

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

**TAKING CONTROL OF YOUR DIABETES
DBA: TCOYD**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5720 OBERLIN DRIVE, STE 150

City or town, state or province, country, and ZIP or foreign postal code
SAN DIEGO, CA 92121

F Name and address of principal officer: **STEVEN EDELMAN
SAME AS C ABOVE**

D Employer identification number

33-0794608

E Telephone number

858-755-5683

G Gross receipts \$ **3,671,153.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.TCOYD.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1997**

M State of legal domicile: **CA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TCOYD EDUCATES AND MOTIVATES PEOPLE WITH DIABETES TO TAKE A MORE ACTIVE ROLE IN THEIR CONDITION
	2	Check this box ☐ 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
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 10
	6	Total number of volunteers (estimate if necessary) 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 3,147,851.
	9	Program service revenue (Part VIII, line 2g) 94,475.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 104,570.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 894.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,347,790.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,838,794.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 162,566.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,146,257.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,985,051.
19	Revenue less expenses. Subtract line 18 from line 12 362,739.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 4,225,133.
	21	Total liabilities (Part X, line 26) 812,780.
	22	Net assets or fund balances. Subtract line 21 from line 20 3,412,353.

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		Date		
	STEVEN EDELMAN, CHAIRMAN				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	LUKAS DAVIS		11/13/25		P00668234
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CONSIDINE & CONSIDINE	95-2694444		619.231.1977	
	Firm's address 8989 RIO SAN DIEGO DRIVE, SUITE 250 SAN DIEGO, CA 92108-1604				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

432001 12-10-24

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:
GUIDED BY THE BELIEF THAT EVERY PERSON WITH DIABETES HAS THE RIGHT TO LIVE A HEALTHY, HAPPY, AND PRODUCTIVE LIFE, TAKING CONTROL OF YOUR DIABETES EDUCATES AND MOTIVATES PEOPLE WITH DIABETES TO TAKE A MORE ACTIVE ROLE IN THEIR CONDITION AND PROVIDES INNOVATIVE AND INTEGRATIVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ **2,280,311.** including grants of \$) (Revenue \$)
THE TCOYD COMMUNITY IS MADE UP OF A DIVERSE GROUP OF ACTIVELY ENGAGED PEOPLE LIVING WITH DIABETES, THEIR LOVED ONES, AND MEDICAL PROFESSIONALS FROM ALL 50 STATES AND OVER 200 COUNTRIES.

IN 2024, TCOYD HAD NEARLY 100,000 MONTHLY WEBSITE VISITORS, OVER 14 MILLION IMPRESSIONS ON SOCIAL MEDIA AND OVER 5.7 MILLION VIDEO VIEWS.

ALL OF TCOYD'S VIRTUAL PROGRAMS WERE OFFERED FREE OF CHARGE. BY PROVIDING FREE ACCESS TO TCOYD'S VIRTUAL PROGRAMS AND SHARING SPECIALIZED EDUCATION WHILE PROMOTING POSITIVITY AND ENCOURAGING COMMUNITY CONNECTION ACROSS ALL SOCIAL MEDIA PLATFORMS AND ON THE TCOYD WEBSITE AND DIGITAL MONTHLY NEWSLETTER, TCOYD IMPACTED THE LIVES OF

4b (Code:) (Expenses \$ **46,556.** including grants of \$) (Revenue \$ **87,441.**)
CONTINUING MEDICAL EDUCATION PROGRAMS:

TCOYD'S CME PROGRAMS ARE CONTENT RICH AND EVIDENCE-BASED, PROVIDING INNOVATIVE EDUCATION THAT IMPACTS PHYSICIANS' KNOWLEDGE, COMPETENCE, AND PERFORMANCE - RESULTING IN IMPROVED PATIENT CARE. THESE ACTIVITIES COVER IMPORTANT CLINICAL TRIALS AND REAL CASE STUDIES TO ACTIVELY ENGAGE PARTICIPANTS TO ENABLE REAL-LIFE IMPLEMENTATION OF IMPROVED PRACTICE HABITS. TOPICS COVERED IN 2024 INCLUDED: HOW TO INTERPRET CONTINUOUS GLUCOSE MONITOR READINGS RAPIDLY TO MAKE A PATIENT VISIT EFFICIENT AND EFFECTIVE. THIS PROGRAM HAD OVER 5,000 PARTICIPANTS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,326,867.**

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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)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i>	3		X
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? <i>If "Yes," complete Schedule C, Part II</i>	4		X
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? <i>If "Yes," complete Schedule C, Part III</i>	5		X
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? <i>If "Yes," complete Schedule D, Part I</i>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 Schedule J	23	X	
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 Schedule K. If "No," go to line 25a	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
25a 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 Schedule L, Part I	25b		X
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		X
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		X
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):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
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		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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? 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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X	

Note: All Form 990 filers are required to complete Schedule O

Part 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 14		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

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

		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 10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	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:			
a 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:			
a Gross income from members or shareholders	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		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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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**

Section 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	1a	9		
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	6		
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			X
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?	6			X
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:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

Section 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	X		
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	X		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X		
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?				
a The organization's CEO, Executive Director, or top management official	15a	X		
b Other officers or key employees of the organization	15b	X		
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			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

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) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ 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, and financial 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
JANICE BISSONNETTE, CPA - 619.857.4329
5720 OBERLIN DRIVE, STE 150, SAN DIEGO, CA 92121

DBA: TCOYD

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	4
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		Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,131,769.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 357,848.			
	h	Total. Add lines 1a-1f		3,131,769.			
Program Service Revenue	2 a	EXHIBIT FEES	Business Code	611600	87,441.	87,441.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		87,441.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		120,931.			120,931.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a	953.				
b	Less: cost of goods sold	10b	785.				
c	Net income or (loss) from sales of inventory		168.				
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		3,343,170.	87,441.	0.	123,960.

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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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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, trustees, and key employees	598,857.	508,281.	67,403.	23,173.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	920,226.	774,540.	110,149.	35,537.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,954.	63,950.	17,864.	2,140.
9 Other employee benefits	98,695.	90,394.	4,742.	3,559.
10 Payroll taxes	92,575.	77,010.	11,513.	4,052.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,195.		27,195.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	140,220.	111,308.	26,943.	1,969.
12 Advertising and promotion	108,631.	11,667.	87,848.	9,116.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,631.			8,631.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	559,636.	559,636.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	72,523.		72,523.	
23 Insurance	29,012.		29,012.	
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 O.)				
a LEASING COSTS	134,520.	122,477.	4,817.	7,226.
b FORUM EXPENSE	67,163.			67,163.
c TELEPHONE AND INTERNET	7,766.	7,604.	162.	
d BANK CHARGES	6,719.		6,719.	
e All other expenses	1,910.		1,910.	
25 Total functional expenses. Add lines 1 through 24e	2,958,233.	2,326,867.	468,800.	162,566.
26 Joint costs. 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)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	86,795.	1	1,090,942.
	2 Savings and temporary cash investments	890,035.	2	2,039,942.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	347,472.	4	106,475.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,111.	8	0.
	9 Prepaid expenses and deferred charges	79,242.	9	76,210.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	236,054.		
	b Less: accumulated depreciation	184,779.		
		64,765.	10c	51,275.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,049,872.	12	810,462.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	120,021.	14	64,976.
15 Other assets. See Part IV, line 11	584,820.	15	475,375.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,225,133.	16	4,715,657.	
Liabilities	17 Accounts payable and accrued expenses	168,290.	17	178,601.
	18 Grants payable		18	
	19 Deferred revenue	60,000.	19	213,287.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	584,490.	25	489,128.
	26 Total liabilities. Add lines 17 through 25	812,780.	26	881,016.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,412,353.	27	3,834,641.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,412,353.	32	3,834,641.
	33 Total liabilities and net assets/fund balances	4,225,133.	33	4,715,657.

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Part 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	3,343,170.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,958,233.
3	Revenue less expenses. Subtract line 2 from line 1	3	384,937.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,412,353.
5	Net unrealized gains (losses) on investments	5	37,351.
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	3,834,641.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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 on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2024)

SCHEDULE A
(Form 990)

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

2024

Open to Public
Inspection

Name of the organization **TAKING CONTROL OF YOUR DIABETES**
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Employer identification number
33-0794608

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).**
- 4 ☐ 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: _____
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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.)
- 9 ☐ 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.
- a ☐ **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.**
- 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.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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Schedule A (Form 990) 2024

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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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. 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 test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 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) 2024

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Schedule A (Form 990) 2024

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,285,105.	2,694,495.	2,888,138.	3,147,851.	3,131,769.	15,147,358.
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	124,701.	40,102.	41,487.	95,452.	88,394.	390,136.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,409,806.	2,734,597.	2,929,625.	3,243,303.	3,220,163.	15,537,494.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	23,450.					23,450.
b 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						0.
c Add lines 7a and 7b	23,450.					23,450.
8 Public support. (Subtract line 7c from line 6.)						15,514,044.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	3,409,806.	2,734,597.	2,929,625.	3,243,303.	3,220,163.	15,537,494.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,929.	670.	24,224.	95,796.	120,931.	247,550.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,929.	670.	24,224.	95,796.	120,931.	247,550.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,954.					5,954.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,421,689.	2,735,267.	2,953,849.	3,339,099.	3,341,094.	15,790,998.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	98.25 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	98.64 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	1.57 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	.97 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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Schedule A (Form 990) 2024

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

TAKING CONTROL OF YOUR DIABETES

Schedule A (Form 990) 2024

DBA: TCOYD

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Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section 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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 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		

Section 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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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 Part VI the role the organization's supported organizations played in this regard.		
3		

Section 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 year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
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 instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.	Yes	No
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. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b 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.		
3b		

TAKING CONTROL OF YOUR DIABETES

Schedule A (Form 990) 2024

DBA: TCOYD

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

TAKING CONTROL OF YOUR DIABETES

Schedule A (Form 990) 2024

DBA: TCOYD

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

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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)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

**TAKING CONTROL OF YOUR DIABETES
DBA: TCOYD**

Employer identification number

33-0794608

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization TAKING CONTROL OF YOUR DIABETES DBA: TCOYD	Employer identification number 33-0794608
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>327,198.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>37,540.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>30,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>25,283.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>25,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>20,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization TAKING CONTROL OF YOUR DIABETES DBA: TCOYD	Employer identification number 33-0794608
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>15,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>10,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>10,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>5,367.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

TAKING CONTROL OF YOUR DIABETES
DBA: TCOYD

Employer identification number

33-0794608

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

TAKING CONTROL OF YOUR DIABETES
DBA: TCOYD

Employer identification number

33-0794608

Part II **Noncash Property** (see instructions). Use duplicate copies of 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
1	STOCK	\$ 327,198.	09/11/24
4	STOCK	\$ 25,283.	10/11/24
10	STOCK	\$ 5,367.	11/21/24
		\$	
		\$	
		\$	

Name of organization

TAKING CONTROL OF YOUR DIABETES

DBA: TCOYD

Employer identification number

33-0794608**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. 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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization **TAKING CONTROL OF YOUR DIABETES**
DBA: TCOYD

Employer identification number
33-0794608

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 held in donor advised funds 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

TAKING CONTROL OF YOUR DIABETES

Schedule D (Form 990) (Rev. 12-2024) DBA: TCOYD

33-0794608 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		236,054.	184,779.	51,275.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				51,275.

Schedule D (Form 990) (Rev. 12-2024)

TAKING CONTROL OF YOUR DIABETES

Schedule D (Form 990) (Rev. 12-2024) **DBA: TCOYD**

33-0794608 Page **3**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS	810,462.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	810,462.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER	12,590.
(2) OPERATING LEASE RIGHT OF USE ASSET	462,785.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	475,375.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	489,128.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	489,128.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☒

Schedule D (Form 990) (Rev. 12-2024)

TAKING CONTROL OF YOUR DIABETES

Schedule D (Form 990) (Rev. 12-2024) **DBA: TCOYD**

33-0794608 Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	3,380,521.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	37,351.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	37,351.
3 Subtract line 2e from line 1	3	3,343,170.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,343,170.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	2,958,233.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	2,958,233.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,958,233.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO PROVIDES GUIDANCE ON DERECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR TO BE TAKEN IN A TAX RETURN. THE ADOPTION OF THESE STANDARDS DID NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION. AS OF DECEMBER 31, 2024 AND 2023, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) (Rev. 12-2024)

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This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal black lines running across the width of the page, typical of notebook or legal stationery. The margins are consistent on all sides, and there are no markings, text, or illustrations on the page.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	TAKING CONTROL OF YOUR DIABETES DBA: TCOYD	Employer identification number	33-0794608
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table><tr><td>☐ Compensation committee</td><td>☐ Written employment contract</td></tr><tr><td>☐ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☐ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☐ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☐ Compensation committee	☐ Written employment contract									
☐ Independent compensation consultant	☒ Compensation survey or study									
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) (Rev. 12-2024)

TAKING CONTROL OF YOUR DIABETES

Schedule J (Form 990) (Rev. 12-2024) **DBA: TCOYD**

33-0794608

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN V. EDELMAN CHAIRMAN	(i)	449,637.	44,965.	0.	30,000.	0.	524,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRITTANY M. CARNEY EXECUTIVE DIRECTOR	(i)	165,400.	24,975.	0.	10,052.	0.	200,427.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIC T. BERG DIRECTOR -- TCOYD PRODUCTIO	(i)	159,556.	16,105.	0.	8,858.	0.	184,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE DAY DIRECTOR, MEETING SERVICES	(i)	155,386.	13,310.	0.	8,495.	0.	177,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024) **DBA: TCOYD**

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization **TAKING CONTROL OF YOUR DIABETES**
DBA: TCOYD

Employer identification number
33-0794608

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	357,848.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2024

Schedule M (Form 990) 2024

33-0794608

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization TAKING CONTROL OF YOUR DIABETES DBA: TCOYD	Employer identification number 33-0794608
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND PROVIDES INNOVATIVE AND INTEGRATIVE CONTINUING EDUCATION TO MEDICAL
PROFESSIONALS CARING FOR PEOPLE WITH DIABETES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONTINUING EDUCATION TO MEDICAL PROFESSIONALS CARING FOR PEOPLE WITH
DIABETES.

TCOYD'S VISION IS FOR ALL PEOPLE WITH DIABETES AND THEIR LOVED ONES TO
HAVE FULL ACCESS TO PROPER EDUCATION AND THERAPY TO AID IN THE
PREVENTION, EARLY DETECTION AND AGGRESSIVE MANAGEMENT OF DIABETES AND
ITS COMPLICATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MORE THAN 5 MILLION PEOPLE.

IN 2024, TCOYD HELD 2 VIRTUAL CONFERENCES WITH OVER 40 INDIVIDUALIZED
EXPERT WORKSHOPS FOR PEOPLE WITH TYPE 1 AND TYPE 2 DIABETES AND THEIR
LOVED ONES FOR OVER 10,000 PARTICIPANTS FROM ALL 50 STATES.

TCOYD ALSO HELD AN IN-PERSON EVENT FOR ADULTS LIVING WITH TYPE 1
DIABETES WITH OVER 400 REGISTRANTS. THE PREMIER EVENT FOR TYPE 1S AND
THEIR LOVED ONES FROM AROUND THE WORLD, THE ONE CONFERENCE AND RETREAT
INCLUDED CUTTING-EDGE PRESENTATIONS AND ENGAGING PANEL DISCUSSIONS ON
CURRENT T1D TOPICS.

IN ADDITION, TCOYD HELD NINE LIVE ONLINE WORKSHOPS THROUGHOUT THE YEAR
WITH DIABETES EXPERTS DISCUSSING CURRENT TOPICS IN HEALTHCARE AS THEY
RELATE TO DIABETES MANAGEMENT. EACH WORKSHOP INCLUDED LIVE Q&A -
ANSWERING QUESTIONS POSED BY THE DIABETES COMMUNITY. STREAMED LIVE TO
AN INTERNATIONAL AUDIENCE.

TCOYD FACEBOOK COMMUNITY GROUPS TAILORED TO TYPE 1S, TYPE 2S, AND TYPE
3S (FAMILY MEMBERS, FRIENDS, AND CAREGIVERS) CONNECT OVER 2,000 PEOPLE
FROM AROUND THE WORLD TO SHARE IDEAS AND SUPPORT ONE ANOTHER WHILE
NAVIGATING THE DAY TODAY OF LIVING WITH, OR HELPING A LOVED ONE LIVE
WITH, DIABETES.

THE TCOYD VIDEO VAULT, FEATURES A TOPICAL BREAKDOWN OF ALL THE
EDUCATIONAL AND ENTERTAINING VIDEOS TCOYD HAS EVER CREATED. THIS
RESOURCE CAN BE ACCESSED ON THE TCOYD WEBSITE ANY PLACE, ANY TIME FOR
FREE AND HAS OVER 300 VIDEOS.

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO EACH MEMBER OF THE
BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS,
OFFICERS AND MANAGEMENT EMPLOYEES.

STAFF DISCLOSURES ARE MADE TO THE EXECUTIVE DIRECTOR, WHO SHALL DETERMINE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	TAKING CONTROL OF YOUR DIABETES DBA: TCOYD	Employer identification number	33-0794608
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WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IF THE MATTERS ARE MATERIAL, BRING THEM TO THE ATTENTION OF THE DESIGNATED COMMITTEE. DISCLOSURE INVOLVING DIRECTORS ARE MADE TO THE DESIGNATED COMMITTEE. THE BOARD SHALL THEN DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL.

TRANSACTIONS WITH RELATED PARTIES MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED:

1. A MATERIAL TRANSACTION IS FULLY DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS FO THE ORGANIZATION;
2. THE RELATED PARTY IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION;
3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS; AND
4. THE ORGANIZATION'S BOARD HAS ACTED UPON AND DEMONSTRATED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

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

THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING AND APPROVING THE COMPENSATION OF THE ORGANIZATION'S CEO AND EXECUTIVE DIRECTOR. THE CEO AND EXECUTIVE DIRECTOR ARE EXCLUDED FROM THE DISCUSSION AND APPRAISAL PROCESS.

THE BOARD RELIES ON COMPARABILITY DATA FROM GUIDESTAR FOR COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

CONTEMPORANEOUS DOCUMENTATION IS MADE OF THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS.

THE BOARD OF DIRECTORS UNDERTAKES THIS PROCESS AT THE END OF EACH YEAR.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	2 MOBILE PEDESTALS	04/18/99	SL	7.00		16	339.				339.	339.		0.	339.
3	2 3-DRAWER PEDESTALS	04/18/99	SL	7.00		16	198.				198.	198.		0.	198.
9	PEDESTAL DRAWERS	03/28/01	SL	7.00		16	277.				277.	277.		0.	277.
11	CONFERENCE TABLE & HUTCH	05/21/01	SL	7.00		16	1,773.				1,773.	1,773.		0.	1,773.
14	FRAMING	01/05/00	SL	7.00		16	461.				461.	461.		0.	461.
23	OFFICE CHAIR	03/04/06	SL	7.00		16	167.				167.	167.		0.	167.
24	OFFICE FURNITURE	04/13/06	SL	7.00		16	7,747.				7,747.	7,747.		0.	7,747.
25	OFFICE FURNITURE	05/11/06	SL	7.00		16	2,324.				2,324.	2,324.		0.	2,324.
26	OFFICE CHAIR	06/08/06	SL	7.00		16	175.				175.	175.		0.	175.
27	TRACK LIGHTING	07/10/06	SL	7.00		16	588.				588.	588.		0.	588.
62	2 LATERAL FILE CABINETS	01/02/07	SL	7.00		16	2,045.				2,045.	2,045.		0.	2,045.
63	DESKS	08/07/07	SL	7.00		16	3,142.				3,142.	3,142.		0.	3,142.
64	DESK	08/07/07	SL	7.00		16	403.				403.	403.		0.	403.
65	STORAGE SHELVES	08/02/07	SL	7.00		16	577.				577.	577.		0.	577.
66	OFFICE CHAIR	08/05/07	SL	7.00		16	199.				199.	199.		0.	199.
67	DESK	08/07/07	SL	7.00		16	846.				846.	846.		0.	846.
68	WINDOW SHADE COVERINGS	11/28/07	SL	7.00		16	3,897.				3,897.	3,897.		0.	3,897.
79	WINDOW SHADE COVERINGS	02/05/08	SL	7.00		16	1,103.				1,103.	1,102.		0.	1,102.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
80	3 STORAGE-SHELF UNITS	03/18/08	SL	7.00		16	303.				303.	303.		0.	303.
88	BLINDS	07/02/09	SL	7.00		16	992.				992.	992.		0.	992.
89	OFFICE PATIO UMBRELLA	07/03/09	SL	7.00		16	116.				116.	116.		0.	116.
90	OFFICE CHAIR	11/17/09	SL	7.00		16	114.				114.	114.		0.	114.
91	OFFICE FURNITURE	07/02/09	SL	7.00		16	2,164.				2,164.	2,164.		0.	2,164.
96	PATIO TABLE AND UMBRELLA BASE	06/07/12	SL	7.00		16	159.				159.	159.		0.	159.
107	OFFICE FURNITURE	01/06/10	SL	7.00		16	7,059.				7,059.	7,059.		0.	7,059.
108	OFFICE FURNITURE	08/02/10	SL	7.00		16	1,704.				1,704.	1,704.		0.	1,704.
109	OFFICE FURNITURE	08/23/10	SL	7.00		16	5,112.				5,112.	5,112.		0.	5,112.
110	OFFICE FURNITURE	09/10/10	SL	7.00		16	286.				286.	286.		0.	286.
111	SECRETARIAL	12/14/10	SL	7.00		16	520.				520.	520.		0.	520.
132	PATIO TABLES & CHAIRS	01/13/11	SL	7.00		16	651.				651.	651.		0.	651.
133	OFFICE MIRROR	05/06/11	SL	7.00		16	45.				45.	45.		0.	45.
149	OFFICE CHAIR FOR SANDY	04/15/13	SL	5.00		16	863.				863.	863.		0.	863.
150	IKEA STORAGE SHELVING	06/11/13	SL	5.00		16	917.				917.	917.		0.	917.
156	WHITE FAUX LEATHER OFFICE CHAIR (JENN'S OFFICE)	04/24/14	SL	5.00		16	216.				216.	216.		0.	216.
164	OFFICE FURNITURE (JENN'S OFFICE)	07/15/15	SL	5.00		16	990.				990.	990.		0.	990.
179	OFFICE FURNISHINGS	02/21/16	SL	5.00		16	1,260.				1,260.	1,260.		0.	1,260.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
193	DESK - COLLIN	07/28/17	SL	5.00		16	711.				711.	711.		0.	711.
194	DESK - ERIK	07/28/17	SL	5.00		16	370.				370.	370.		0.	370.
195	2 DOUBLE PEDESTIL	08/22/17	SL	5.00		16	886.				886.	886.		0.	886.
196	OFFICE FURNITURE	10/20/17	SL	5.00		16	522.				522.	522.		0.	522.
197	OFFICE FURNITURE	12/04/17	SL	5.00		16	1,180.				1,180.	1,180.		0.	1,180.
198	OFFICE FURNITURE	12/05/17	SL	5.00		16	1,119.				1,119.	1,119.		0.	1,119.
199	CONFERENCE ROOM FURNITURE	11/04/18	SL	5.00		16	1,171.				1,171.	1,171.		0.	1,171.
200	CONFERENCE ROOM FURNITURE	11/06/18	SL	5.00		16	1,067.				1,067.	1,067.		0.	1,067.
	* 990 PAGE 10 TOTAL -						56,758.				56,758.	56,757.		0.	56,757.
71	PHONE SYSTEM	08/14/07	SL	5.00		16	4,946.				4,946.	4,946.		0.	4,946.
81	HP LASER JET PRINTER 4240	02/12/08	SL	5.00		16	725.				725.	725.		0.	725.
82	RECORDER	04/10/08	SL	5.00		16	309.				309.	309.		0.	309.
84	HP COPIER/FAX	06/28/08	SL	5.00		16	215.				215.	215.		0.	215.
85	FAX MACHINE	09/02/08	SL	5.00		16	85.				85.	85.		0.	85.
86	HITACHI LCD PROJECTOR	10/20/08	SL	5.00		16	823.				823.	823.		0.	823.
95	24 PORT SMART SWITCH	06/30/09	SL	5.00		16	353.				353.	353.		0.	353.
97	ICE MAKER	07/30/09	SL	5.00		16	350.				350.	350.		0.	350.
99	IMAC COMPUTER	09/30/09	SL	5.00		16	1,102.				1,102.	1,102.		0.	1,102.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
100	MAC COMPUTER	10/31/09	SL	5.00		16	1,419.				1,419.	1,419.		0.	1,419.
101	MAC MINI SERVER	11/02/09	SL	5.00		16	651.				651.	651.		0.	651.
102	HP PRINTER	11/04/09	SL	5.00		16	1,276.				1,276.	1,276.		0.	1,276.
105	NXE LI ION CAMCORDER	11/20/09	SL	5.00		16	48.				48.	48.		0.	48.
106	3 PHONES	12/07/09	SL	5.00		16	1,014.				1,014.	1,014.		0.	1,014.
115	VACUUM CLEANER	04/12/10	SL	5.00		16	451.				451.	450.		0.	450.
116	LIGHTS, BACKDROP, & STAND	04/30/10	SL	5.00		16	304.				304.	304.		0.	304.
117	BACKDROP	04/30/10	SL	5.00		16	49.				49.	49.		0.	49.
119	PAPER SHREDDER	06/10/10	SL	5.00		16	152.				152.	152.		0.	152.
126	APPLE MONITOR	09/01/10	SL	5.00		16	909.				909.	909.		0.	909.
127	PHONE SYSTEM	09/21/10	SL	5.00		16	756.				756.	756.		0.	756.
128	PHONE HEADSET	09/21/10	SL	5.00		16	173.				173.	173.		0.	173.
129	APPLIE 27 MONITOR"	10/12/10	SL	5.00		16	1,048.				1,048.	1,048.		0.	1,048.
130	MAC PRO SERVER	10/12/10	SL	5.00		16	1,196.				1,196.	1,196.		0.	1,196.
134	IMAC 21.5 COMPUTER"	01/19/11	SL	5.00		16	1,480.				1,480.	1,480.		0.	1,480.
135	IMAC 21.5 COMPUTER"	01/19/11	SL	5.00		16	1,480.				1,480.	1,480.		0.	1,480.
139	IMAC COMPUTER	05/12/11	SL	5.00		16	1,312.				1,312.	1,312.		0.	1,312.
140	CREDIT CARD TERMINAL	05/17/11	SL	5.00		16	678.				678.	678.		0.	678.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
141	AUDIENCE RESPONSE SYSTEM	10/04/11	SL	5.00		16	8,105.				8,105.	8,105.		0.	8,105.
142	2 EXTERNAL HARD DRIVES AND CANON IP2702 INKJET PRINTER	02/28/12	SL	5.00		16	345.				345.	344.		0.	344.
143	JILL - 21.5 INCH IMAC	06/09/12	SL	5.00		16	1,623.				1,623.	1,623.		0.	1,623.
144	ZENBOOK LAPTOP FOR ARS SYSTEM	06/13/12	SL	5.00		16	1,077.				1,077.	1,077.		0.	1,077.
145	LAPTOP: JENN	07/25/12	SL	5.00		16	1,312.				1,312.	1,312.		0.	1,312.
146	HP OFFICEJET PRINTER	09/18/12	SL	5.00		16	248.				248.	248.		0.	248.
147	FRIDGE FOR DOWNSTAIRS	12/14/12	SL	5.00		16	139.				139.	139.		0.	139.
148	USB MICROPHONE	12/19/12	SL	5.00		16	75.				75.	75.		0.	75.
151	CANON CAMCORDER FOR EDELMAN REPORT	01/25/13	SL	5.00		16	338.				338.	338.		0.	338.
152	VERSA COMPUTING SERVER	03/05/13	SL	5.00		16	2,308.				2,308.	2,308.		0.	2,308.
153	AT&T MOBILE HOTSPOTS FOR CONFERENCES	03/14/13	SL	5.00		16	162.				162.	162.		0.	162.
154	FRIDGE FROM HOME DEPOT	06/19/13	SL	5.00		16	388.				388.	388.		0.	388.
155	HP OFFICEJET 7610 (SANDY'S OFFICE)	09/26/13	SL	5.00		16	228.				228.	228.		0.	228.
157	VERSA COMPUTING - NEW NETWORK SWITCH	01/31/14	SL	5.00		16	342.				342.	342.		0.	342.
158	THUNDERBOLT MAC COMPUTER - STEVE	04/18/14	SL	5.00		16	1,063.				1,063.	1,063.		0.	1,063.
159	2ND MOBILE HOTSPOT FOR CONFERENCES	07/15/14	SL	5.00		16	162.				162.	162.		0.	162.
160	75 KEYPADS FOR AUDIENCE RESPONSE SYSTEM FOR CME PROG	07/15/14	SL	5.00		16	4,020.				4,020.	4,020.		0.	4,020.
161	IPAD WIFI 32GB + SQUARE CARD READER FOR ON-SITE CME	07/17/14	SL	5.00		16	786.				786.	786.		0.	786.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
162	EPSON PORTABLE SCANNER - JILL	08/12/14	SL	5.00		16	108.				108.	108.		0.	108.
163	CRUCIAL M550 1TB SATA SSD (RAM)	12/31/14	SL	5.00		16	640.				640.	640.		0.	640.
165	CME: ARS COMPUTER (LENOVO EDGE 15)"	09/09/15	SL	5.00		16	1,382.				1,382.	1,382.		0.	1,382.
166	LCD PROJECTOR FOR OFFICE	03/24/15	SL	5.00		16	486.				486.	486.		0.	486.
168	APPLE MACBOOK PRO 15.4 INCH LAPTOP W/RETINA DISPLAY: EMI	03/31/15	SL	5.00		16	2,040.				2,040.	2,040.		0.	2,040.
169	APPLE IMAC 27 INCH DESKTOP: SANDY	03/31/15	SL	5.00		16	1,878.				1,878.	1,878.		0.	1,878.
170	STEVE: MACBOOK PRO 15", 5/28/2015"	05/28/15	SL	5.00		16	3,545.				3,545.	3,545.		0.	3,545.
171	IPAD FOR MYTCOYD BOOTH (64 GB, WIFI): COLLIN	07/28/15	SL	5.00		16	758.				758.	758.		0.	758.
172	MACBOOK AIR 11 - M.DAY PT. PROGRAMS"	11/17/15	SL	5.00		16	950.				950.	950.		0.	950.
173	BULK CONTAINERS	03/10/16	SL	5.00		16	813.				813.	813.		0.	813.
175	APPLE COMPUTER	02/06/16	SL	5.00		16	1,947.				1,947.	1,947.		0.	1,947.
176	IPAD	09/25/16	SL	5.00		16	584.				584.	584.		0.	584.
177	DELL OPTIPLEX 3040 COMPUTER/SAMSUNG 27"	06/06/16	SL	5.00		16	1,162.				1,162.	1,162.		0.	1,162.
178	DELL OPTIPLEX 3040 COMPUTER	07/29/16	SL	5.00		16	949.				949.	949.		0.	949.
185	APPLE MACBOOK	02/16/17	SL	5.00		16	2,424.				2,424.	2,424.		0.	2,424.
186	28"SAMSUNG MONITOR	03/07/17	SL	5.00		16	394.				394.	394.		0.	394.
188	2 WIFI ACCESS POINT	10/02/17	SL	5.00		16	323.				323.	323.		0.	323.
189	BEST BUY EQUIPMENT	09/30/17	SL	5.00		16	2,170.				2,170.	2,170.		0.	2,170.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
190	NETWORK EQUIPMENT	09/08/17	SL	5.00		16	7,486.				7,486.	7,486.		0.	7,486.
191	ESI PHONE SYSTEM	08/03/17	SL	5.00		16	9,150.				9,150.	9,150.		0.	9,150.
192	ASUS 27" FULL HD MONITOR	03/31/17	SL	5.00		16	226.				226.	226.		0.	226.
201	APPLE MACBOOK 15.4"	04/03/18	SL	5.00		16	1,999.				1,999.	1,999.		0.	1,999.
202	APPLE MACBOOK 13.3"	08/15/18	SL	5.00		16	2,314.				2,314.	2,314.		0.	2,314.
209	COMPUTER	06/21/19	SL	5.00		16	1,938.				1,938.	1,746.		192.	1,938.
210	COMPUTER EQUIPMENT	10/05/19	SL	5.00		16	248.				248.	212.		36.	248.
211	COMPUTER	10/22/19	SL	5.00		16	1,777.				1,777.	1,479.		298.	1,777.
212	COMPUTER EQUIPMENT	10/22/19	SL	5.00		16	107.				107.	88.		19.	107.
	* 990 PAGE 10 TOTAL -						93,823.				93,823.	93,276.		545.	93,821.
218	PANASONIC S5	11/13/20	SL	5.00		16	2,467.				2,467.	1,561.		493.	2,054.
219	MACBOOK PRO	11/20/20	SL	5.00		16	1,939.				1,939.	1,196.		388.	1,584.
220	TELEPROMPTER	11/24/20	SL	5.00		16	2,783.				2,783.	1,717.		557.	2,274.
221	APPLE LAPTOP	07/01/20	SL	5.00		16	3,030.				3,030.	2,121.		606.	2,727.
222	MISC VIDEO EQUIPMENT	01/12/21	SL	5.00		16	1,129.				1,129.	678.		226.	904.
223	FOOT GREEN SCREEN	01/13/21	SL	5.00		16	922.				922.	552.		184.	736.
224	BACKDROPS	01/28/21	SL	5.00		16	301.				301.	175.		60.	235.
225	TRIPOD DOLLY	01/28/21	SL	5.00		16	632.				632.	368.		126.	494.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
226	SOUNDCRAFT SIGN	08/18/21	SL	5.00		16	508.				508.	238.		102.	340.
228	NADY 4W-1KU	08/18/21	SL	5.00		16	819.				819.	383.		164.	547.
229	GOPRO CAMERAS	09/09/21	SL	5.00		16	1,279.				1,279.	597.		256.	853.
230	MACBOOK PRO	10/26/21	SL	5.00		16	2,346.				2,346.	1,016.		469.	1,485.
231	PANASONIC S5 LUMIX CAMERA W/ 20-60 LENS (SERIAL # WJ1AA	02/24/22	SL	5.00		16	2,465.				2,465.	904.		493.	1,397.
232	MACBOOK PRO 16" SPACE GRAY SERIAL # NWJV66XJYM	05/21/22	SL	5.00		16	4,637.				4,637.	1,468.		927.	2,395.
233	COMPUTER - MACBOOK PRO LAPTOP	02/28/23	SL	5.00		16	4,592.				4,592.	765.		918.	1,683.
234	F&F - GEAR & EQUIPMENT STUDIO PANTOGRAPH	07/20/23	SL	5.00		16	3,318.				3,318.	277.		664.	941.
235	F&F - LED LIGHTING KITS	08/23/23	SL	5.00		16	2,597.				2,597.	173.		519.	692.
236	F&F - NEW OFFICE TABLE	10/11/23	SL	5.00		16	1,013.				1,013.	51.		203.	254.
237	F&F - NEW OFFICE BAR STOOLS	10/18/23	SL	5.00		16	1,047.				1,047.	35.		209.	244.
238	F&F - NEW OFFICE L STUDIO COUCH	11/08/23	SL	5.00		16	1,056.				1,056.	35.		211.	246.
239	LHI - COUNTERTOPS	07/25/23	SL	5.00		16	7,050.				7,050.	588.		1,410.	1,998.
240	LHI - DISHWASHER	08/24/23	SL	5.00		16	3,155.				3,155.	210.		631.	841.
241	LHI - PAINTING, LIGHTING, FLOORING	09/13/23	SL	5.00		16	32,400.				32,400.	2,160.		6,480.	8,640.
242	F&F - EXPRESSO MACHINE	01/31/24	SL	5.00		16	2,059.				2,059.			377.	377.
243	COMPUTER - APPLE LAPTOP	04/24/24	SL	5.00		16	1,929.				1,929.			260.	260.
	* 990 PAGE 10 TOTAL -						85,473.				85,473.	17,268.		16,933.	34,201.

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(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
180	CRM PLATFORM DEVELOPMENT	01/01/20		84M	HY	43	143,260.				143,260.	81,864.		20,466.	102,330.
181	WEBSITE	01/24/18		84M	HY	43	113,145.				113,145.	90,100.		16,164.	106,264.
184	CRM PLATFORM	01/01/20		60M	HY	43	48,471.				48,471.	33,236.		9,694.	42,930.
205	WEBSITE	02/27/18		84M	HY	43	15,690.				15,690.	13,073.		2,241.	15,314.
206	CRM SOFTWARE	01/01/20		84M	HY	43	18,104.				18,104.	10,344.		2,586.	12,930.
207	WEBSITE	01/24/18		84M	HY	43	36,615.				36,615.	30,950.		2,461.	33,411.
213	CRM PLATFORM DEVELOPMENT	10/04/20		84M	HY	43	828.				828.	384.		118.	502.
214	CRM PLATFORM DEVELOPMENT	01/01/20		84M	HY	43	3,543.				3,543.	2,920.		506.	3,426.
216	CRM PLATFORM	10/04/20		84M	HY	43	5,664.				5,664.	2,428.		809.	3,237.
	* 990 PAGE 10 TOTAL -						385,320.				385,320.	265,299.		55,045.	320,344.
208	INTELLECTUAL PROPERTY	01/22/17		72M	HY	43	25,000.				25,000.	25,000.		0.	25,000.
	* 990 PAGE 10 TOTAL -						25,000.				25,000.	25,000.		0.	25,000.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						646,374.				646,374.	457,600.		72,523.	530,123.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						642,386.			0.	642,386.	457,600.			529,486.
	ACQUISITIONS						3,988.			0.	3,988.	0.			637.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						646,374.			0.	646,374.	457,600.			530,123.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

[illegible]

Form 4562

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment
Sequence No. 179

TAKING CONTROL OF YOUR DIABETES

DBA: TCOYD

FORM 990 PAGE 10

33-0794608

Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,478.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	17,478.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

TAKING CONTROL OF YOUR DIABETES

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No		24b If "Yes," is the evidence written? ☐ Yes ☐ No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis
			(e) Basis for depreciation (business/investment use only)
			(f) Recovery period
			(g) Method/Convention
			(h) Depreciation deduction
			(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use			25
26 Property used more than 50% in a qualified business use:			
	%		
	%		
	%		
27 Property used 50% or less in a qualified business use:			
	%		S/L -
	%		S/L -
	%		S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1			29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year			STMT 1	43	55,045.
44 Total. Add amounts in column (f). See the instructions for where to report				44	55,045.

FORM 4562	PART VI - AMORTIZATION					STATEMENT 1
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
CRM PLATFORM DEVELOPME	01/01/20	143,260.		84M	81,864.	20,466.
WEBSITE	01/24/18	113,145.		84M	90,100.	16,164.
CRM PLATFORM	01/01/20	48,471.		60M	33,236.	9,694.
WEBSITE	02/27/18	15,690.		84M	13,073.	2,241.
CRM SOFTWARE	01/01/20	18,104.		84M	10,344.	2,586.
WEBSITE	01/24/18	36,615.		84M	30,950.	2,461.
CRM PLATFORM DEVELOPME	10/04/20	828.		84M	384.	118.
CRM PLATFORM DEVELOPME	01/01/20	3,543.		84M	2,920.	506.
CRM PLATFORM	10/04/20	5,664.		84M	2,428.	809.
TOTAL TO FORM 4562, LINE 43						55,045.