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

**Return of Organization Exempt From Income Tax**

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

**Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.**

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

**Form 990-EZ**

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

**A For the 2012 calendar year, or tax year beginning and ending**

**C Name of organization**

**RESOURCE GENERATION**

**Number and street (or P.O. box, if mail is not delivered to street address)**

**220 EAST 23RD STREET**

**509**

**City or town, state or country, and ZIP + 4**

**NEW YORK, NY 10010**

**D Employer identification number**

**27-1847561**

**E Telephone number**

**668-634-7727**

**F Group Exemption Number**

**G Check if applicable**

**H Check **

**I Website: [WWW.RESOURCEGENERATION.ORG](http://WWW.RESOURCEGENERATION.ORG)**

**J Tax-exempt status (check only one)**

**501(c)(3)**

**4947(a)(1) or 527**

**K Check **

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

**(see the instructions for Part I)**

**Check if the organization used Schedule O to respond to any question in this Part I**

**1 Contributions, gifts, grants, and similar amounts received**

**2 Program service revenue including government fees and contracts**

**3 Membership dues and assessments**

**4 Investment income**

**5a Gross amount from sale of assets other than inventory**

**5b Less: cost or other basis and sales expenses**

**5c Gain (or loss) from sale of assets other than inventory**

**6 Gaming and fundraising events**

**6a Gross income from gaming (attach Schedule G if greater than $15,000)**

**6b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)**

**6c Less: direct expenses from gaming and fundraising events**

**6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)**

**7a Gross sales of inventory, less returns and allowances**

**7b Less: cost of goods sold**

**7c Gross profit or (loss) from sales of inventory**

**7d Other revenue (describe in Schedule O)**

**8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8**

**9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8**

**10 Grants and similar amounts paid (list in Schedule O)**

**11 Benefits paid to or for members**

**12 Salaries, other compensation, and employee benefits**

**13 Professional fees and other payments to independent contractors**

**14 Occupancy, rent, utilities, and maintenance**

**15 Printing, publications, postage, and shipping**

**16 Other expenses (describe in Schedule O)**

**17 Total expenses. Add lines 10 through 16**

**18 Excess or (deficit) for the year (Subtract line 17 from line 9)**

**19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)**

**20 Other changes in net assets or fund balances (explain in Schedule O)**

**21 Net assets or fund balances at end of year. Combine lines 18 through 20**

**LHA For Paperwork Reduction Act Notice, see the separate instructions.**

**Form 990-EZ (2012)**

---

**E278**

**MAY 29 2013**

**BGDEM, UT**

**Form 990-EZ (2012)**

---

**14340514 788383 RG2224**

**2012.03050 RESOURCE GENERATION**

**RG2224_1**
Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

(A) Beginning of year | (B) End of year
---|---
22 Cash, savings, and investments | 100. 22 | 100.
23 Land and buildings | | 23
24 Other assets (describe in Schedule O) | SEE SCHEDULE O | 50. 24 | 100.
25 Total assets | | 150. 25 | 200.
26 Total liabilities (describe in Schedule O) | | 26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 150. 27 | 200.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 EVENTS HELD TO ORGANIZE AND HELP ORGANIZE SOCIAL CHANGE MOVEMENTS AND EDUCATE YOUNG PEOPLE.

(Grants $ ) If this amount includes foreign grants, check here □ 28a

29

(Grants $ ) If this amount includes foreign grants, check here □ 29a

30

(Grants $ ) If this amount includes foreign grants, check here □ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here □ 31a

32 Total program service expenses (add lines 28a through 31a) □ 32

Part IV List of Officers, Directors, Trustees, and Key Employees

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter "O") | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation
---|---|---|---|---
ELSPETH GILMORE FORMER EXECUTIVE DIRECTOR | 1.00 | 0. | 0. | 0.
JESSICA SPECTOR EXECUTIVE DIRECTOR | 40.00 | 0. | 0. | 0.
JEN WILLSEA TREASURER | 1.00 | 0. | 0. | 0.
KATRINA SCHAEFFER SECRETARY | 1.00 | 0. | 0. | 0.
BRAEDEN LENTZ DIRECTOR | 1.00 | 0. | 0. | 0.
HEATHER DAVIS DIRECTOR | 1.00 | 0. | 0. | 0.
IRENE KAO DIRECTOR | 1.00 | 0. | 0. | 0.
LIZ SULLIVAN DIRECTOR | 1.00 | 0. | 0. | 0.
LORI CHOI DIRECTOR | 1.00 | 0. | 0. | 0.
MARIO LUGAY DIRECTOR | 1.00 | 0. | 0. | 0.
MIKA ALBRIGHT DIRECTOR | 1.00 | 0. | 0. | 0.
NAKISHA LEWIS DIRECTOR | 1.00 | 0. | 0. | 0.

232172 01-11-13

14340514 788383 RG2224 2012.03050 RESOURCE GENERATION RG2224_1
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

33  X

34 Were any significant changes made to the governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change in Schedule O (see instructions)

34  X

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a  X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a  0

b Did the organization file Form 1120-POL for this year?

37b  X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a  X

39 Section 501(c)(7) organizations. Enter:

39b N/A

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40a  N/A

section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A

40b  X

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?

40b  X

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40c  0

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

40d  0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e  X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ THE ORGANIZATION  Telephone no. 646-634-7727

42b X

Located at ▶ 220 EAST 23RD STREET, NEW YORK, NY  ZIP + 4 10010

42c

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42d

If "Yes," enter the name of the foreign country:

42e

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42f

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42g

If "Yes," enter the name of the foreign country:

42h

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43  N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a  X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b  X

c Did the organization receive any payments for indoor tanning services during the year?

44c  X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a  X

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45b
Part VI: Section 501(c)(3) organizations only

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
Yes  No  46 X

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?  If "Yes," complete Sch. C, Part II  47

48 Is the organization a school as described in section 170(b)(1)(A)?  If "Yes," complete Schedule E  48

49a Did the organization make any transfers to an exempt non-charitable related organization?  49a

b If "Yes," was the related organization a section 527 organization?  49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee paid more than $100,000</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f Total number of other employees paid over $100,000

52 Did the organization complete Schedule A?  Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Signature of officer

JESSICA SPECTOR, EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name

WILLIAM SKODY

Preparer's signature

WILLIAM SKODY

Date

05/14/13

Check ☐ if self-employed

PTIN

P00631754
Name of the organization: RESOURCE GENERATION

Employer identification number: 27-1847561

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION

BEG. OF YEAR  END OF YEAR

CONTRIBUTIONS RECEIVABLE 50  100

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO HELP YOUNG PEOPLE WITH WEALTH BRING ALL THEY HAVE AND ALL THEY ARE TO THE SOCIAL CHANGE MOVEMENTS AND ISSUES THEY CARE ABOUT THROUGH COMMUNITY BUILDING, EDUCATION AND ORGANIZING.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
### List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC) (if paid, enter &quot;-0&quot;)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM SEIDEL</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SARAH INSEL</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHA GROGAN-BROWN</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIRGINIA LEAVELL</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WALTER BARRIENTOS</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZEKE SPIER</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>