Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

, 20

A	For the	2020 calen	dar year, or tax year beginnin	g	, 2020, and ending			, 20		
В	Check if	eck if applicable: C Name of organization RESPE		CT DIVERSITY FOUNDATION			D Employer identification number			
	Address	change					73-1590973			
	Name cl	change Number and street (or P.O. box if mail is not delivered to street address) Room/suit				n/suite	PORT 3000 FOR MICHAEL STATE OF THE STATE OF			
	Initial return 2808 W. LEXINGTON			N WAY	WAY			(405) 359-0369		
	Final retu	al return/terminated City or town, state or province, country, and ZIP or foreign postal code						<i>A</i> .		
	Amende	ed return EDMOND, OK 73003 G Gross receipts \$ 31,021								
	Applicat	ion pending					roup return for subordinates? Yes No			
			MICHAEL KORENBLIT, 28			H(b) Are all si	ubordinates	included? Yes No		
1	Tax-exe	Skeript states: Electricity , , , , , , , , , , , , , , , , , , ,						See instructions		
J		ebsite: ► RESPECTDIVERSITY.ORG								
K Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 2000 M-State of								legal domicile: OK		
P	art I	Summary A SUMMARY AND RECORD TO								
Activities & Governance	1	Briefly des	riefly describe the organization's mission or most significant activities: TEACH TOLERANCE OF DIVERSE CULTURES AND PEOPLES							
	9 2									
	2							s net assets.		
	3		f voting members of the gov				3			
	4	Number of independent voting members of the governing body (Part VI, line 1b					4	6		
	5		ber of individuals employed			• • • •	5	1		
	6		ber of volunteers (estimate i				6	1		
	7a		lated business revenue fron				7a	85.		
	b	Net unrela	ted business taxable incom	e from Form 990-T, Pa	rt I, line 11		7b	0.		
Revenue								Current Year		
	8	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					445.	28,965.		
	9	109,411 001.100 101.01					012.	1,971.		
	10		t income (Part VIII, column			A PROMISE	96.	85.		
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12		nue-add lines 8 through 11					31,021.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								
	14	Benefits paid to or for members (Part IX, column (A), line 4)								
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)			10,	380.	10,335.		
	16a		rofessional fundraising fees (Part IX, column (A), line 11e)					**************************************		
	b		raising expenses (Part IX, c							
	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)			26,879.		17,140.		
	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)			37,259.		27,475.		
	19	Revenue I	ess expenses. Subtract line	ANOTOTIONO CALCA TOTAL AND ANALYSIS AND ANAL		.294.	3,546.			
Net Assets or	8		All Disconding by		Beginning o			End of Year		
	20	Total assets (Part X, line 16)				134	,784.			
	21		Total liabilities (Part X, line 26)				501			
ž	22	Net week and a second a second and a second					,784.			
	art II									
U	nder pen	nalties of perjuty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is act, and complete. Declaration of preparer to the than officer) is based on all information of which preparer has any knowledge.								
Tr.	ue, correc	JI, and comple	ie, Declaration of preparer former in							
٠.							/14/20	21		
	gn	Signature of Anna								
H	ere	MICHAEL KORENBLIT, PRESIDENT								
		Type or print name and title						1 :f PTIN		
Paid Prepar			e preparer's name	Preparer's signature	Date		Check X self-emplo	The same of the same		
		er Mitch	ell D. Rozin	1/states 0		1/14/21		. , 0 = 0 = 1 = 1		
	se On						n's EIN ► 73-1217419			
		Firm's ac	ddress ► 4045 N.W. 64th S	treet, Suite 510, C	klahoma City, OK	73116 Phon	e no. (40	5)848-1444 V/45 DN-		
Ma	ay the I	RS discuss	this return with the prepare	The second secon		* /* //*))*((* * •	. X Yes No		
-			ting Ant Metics, see the sens	rate instructions DAA	PEV	05/18/21 PRO		Form 990 (2020)		