Form 990

Return of Organization Exempt From Income Tax

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

20**23**

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	ror the	ZUZS CBIEN	dar year, or tax year beginning , 2023, and ending			, 20	
B Check if		applicable:			D Employer identification number 73-1590973		
		change					
П	Name of	nance	nge Number and street (or P.O. box if mall is not delivered to street address) Room/suite			E Telephone number	
$\bar{\Box}$	Initial ret	The same of the control of the contr			(405) 359-0369		
\exists		ım/terminated	City or town, state or province, country, and ZIP or foreign postal code	- 1			
旨	SWEET SELEC	ended return EDMOND, OK 73012 G Gross rece					
m		ion pending	F Name and address of principal officer:	-		receipts \$ 79,195. subordinates? Yes X No	
	pphode		MICHAEL KORENBLIT, 2808 LEXINGTON WAY, EDMOND, OK 73003				
Ī	Tax-exe	mpt status:	▼ 501(c)(3)	10 10		t. See Instructions.	
j	Website		CTDIVERSITY, ORG				
J Website: RESPECTDIVERSITY, ORG H(c) Group exemption number K Form of organization: ★ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 2000 M State of legal dom/lclle: OK							
Part I Summary							
	1	Briefly describe the organization's mission or most significant activities: TEACH TOLERANCE OF DIVERSE CULTURES AND PEOPLES					
a)	e: 350	briefly describe the organization a mession of most significant activities. TRACH TULERANCE OF DIVERSE CULTURES AND PROPERS					
Š	3						
Ę	2	Check this how Till the apparientian discontinued in angular and the state of the APPA of the state of					
8	9588	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.					
Activities & Governance	3		voting members of the governing body (Part VI, line 1a)		3		
	4				4	5	
	1		oer of individuals employed in calendar year 2023 (Part V, line 2a)		5		
	1		per of volunteers (estimate if necessary)	* * * *	6	1	
			ated business revenue from Part VIII, column (C), line 12		7a	0.	
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11	. No Roy France	7b	0.	
Revenue		Prior Yes				Current Year	
	8	Contributio	ns and grants (Part VIII, line 1h)	35,4	51.	36,364.	
	9	Program se	ervice revenue (Part Vill, line 2g)	6,0	129.	8,457.	
	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)	1	55.	4,119.	
			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	75 HOUSE		ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,6	35.	48,940.	
Expenses			similar amounts paid (Part IX, column (A), lines 1-3)				
		Benefits paid to or for members (Part IX, column (A), line 4)					
		100	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	14,4	11	13,902.	
			al fundraising fees (Part IX, column (A), line 11e)	11,1		15,702.	
			aising expenses (Part IX, column (D), line 25) 0.			1917 - 3 18 17 7 7 22 7 11 7 11	
	20.00		nses (Part IX, column (A), lines 11a-11d, 11f-24e)	10 27		12,899.	
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,277		26,801.	
			ss expenses. Subtract line 18 from line 12	32,688.			
L 99	19	Hevellue le		8,947. Beginning of Current Yea		22,139. End of Year	
Net Assets or Fund Balances	~~	Talal assal	0-00 pp.1-0 pp.1				
	20		s (Part X, line 16)	115,2	11.	137,350.	
	21		ies (Part X, line 26)	115 0		*27 254	
在 正	22		or fund balances. Subtract line 21 from line 20	115,2	777	137,350.	
Part II Signature Block							
			I declare that I have examined this return, including accompanying schedules and stateme Declaration of preparer (other than officer) is based on all information of which preparer has			ny knowledge and belief, it is	
-	7 0011001	, and ••••	a boundaries proposed (esto and onloss), o babba on all anotherabit of a later proposed to	to tarry ratio writing			
~: -	65 <u>0</u>	07/26/2024					
Sign		Signature of officer Date					
He	re	MICH	MICHAEL KORENBLIT, PRESIDENT				
		Type or print	name and title				
0-	id	Print/Type preparer's name Preparer's signature Date Check X if PTIN					
Paid Prepare: Use Only		Mitche	Mitchell D. Rozin 7/6/24 self-employed P01445746				
			5 (5) 52 102 40				
US	e Oni	Firm's add					
Mo	rtha ID		his raturn with the preparer shown shows? See instructions	5110 11000	- 11	V Von No	