#### EXTENDED TO NOVEMBER 15, 2022

Form **991** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2021 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre chang				
	Name chang	Doing business as		**-***89	42
	□ Initial □ return □ Final	199 NEW BOAD	Room/suite <b>61</b>	E Telephone number 866-546-	
	return. termin		01		130,977.
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
F	return □Applic	HINWOOD, NO 00221	DATE	H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: EDIZABETH ANN KODO		for subordinates	
		199 NEW ROAD, SUITE 61, LINWOOD, NO 0	8221	<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions
		e: ► WWW.OPERATIONRESPECT.ORG		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	<b>∟</b> Year	of formation: 1999 N	$f N$ State of legal domicile: ${f NY}$
P	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ A:	SSURE	EACH CHILD .	AND YOUTH A
& Governance		REŚPECTFUL, SAFE AND COMPASSIONATE CLIMA!	TE		
'n		Check this box  if the organization discontinued its operations or dispose		than 25% of its net as	sets
Ş.	1	- · · · · · · · · · · · · · · · · · · ·		3	5
ဇ္	1	Number of independent voting members of the governing body (Part VI, line 1b)		·····	5
∞ ∞					3
ţį		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			8
Activities		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		171,340.	93,765.
	9	Program service revenue (Part VIII, line 2g)		38,064.	35,865.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		77.	1,347.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		209,481.	130,977.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		149,700.	95,835.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
þer	h	Total fundraising expenses (Part IX, column (D), line 25)	18.	-	
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		100,943.	59,625.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		250,643.	155,460.
				-41,162.	-24,483.
_ 0		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or Fund Balances		T	Ве	41,936.	End of Year 17 625
SSe	20	Total assets (Part X, line 16)		12,937.	17,625.
et A	21	Total liabilities (Part X, line 26)			13,109.
		Net assets or fund balances. Subtract line 21 from line 20		28,999.	4,516.
	art II	Signature Block			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
He	re	ELIZABETH ANN KOLODNY, EXECUTIVE DIREC	CTOR		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1		X PTIN
Pai	d	MICHAEL S. BECKMAN MICHAEL S. BECKI	MAN	if self-employe	P01227103
	parer	Firm's name SJO PARTNERS		Firm's EIN	**-***1831
	Only	Firm's address 22 CANDLE LANE		5 Em	
	,	EAST BRUNSWICK, NJ 08816		Phone no. (9	73) 650-0327
N/a	v tha II	·		[ 1 Holle Ho. ( )	
ivia	y the H	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments	$\neg$
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	OPERATION RESPECT IS A NON-PROFIT EDUCATION AND ADVOCACY ORGANIZATION	
	DEDICATED TO ADVANCING THE SOCIAL AND EMOTIONAL GROWTH OF CHILDREN AND	
	YOUTH TO HELP THEM DEVELOP INTO COMPASSIONATE, RESPECTFUL, ETHICAL AND	
	CIVICALLY ENGAGED ADULTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$112,661. including grants of \$) (Revenue \$	)
	THE ORGANIZATION DISTRIBUTES EDUCATIONAL INFORMATION TO THE PUBLIC	•
	AND PROGRAMS, PRINTED MATERIALS AND VIDEOS TO SCHOOLS, CAMPS AND OTHER	
	ORGANIZATIONS THAT REACH SCHOOL AGE CHILDREN, AND IT SPONSORS	
	PROFESSIONAL DEVELOPMENT FOR EDUCATORS AND CONDUCTS OTHER PUBLIC	
	ACTIVITIES.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 112,661.	
	Form <b>990</b> (2	021)

### 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	<u>'</u>		
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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)? If "Yes," complete Schedule E	13		Х
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			7.7
	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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	^-		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 22

# Form 990 (2021) OPERATION RESPECT, Part IV Checklist of Required Schedules (continued)

			Yes	NI-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
h	Schedule K. If "No," go to line 25a	24a 24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			X
00	Schedule L, Part I	25b		Α.
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		х
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			. v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II	32		
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5,		<del></del>
_	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0, if not applicable			
b	Enter the humber of Forms w-2d included of line 1a. Enter-o- in not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(garriening) withings to prize without:	110		

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OPERATION RESPECT, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_			
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	•			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		
D	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Populate (EBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	ı	7c		X
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interested funds.		7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		•		
а	51.11		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	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			
11	Section 501(c)(12) organizations. Enter:	ı			
а		11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		ISa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2021) OPERATI1

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	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 O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	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.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►NY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	LISA WALSH - 866-546-9291							
	2611 RIVER ROAD, POINT PLEASANT, NJ 08742							

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

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 (A)	(B)	Γ			C)			(D)	(E)	(F)	
Name and title	Average	Positi		sition more than one			Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week	-	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or dir	gg.			ated		organization	(W-2/1099-MISC/	from the	
	related	ıstee	truste		gy.	Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ighes mploy	Former			organizations	
(1) ELIZABETH ANN KOLODNY	40.00	=	=	0		Ξ 0	Œ				
EXECUTIVE DIRECTOR		1		х				58,698.	0.	0.	
(2) GERI CRITCHLEY	1.00							, , , , , ,			
DIRECTOR		X						0.	0.	0.	
(3) DOLORES EYLER	1.00										
DIRECTOR		x						0.	0.	0.	
(4) NOEL PAUL STOOKEY	1.00										
DIRECTOR		X						0.	0.	0.	
(5) BETHANY YARROW	1.00										
DIRECTOR		Х						0.	0.	0.	
(6) PETER YARROW	1.00										
DIRECTOR		Х						0.	0.	0.	
		_									
		1									
		_									
		-									
		_									
		-									
			_								
		-									
		-									
		+									
		$\vdash$	-	$\vdash$	$\vdash$	-					
		1									
		$\vdash$	<del>                                     </del>	$\vdash$		<del>                                     </del>					
		1									
		1	1	1	1	1	ı	I			

Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation	compensatio			ount o	of
	(list any	for						from the	from related organization			other oensa	tion
	hours for	r direc				pe:		organization	(W-2/1099-MI			om the	
	related	stee or	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	)		anizati	
	organizations below	nal tru:	onal t		oloyee	co mb		1099-NEC)				l relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	nizatio	JIIS
	,	=	_=	0	3	王高	프						
		$\vdash\vdash$											
		Ш											
		$\mid \cdot \mid$											
		$\prod$											
		igdash				_							
		Ш											
		$\mid \cdot \mid$											
		$\square$											
		H											
4h Cuhinini							L	58,698.		0.			0.
1b Subtotal c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								58,698.		0.			0.
2 Total number of individuals (including but								<u> </u>	,000 of reportab	le			
compensation from the organization											I	Yes	No.
3 Did the organization list any <b>former</b> office	, ,	,	,		,	,	_	, , ,	,	ļ		100	
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the	-		-					•	the organization				37
and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co	•				-			ed organization or indiv	idual for services	<b>3</b>	5		Х
Section B. Independent Contractors	mpiete Scriedui	<del>e                                    </del>	OI SI	ucn	pers	SOIT					5		
1 Complete this table for your five highest of										npens	ation f	rom	
the organization. Report compensation for	or the calendar y	ear e	endi	ng v	vith	or w	ithir T	n the organization's tax : (B)	year.		(C	٠,	
<b>(A)</b> Name and busines	ss address	NC	ONE	3				Description of s	ervices	С	omper		า
							_						
2 Total number of independent contractors		not lir	mite	d to	tho	se li	sted	d above) who received m	nore than				
\$100,000 of compensation from the orga	nization >					U					Form 9	200 (2	2021)

Pa	rt V	1111			a in this Dort VIII			
			Check if Schedule O contains a response	e or note to any iin I	ie in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
<u>s</u> s	1	2	Federated campaigns 1a					
ran			Membership dues 1b					
Ē,			Fundraising events 1c					
ifts ar A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	51,287.				
ion			All other contributions, gifts, grants, and	,				
but		-	similar amounts not included above 1f	42,478.				
n Offi		a	Noncash contributions included in lines 1a-1f					
auc		_	Total. Add lines 1a-1f		93,765.			
				Business Code	-			
ø.	2	а	REGISTRATION FEES	900099	35,865.	35,865.		
Program Service Revenue		b			-	-		
Se		С						
eve		d						
ogr R		е						
P.		f	All other program service revenue					
			Total. Add lines 2a-2f		35,865.			
	3		Investment income (including dividends, inter					
			other similar amounts)	▶	25.			25.
	4		Income from investment of tax-exempt bond	proceeds 🕨				
	5		Royalties	.,				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 1,322.	•				
		b	Less: cost or other basis					
ğ			and sales expenses 7b 0.					
Revenue			Gain or (loss) 7c 1,322		1 200			1 200
er R			Net gain or (loss)	<b>&gt;</b>	1,322.			1,322.
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Net income or (loss) from fundraising events Gross income from gaming activities. See	<b>P</b>				
	9	а	Part IV, line 19	.				
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10	+				
_			Net income or (loss) from sales of inventory .					
<u></u>			. ,	Business Code				
e go	11	а						
ane		b						
Miscellaneous Revenue		С						
Mis H		d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	<b>&gt;</b>	130,977.	35,865.	0.	1,347.

#### 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).

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,	58,698.	45,071.	5,948.	7,679
_	trustees, and key employees	30,030.	45,071.	3,340.	1,013
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	28,566.	21,935.	2 805	3,736
7	Other salaries and wages	40,500.	41,333.	2,895.	3,130
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,571.	5,819.	1,119.	1,633
10	Payroll taxes	0,371.	3,013.	1,110.	1,033
11	Fees for services (nonemployees):				
a					
b		4,362.		4,362.	
C	5 ······ F	4,302.		4,502.	
d	, 3 F				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	//CII 44				
g	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,738.	1,738.		
13	F	4,848.	761.	2,957.	1,130
14	Office expenses Information technology	5,784.	2,283.	2,602.	899
15	Royalties	377010	2,2031	2,0021	
16					
17	Occupancy	203.	83.	53.	67
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	153.	59.	73.	21
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	680.		680.	
23	Insurance	8,517.	4,023.	4,360.	134
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	MDATNEDO ODEAREDO ÁND [	28,734.	28,167.	189.	378
h	VIDEO AND MUSIC PRODUCT	3,000.	2,503.		497
c	POSTAGE AND SHIPPING	1,606.	219.	143.	1,244
d		,		- 1	· -
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	155,460.	112,661.	25,381.	17,418
<u> 26</u>	<b>Joint costs.</b> Complete this line only if the organization	, -	•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			35,914.	1	11,588.
	2	Savings and temporary cash investments	147.	2			
	3	Pledges and grants receivable, net				3	4,405.
	4	Accounts receivable, net			3,500.	4	
	5	Loans and other receivables from any currer	t or forme	er officer, director,			
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,632.			
	b	Less: accumulated depreciation	10b	10,000.	0.	10c	1,632.
	11	Investments - publicly traded securities		2,375.	11		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			11 000	15	1- 40-
	16	Total assets. Add lines 1 through 15 (must e			41,936.	16	17,625.
	17	Accounts payable and accrued expenses	12,937.	17	13,109.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or t					
Liabilities		trustee, key employee, creator or founder, su					
jak		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	). Complete Part X			
		of Schedule D		·····	12,937.	25	13,109.
	26	Total liabilities. Add lines 17 through 25			14,937.	26	13,109.
es		Organizations that follow FASB ASC 958,	спеск пе	re 🖊 🔼			
ŭ	07	and complete lines 27, 28, 32, and 33.			28,999.	07	4,516.
3ala	27	Net assets without donor restrictions			20,555.	27	4,510.
ď	28	Net assets with donor restrictions				28	
Fu		Organizations that do not follow FASB AS	C 958, CN	eck nere			
ō		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current fur				29 30	
Ass	30	Paid-in or capital surplus, or land, building, o				31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	28,999.	32	4,516.
Z	32	Total net assets or fund balances Total liabilities and net assets/fund balances			41,936.	33	17,625.
	_ 33	Total liabilities and het assets/fully balances			11,000	JJ	Form <b>990</b> (2021)

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		0,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,4			
3	Revenue less expenses. Subtract line 2 from line 1	3			83.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	8,9	<u>99.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain 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		4,5	16.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
	<u> </u>			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 Schedule O.						
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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		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:						
	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	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.					
За	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?		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>.</u>	3b				
			Form	990	(2021)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*8942 OPERATION RESPECT. INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### Part II 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.)

Section A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(~, =010	(5) 2010	(4, 2020	(5, 252)	(1) 10141
	membership fees received. (Do not						
	include any "unusual grants.")	380,738.	288,078.	369,423.	209,404.	129,630.	1,377,273.
2	Tax revenues levied for the organ-		, , , , , , , , , , , , , , , , , , ,	,		, i	
	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						
4	Total. Add lines 1 through 3	380,738.	288,078.	369,423.	209,404.	129,630.	1,377,273.
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)						
	Public support. Subtract line 5 from line 4.						1,377,273.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018 288, 078.	(c) 2019 369, 423.	(d) 2020 209,404.	(e) 2021 129,630.	(f) Total
	Amounts from line 4	380,738.	288,078.	369,423.	209,404.	129,630.	1,377,273.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		000	225		1 246	1 060
	and income from similar sources		202.	337.	77.	1,346.	1,962.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1,379,235.
	<b>Total support.</b> Add lines 7 through 10	-4- /!				40	1,379,235.
12	Gross receipts from related activities	•		fatla au fiftla ta		12	
13	First 5 years. If the Form 990 is for the	•	rst, second, tnira,	fourth, or fifth tax	year as a section :	501(C)(3)	ightharpoonup
Sec	organization, check this box and stop etion C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2021 (			column (f))		14	99.86 %
	Public support percentage from 2020					15	99.86 %
	<b>33 1/3% support test - 2021.</b> If the o					L	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
		_					
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circ				-		<b>&gt;</b>
18	8 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

#### 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.)

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	, ,	, ,	` ` ′	`,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4							
7	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to the organization without charge						
	***						
	Total. Add lines 1 through 5			+	+		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			L		1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	tourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u></u>	check this box and stop here						<b>_</b>
	ction C. Computation of Publ					<del></del>	
	Public support percentage for 2021 (I			column (f))			%
	Public support percentage from 2020 ction D. Computation of Inves			<u></u>		16	%
17						17	%
18						<del></del>	
	a 33 1/3% support tests - 2021. If the						
198							17 IS HOL
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19h check t	his hox and see in	nstructions	

### 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.)

	Yes	No
1		
2		
3a		
Sa		
3b		
3c		
- 55		
4a		
4b		
4c		
40		
5a		
- Gu		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
3.2		
9c		
10a		
10b	- 000°	0001

Par	rt IV Supporting Organizations (continued)			
			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		
Sect	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 or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office the supported organization of the description of the organization of the description of the organization of the description of the organization	cers,		
	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 support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	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			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			T
			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 <b>Part VI</b> how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	2		
Sect	tion 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 during the yeafsee instru	uctions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	ctions).		
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 instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	(000	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-110
	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.	2a		
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.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	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.

Sche	edule A (Form 990) 2021 OPERATION RESPECT, INC			**-***8942 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
5	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

Schedule A (Form 990) 2021

6

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

emergency temporary reduction (see instructions).

instructions).

Pa	rt V Type III Non-Functionally Integrated 509		anizations (agetic	,,od)	UJ 12 Pag
	tion D - Distributions	(-,(-)ppoining orge	(contin	uea) 	Current Year
1	Amounts paid to supported organizations to accomplish exe	1	2 2 1 2 41		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	or par posses or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	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	<del>)</del>		
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio 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				
С	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				
_	Fugges from 0001				

Schedule A (Form 990) 2021

e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

OPERATION RESPECT,

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

\*\*-\*\*\*8942

2021

Name of the organization Employer identification number

INC.

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

#### OPERATION RESPECT, INC.

\*\*-\*\*\*8942

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOSEPH ABESSINIO  625 HALSTEAD ROAD  WILMINGTON, DE 19803	\$5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SMALL BUSINESS ADMINISTATION - PPP  409 THIRD STREET SW  WASHINGTON, DC 20416	\$51,287.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHARLOTTE FRANK  25 SUTTON PLACE  NEW YORK, NY 10022	\$5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Page 3

Name of organization

Employer identification number

#### OPERATION RESPECT, INC.

\*\*-\*\*\*8942

	, , , , , , , , , , , , , , , , , , ,	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** \*\*-\*\*\*8942 OPERATION RESPECT, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-2

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga				Empl	oyer identification number
Part I-A		ON RESPECT, INC ganization is exempt un		or is a section 527 o	**-***8942
<ul><li>1 Provide</li><li>2 Political</li></ul>	a description of the organiz	cation's direct and indirect polit cures ign activities	ical campaign activities	in Part IV. ▶\$	0.
Part I-B	-	ganization is exempt un			
		incurred by the organization ur			
2 Enter th	ne amount of any excise tax	incurred by organization mana	gers under section 4955	5▶\$	
		n 4955 tax, did it file Form 472			
					Yes No
	describe in Part IV.	ganization is exempt un	der section 501(c)	excent section 501/	(c)(3)
	· · · · · · · · · · · · · · · · · · ·	d by the filing organization for s		· · · · · · · · · · · · · · · · · · ·	
	• •	ization's funds contributed to	·		
	0 0		· ·		
		s. Add lines 1 and 2. Enter here			
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
made p	ayments. For each organizautions received that were pr	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	zation's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021

d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2021 OPERATION RESPECT, INC.

\*\*-\*\*\*894

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5) or se	ction	
ı aı	501(c)(6).	311 30 1(0)	(5), 01 36	Ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
ı aı	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part		e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
	Carryover from last year				
С	Total		1 _		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
_5_	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1	and 2 (See	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Name of the organization

OPERATION RESPECT, INC.

**Employer identification number** \*\*-\*\*\*8942

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	imilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised	funds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	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	writing that the assets hel	d in donor advised fun	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	•			2b
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or to	erminated by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		<del></del> _	
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and	a enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onf	araina aanaantatian a	an amonto during the year
7	S     S     S	aling of violations, and em-	ording conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	vo satisfy the requirement	of coation 170(b)(4)(E	D)/i)
0				
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati			
3	balance sheet, and include, if applicable, the text of the footi		· ·	
	organization's accounting for conservation easements.	note to the organization 3	illianolai statements ti	lat describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		,	
	If the organization elected, as permitted under FASB ASC 95	58. not to report in its reve	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final			·
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	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 tre			
	the following amounts required to be reported under FASB A		<del>-</del> .	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2021

			ON RESPECT				*_**			age <b>2</b>	
Par	t III	Organizations Maintaining C	Collections of Ar	t, Historical	Treasures, or O	ther Simila	r Asset	<b>S</b> (contir	nued)		
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Ш	Public exhibition	d	Loan or e	exchange program						
b		Scholarly research	е	Other							
С		Preservation for future generations									
4	Provi	de a description of the organization's co	ollections and explair	n how they furthe	er the organization's	exempt purpos	e in Part	XIII.			
5	Durin	ng the year, did the organization solicit o	or receive donations of	of art, historical to	reasures, or other sin	nilar assets					
	to be	sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?		🔲	Yes		☐ No	
Par	t IV	Escrow and Custodial Arran	gements. Comple	te if the organiza	tion answered "Yes"	on Form 990,	Part IV, li	ine 9, or			
		reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Fo	orm 990, Part X?						Yes		∟ No	
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t		
С	Begir	nning balance				1c					
d	Additions during the year										
е	Distributions during the year										
f	Endir	Ending balance									
2a	Did tl	he organization include an amount on F	orm 990, Part X, line	21, for escrow o	r custodial account li	ability?		Yes		∐ No	
		es," explain the arrangement in Part XIII.									
Par	t V	Endowment Funds. Complete i	f the organization an			_					
			(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three yea	ars back	(e) Four	years	back	
1a	Begir	nning of year balance									
b	Cont	ributions									
С	Net in	nvestment earnings, gains, and losses									
d	Gran	ts or scholarships									
е	Othe	r expenditures for facilities									
	and p	programs									
f	Admi	nistrative expenses									
g	End o	of year balance									
2	Provi	de the estimated percentage of the cur	rent year end balanc	e (line 1g, colum	n (a)) held as:						
а	Board	d designated or quasi-endowment		_%							
b	Perm	anent endowment	%								
С	Term	endowment >	%								
	The p	percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are t	here endowment funds not in the posse	ession of the organiza	ation that are hel	d and administered f	or the organiza	ition	,			
	by:								Yes	No	
	(i) L	Jnrelated organizations						3a(i)			
	(ii) F	Related organizations						3a(ii)			
b	If "Ye	es" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule	R?			3b			
4		ribe in Part XIII the intended uses of the		wment funds.							
Par	t VI	Land, Buildings, and Equipm									
		Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a	a. See Form 990, Par	t X, line 10.					
	Description of property		, , ,	(a) Cost or other (b) Cost or other (c) Accu							
			basis (investr	nent) bas	sis (other)	depreciation	$\bot$				
b		ings					$-\!$				
_	1 000	abald improvaments	ı	1	1						

Schedule D (Form 990) 2021

10,000.

e Other

c Leasehold improvements d Equipment

11,632.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

1,632.

1,632.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market valu
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D 1 N/ I'	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" (			1 - 6 1 6 1 -
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 D+ IV II	add Oss Farm 000 Post V Brands	
Complete if the organization answered "Yes" (		e 11d. See Form 990, Part X, line 15.	(le) De els velve
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.	F 000 D+ IV II	. 44 446 O F 000 Part V line of	•
Complete if the organization answered "Yes" (  (a) Description of liability	on Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 25	
······································			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT HAS DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD AT THE STATEMENT OF FINANCIAL POSITION DATES AND NO INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS HAVE BEEN RECOGNIZED IN THE

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

OPERATION RESPECT, INC.

Employer identification number \*\*-\*\*8942

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS PETER AND BETHANY YARROW ARE RELATED

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

THE 990 IS DISTRIBUTED TO OFFICERS AND BOARD OF DIRECTORS FOR REVIEW BEFORE FILING

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

EACH DIRECTOR SHALL (I) FULLY DISCLOSE ANY AND ALL ACTUAL AND APPARENT

CONFLICTS OF INTEREST (INCLUDING, WITHOUT LIMITATION, MATERIAL FINANCIAL,

FAMILY, OR ORGANIZATIONAL INTERESTS) THE DIRECTOR MAY HAVE IN REGARD TO

MATTERS COMING BEFORE THE BOARD OR OTHERWISE MATERIALLY AFFECTING THE

CORPORATIONS ASSETS OR AFFAIRS, (II) PROVIDE SUCH RELATED INFORMATION AS

THE BOARD REQUIRES TO EVALUATE THE CONFLICT AND TAKE PERTINENT ACTION,

(III) BE DISQUALIFIED FROM VOTING (AND PARTICIPATING IN DISCUSSIONS, IF SO

REQUESTED BY THE BOARD) ON ANY PROPOSED ACTION OR REMEDY FOR THE DIRECTORS

CONFLICT(S) OF INTEREST, AND (IV) ABIDE BY ALL LAWS, BYLAWS, AND RULES AND

DECISIONS PERTAINING TO CONFLICTS ADOPTED BY THE BOARD RESOLUTION, OR

DISQUALIFIES HIMSELF OR HERSELF FROM VOTING ON A PARTICULAR MATTER, EACH

DIRECTOR ATTENDING A MEETING IS ENTITLED TO VOTE ON ALL MATTERS COMING

BEFORE THE BOARD

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

COMPENSATION IS REVIEWED ANNUALLY

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization  OPERATION RESPECT, INC.	Employer identification number **-**8942
AVAILABLE UPON REQUEST	