 4 2 7	1 051	10.000			
	and income from similar sources $\dots$		3,083.	4,291.	3,437.	1,251.	12,062.			
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		2 045	2 6 9 2	10 220	1	10 020			
	assets (Explain in Part VI.)		2,945.	3,693.	10,339.	1,662.	<u>18,639.</u> 12286177.			
11	, i î									
12	Gross receipts from related activities,		,			12	743,309.			
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)				
80	organization, check this box and stor ction C. Computation of Publ									
-							98.83 %			
	Public support percentage for 2021 (					14	<u>98.83 %</u> 98.32 %			
	Public support percentage from 2020 a 33 1/3% support test - 2021. If the o									
102	stop here. The organization qualifies	-								
ŀ	o 33 1/3% support test - 2020. If the c									
•	and stop here. The organization qual									
17:	a 10% -facts-and-circumstances tes									
	and if the organization meets the fact									
	meets the facts-and-circumstances te			-		vinte organiz				
ł	10% -facts-and-circumstances tes	•	• •		•					
	more, and if the organization meets th									
	organization meets the facts-and-circ				• •					
18	•		•	• •			ns			
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions          Schedule A (Form 990) 2021									

132022 01-04-22

Schedule A (	(Form 990)	) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2	021	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
2	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
-	furnished by a governmental unit to the organization without charge							
6								
	Total. Add lines 1 through 5						<u> </u>	
18	Amounts included on lines 1, 2, and							
h	3 received from disqualified persons Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support		•		•		·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	021	(f) Total
	Amounts from line 6							.,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI.)							
	First 5 years. If the Form 990 is for th	e organization's f	I irst second third	fourth or fifth tax	vear as a section !	1 501(c)(3) c	rganizatio	n
•••	check this box and stop here	-			•		-	
Sec	ction C. Computation of Publ	ic Support Pe	ercentage					
	Public support percentage for 2021 (I			column (f))		15		
16	Public support percentage from 2020					16		
	ction D. Computation of Invest							
	Investment income percentage for 20					17		
18	Investment income percentage from 2					17		
				on line 14 and lin			nd line 1	
199	<b>33 1/3% support tests - 2021.</b> If the	-					ind line 17	
	more than 33 1/3%, check this box at 22 1/2% even at tests 2020. If the						0 1 /00/ -	<b>P</b> L
D	<b>33 1/3% support tests - 2020.</b> If the	-						
00	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in:			
3202	23 01-04-22			16		Scl	nedule A	(Form 990) 202
	110 750400 0000	0.0	01 05000	16			~	0000
)4]	110 759420 9200	∠0.	4I.00000 .	KESUUKCE (	GENERATIO	N, LN(	- •	9200 1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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17 2021.05000 RESOURCE GENERATION, INC.

Schedule A (Form 990) 2021

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e A (Form 990) 2021 RESOURCE GENERATION, INC	e A (Form 990) 2021	RESOURCE	GENERATION,	INC
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Part IV Supporting Organizations (continued)

Schedul

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.
Sec	tion C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	2		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test durin	g the	yea(see instructions)
---	---	-------	-----------------------

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

Section D. All Type III Supporting Organizations

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
   132025 01-04-22

3b | | Schedule A (Form 990) 2021

INC.

9200 1

2a

2b

За

Yes No

18 2021.05000 RESOURCE GENERATION,

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Schedule A	(Form 990) 2	021 RESOURCE	GENERATION,	INC.
Part V	Type III N	Ion-Functionally Integra	ted 509(a)(3) Suppo	orting Organizations

Sectio	ection A - Adjusted Net Income (A) Prior Year (B) Curren (option				
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3 (	Other gross income (see instructions)	3			
4 /	Add lines 1 through 3.	4			
	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
(	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d .	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
(	(explain in detail in <b>Part VI</b> ):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
	Subtract line 2 from line 1d.	3			
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
	Multiply line 5 by 0.035.	6			
	Recoveries of prior-year distributions	7			
	Minimum Asset Amount (add line 7 to line 6)	8			
	on C - Distributable Amount			Current Year	
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1			
	Enter 0.85 of line 1.	2			
	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
	Enter greater of line 2 or line 3.	4			
	Income tax imposed in prior year	5			
	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Part VI	oupplemental			and the state of t	Bar 40. D 1 1 2 1		En e d O
	Part IV, Section A, I line 1; Part IV, Secti	lines 1, 2, 3b, 3c, 4b, ion D, lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section E, lines	1a, 11b, and 11c; 1c, 2a, 2b, 3a, and	line 10; Part II, line 17a c Part IV, Section B, lines d 3b; Part V, line 1; Part	1 and 2; Part I V, Section B, I	IV, Section C, line 1e; Part V
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Part V, S	Section E, lines 2, 5, ar	nd 6. Also complete	e this part for any addition	onal informatio	on.
32028 01-04-2	2					Schodula	A (Form 990)

SCHEDULE D

Department of the Treasury Internal Revenue Service

#### (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

27-1847561

Name of the organization

RESOURCE GENERATION, INC.

		e 6. (a) Donor advised funds		(b) Funds and ot	her accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
23	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor a	udvised fur	nds	
-	are the organization's property, subject to the organization's	-			Yes
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
		· · · · ·			Yes
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	90, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreation	tion or education)                  Preservatio	n of a hist	orically importan <sup>.</sup>	t land area
	Protection of natural habitat	Preservatio	n of a cert	ified historic stru	cture
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the f	orm of a co		
	day of the tax year.			Held at th	e End of the Ta
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
~	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguisned, or terminated b	y the orga	nization during tr	ie tax
	year				
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per				
5	violations, and enforcement of the conservation easements it				Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,				
0		nandling of violations, and emoreing	Conservat	ion easements u	uning the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	ervation e	asements during	the vear
•	\$				the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section	170(h)(4)(l	B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial sta	tements tl	hat describes the	e
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of		r Other	Similar Asse	ets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
<b>1</b> a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statem	ent and ba	alance sheet wor	ks
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research	in furthera	ance of public	
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtheranc	ce of public servi	ce,
	provide the following amounts relating to these items:			• •	
	(i) Revenue included on Form 990, Part VIII, line 1				
~	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treating the following amounts required to be reported under FASP A		incial gain,	, provide	
-	the following amounts required to be reported under FASB A	-		► ¢	
	Revenue included on Form 990, Part VIII, line 1				
h	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Nation and the Instructions	s for Form 990		Cohodula	
ΗA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule	e D (Form 990
ΗA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990. 27		Schedule	e D (Form 990

		E GENERATI						-18475			<u>ge</u> 2
Par	t III Organizations Maintaining C								ntinue	ed)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	ck any of the	e following tha	at make sig	gnificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d			change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							n Part XIII.			
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma										No
Par	t IV Escrow and Custodial Arrange		ete if the	e organizati	on answered '	"Yes" on F	Form 990, Pa	rt IV, line 9	, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia							<u> </u>			1
	on Form 990, Part X?								i		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:				A 100 0			
								Amo	unt		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo						y?		;		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete if						<u></u> า		<u></u>		
1 0		(a) Current year		Prior year			d) Three years	hack (a) F		ears h	nack
10	Percipaing of year balance	(a) ourrent year	(6)	nor year					our ye		Juon
	Beginning of year balance Contributions										
	Net investment earnings, gains, and losses Grants or scholarships										
	E CONTRACTOR E CONTRACT										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the curr	ont year and balance	o (lino t								
2	Board designated or quasi-endowment	ent year end baland	е (ште %	rg, column	(a)) Heiu as.						
	Permanent endowment	%									
	· · · · · · · · · · · · · · · · · · ·	70 %									
C	The percentages on lines 2a, 2b, and 2c show	-									
32	Are there endowment funds not in the posses	•	ation th	at are held	and administe	ared for the	e organization	n			
ou	by:						c organization		Y	es	No
	(i) Unrelated organizations							3a	_		
	(ii) Related organizations										
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requi	red on S	Schedule R	?						
4	Describe in Part XIII the intended uses of the				• • • • • • • • • • • • • • • • • • • •				<u> </u>		
	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		), Part I	V, line 11a.	See Form 990	), Part X, li	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	st or other	(c) Acc	cumulated	(d) B	ook v	/alue	;
		basis (investr			s (other)	• •	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				18,500.		18,500.	•			0.
	Add lines 1a through 1e. (Column (d) must ed		X, colu				►				0.
							Sche	edule D (F	orm 9	990)	2021

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Schedule D (Form 990) 2021	RESOURCE	GENERATION,	INC.	

		e 11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	/ear market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
art VIII Investments - Program Related.			
		11. Cas Farm 000 Dart V line 10	
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
		11d Cas Farm 000 Part V line 15	
Complete if the organization answered "Yes" of		110. See Form 990, Part A, line 15.	
(a) L	Description		(b) Book value
(1)			
(1)			
(1) (2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	15)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of			
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the foothote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the foothote has been provided in Part XIII.

#### Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 RESOURCE GENERATION,	INC.	27-3	1847561 Page 4
-	rt XI Reconciliation of Revenue per Audited Financia	I Statements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts	1	3,226,740.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1			3,226,740.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		3,226,740.	
Pa	rt XII Reconciliation of Expenses per Audited Financia	al Statements With Exper	ises per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	3,200,390.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3,200,390.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	3,200,390.
Pa	rt XIII Supplemental Information.			
Drov	ide the departmentions required for Dart II, lines 2, 5, and 0; Dart III, lines 1;	and 4. David IV, linear the anal Ob. D	out V line 1. Dout	V line O. Deut VI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21

SCHEDU			G	rants and Oth	ner Assistan	ce to Organ	izations,		O	MB No. 1545-0047
(Form 990	D)		Gov	vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ted States			2021
Department of Internal Reve	of the Treasury nue Service		Comp	-	Attach to For rs.gov/Form990 for	m 990.				pen to Public Inspection
Name of t	he organization RESC	OURCE	GENERATIO	N, INC.						ification number -1847561
Part I	General Information o	on Grants a	nd Assistance							
crite	es the organization mainta eria used to award the gra cribe in Part IV the organi	ants or assis	stance?							Yes X No
Part II	Grants and Other Ass recipient that received	istance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered	/es" on Form 990, Par	rt IV, line 21, for a	ny
1 (a) I	Name and address of orgovernment	anization	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant sistance
2 Ente	er total number of section	1 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table		•	•	<b>&gt;</b>	
	er total number of other o	0								
LHA Fo	r Paperwork Reduction	Act Notice	, see the Instructi	ons for Form 990.					Schedule I	(Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OVID RELIEF GRANTS	20	72,090.	0.	FMV	

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

RESOURCE GENERATION SUPPORTS OUR LONG-TERM CAMPAIGN PARTNERS, WHICH ARE

GRASSROOTS ORGANIZATIONS LED BY THOSE MOST DIRECTLY IMPACTED BY INJUSTICE.

OUR CAMPAIGN PARTNERS WERE CHOSEN THROUGH A MULTI-YEAR PROCESS INVOLVING

MEMBERS, EXTERNAL STAKEHOLDERS, AND OUR BOARD.

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

			In	spection	
Employer	ide	enti	fic	cation num	۱b
<u> </u>	-	1	~		

ſ 

Name	e of the organization				Employer ident			mber
	RESOURCE GEN	ERATIO	N, INC.		27-1	847	561	
Par	t I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	17	308,470.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ()							
28	Other  ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	53, Part V, L	Jonee Acknowledg	jement 29			Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rei	oorted in Part I. lines 1 throud	h 28. that it			
	must hold for at least three years from the date				-			
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.					0.04		_
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribut	tions?	31		х
	Does the organization hire or use third parties of	-	-	•				
0_4	contributions?		-			32a		x
b	If "Yes," describe in Part II.					0_4		_
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column (a) is che	ked.			
	describe in Part II.	2.3						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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27-1847561 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

 4541110 759420 9200	2021.05000	34 RESOURCE	GENERATION,		92001
132142 11-17-21				Schedule	M (Form 990) 202

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

27-1847561

**RESOURCE GENERATION, INC.** 

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCE GENERATION ORGANIZES YOUNG PEOPLE WITH WEALTH AND CLASS

PRIVILEGE IN THE U.S. TO BECOME TRANSFORMATIVE LEADERS WORKING TOWARDS

THE EQUITABLE DISTRIBUTION OF WEALTH, LAND AND POWER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY STAFF AND DISTRIBUTED TO THE ENTIRE BOARD OF

DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION ON AN ANNUAL BASIS

TAKING INTO ACCOUNT COMPARABLE SALARIES AND PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2021

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132211 11-11-21

35 2021.05000 RESOURCE GENERATION, INC.

SCH	EDULE R

#### (Form 990)

#### Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Name of the organization

RESOURCE GENERATION, INC.

Employer identification number 27 - 1847561

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>3)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
RESOURCE GENERATION ACTION, INC - 84-3353949	ORGANIZES WEALTHY YOUTH TO						
1216 BROADWAY FL 2	SUPPORT POLITICAL POWER OF				RESOURCE		
NEW YORK, NY 10001	SOCIAL JUSTICE MVMNTS	NEW YORK	501(C)(4)		GENERATION, INC.	X	
	-						

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

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)		(e)		(f)	(	g)	()	ו)	(i)		(j)	(	k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under		of total come	end-o	re of of-year sets	Disprop alloca	tions?	Code V-UI amount in t 20 of Scheo	oox <sup>r</sup> Jule	nanagin partner		entaç ershi
		country)		sections	512-514)					Yes	No	K-1 (Form 10	)65) <b>y</b>	/es No	<u> </u>	
	-															
	-															
	-															
	-															
	_															
	4															
	-															
														_		
	-															
	1															
	1															
IV Identification of Related O	rganizations Taxable	as a Corpo	oration or Trust. C	omplete if tl	ne organizati	ion ansv	vered "Yes	s" on For	m 990, Pa	art IV,	line 34	4, because it I	had or	ne or r	nore re	late
organizations treated as a c	orporation or trust duri	ng the tax	· · · · · · · · · · · · · · · · · · ·													
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	( Sec	( <b>i)</b> ction
Name, address, and	EIN	Prim	ary activity	Legal domicile (state or entity (C corp, S		entity S corp.		are of total ncome		Share of end-of-year	Perc	entag ership	€ 512( cont	b)(13 rolled		
of related organizati				foreign	,	, 	) or +//	or trust)				assets			Yes	tity?
of related organizati				country)			ortru	51)							162	
of related organizat.								sı)			_					
of related organizat								51)								
of related organizat								50								
of related organizat								50								
of related organizat																

						1
					1	

#### Schedule R (Form 990) 2021 RESOURCE GENERATION, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed in	Parts II-IV2		163	
' a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-		1a		x
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Cift, grant, or capital contribution from related organization(s)				1c		X
	<ul> <li>c Gift, grant, or capital contribution from related organization(s)</li> <li>d Loans or loan guarantees to or for related organization(s)</li> </ul>						
	e Loans or loan guarantees by related organization(s)						
e					1e		X
f	Dividends from related organization(s)				1f		x
י מ	Dividends from related organization(s) Sale of assets to related organization(s)				1g		X
					1h		X
	<ul> <li>h Purchase of assets from related organization(s)</li> <li>i Exchange of assets with related organization(s)</li> </ul>						X
;	j Lease of facilities, equipment, or other assets to related organization(s)						X
J					1j		<u> </u>
k	k Lassa of facilities actuinment as other assets from related expenientian(a)						x
	k Lease of facilities, equipment, or other assets from related organization(s)						X
I Performance of services or membership or fundraising solicitations for related organization(s)							X
	m Performance of services or membership or fundraising solicitations by related organization(s)						<u> </u>
	<ul> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> </ul>						<u> </u>
0	Sharing of paid employees with related organization(s)				10	X	<u> </u>
	p Reimbursement paid to related organization(s) for expenses						x
	<ul> <li>p Reimbursement paid to related organization(s) for expenses</li> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>						X
q	Reinibursement paid by related organization(s) for expenses				1q		
	Other transfer of each or preparty to related expenientian(a)				4		x
r	Other transfer of cash or property to related organization(s)				1r 1s		X
<u>s</u>	Other transfer of cash or property from related organization(s)				15		
2	If the answer to any of the above is "Yes," see the instructions for information on w			· · · · · · · · · · · · · · · · · · ·			
	(a) Name of related organization	(b) Transaction	(c)	(d) Mothed of determining amount inv	alvad		

(a) Name of related organization	( <b>b)</b> Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved
(1) RESOURCE GENERATION ACTION, INC.	0	61,288.	MANAGEMENT ESTIMATE OF STAFF TIME
(2)			
(3)			
<u>(4)</u>			
(5)			
_(6)			

#### Schedule R (Form 990) 2021 RESOURCE GENERATION, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	II sec. (3) ?	<b>(f)</b> Share of total income	<b>(H</b> Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	al or F ging er?	<b>(k)</b> Percentage ownership
		oodinity)	Sections 312-314)	Yes I	No		Yes	No	(101111003)	Yes I	NO	

Schedule R (Form 990) 2021

Part VII	Supplemental Information
	Supplemental information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

14541110 759420 9200