

Return of Organization Exempt From Income Tax

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

2023

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 For the 2023 calendar year, or tax year beginning , **2023**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C The Diabetes Family Connection 6325 Falls of Neuse Rd #35241 Raleigh, NC 27615-6877 F Name and address of principal officer: Anne Sutton Same As C Above	D Employer identification number 82-5369641 E Telephone number (704) 953-0749 G Gross receipts \$ 622,543.	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions.</small>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: N/A K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 2018 M State of legal domicile: NC	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>The DFCs mission is to positively transform life with diabetes through the power of community. We provide year-round recreational-based programs focused on building confidence, optimism, teamwork, mentorship, and support of people living with diabetes and their families.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	2	
	6 Total number of volunteers (estimate if necessary)	6	200	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	638,559.	622,543.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	638,559.	622,543.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,580.	70,617.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25)			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	529,072.	510,701.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	545,652.	581,318.		
19 Revenue less expenses. Subtract line 18 from line 12	92,907.	41,225.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	199,966.	232,609.	
	22 Net assets or fund balances. Subtract line 21 from line 20	13,194.	4,612.	
		186,772.	227,997.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Anne Sutton	Date	
	Type or print name and title Executive Director		
Paid Preparer Use Only	Print/Type preparer's name Jennifer Hahn, EA	Preparer's signature Jennifer Hahn, EA	Date
	Firm's name Uncanny Bookkeeping, LLC	Check <input type="checkbox"/> if self-employed	PTIN P00478455
	Firm's address 1145 Fallbrook Lane Lewisville, NC 27023	Firm's EIN 82-5174213	Phone no. 336-303-1261
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		