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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

> Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning 2012, and ending 20 C Name of organization D Employer identification number B Check if applicable Address change KD Foundation for Sweetwater Co. Diabetes 26-1133075 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number Initial return Terminated <u>904 Stillwater Dr</u> (307)382 - 4771City or town, state or country, and ZIP + 4 Amended return F Group Exemption Rock Springs, WY 82901 Number > Application pending Accounting Method | X | Cash | Accrual H Check ► X If the organization is **not** Other (specify) required to attach Schedule B Website: 1 Tax-exempt status (check only one) -501(c) () **◀** (insert_no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) 501(c)(3) K Check ► If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. 25,686.99 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 25,686 Program service revenue including government fees and contracts 2 2 3 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory b SCAMINEVENUEUN 04 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$_____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundration events 6c Net income or (loss) from gaming and toudraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7 a 7b Less cost of goods sold . . . Gross profit or (loss) from sales of inventory (Subtract-line 7b from line 7a) 7c C Other revenue (describe in Schedule 600063 R 8 9 Total revenue, Add lines 1, 2 9 <u>25</u>,686.99 10 10 Grants and similar amounts paid (list in Schedule O) 13,703.73 Benefits paid to or for members 11 11 · Salaries, other compensation, and employee benefits 12 12 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 15 15 2,562 Other expenses (describe in Schedule O) 16 16 6,900.90 Total expenses. Add lines 10 through 16. 17 17 23,166.96 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 2,520.03 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 62,455.<u>98</u> Net Other changes in net assets or fund balances (explain in Schedule O) 20 20

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Form 990-EZ (2012)

64,976.01

21

21

Check if the organization used Schedule O to respond to any question in this Part III. 22 Cash, savengs, and investments. (A) Beginning dyser (B) End dyser 23 Land and buildings. 23 Land and buildings. 24 Other assets (describe in Schedule O). 25 Total assets. 26 (52, 455, 59) 22 6 64, 976, 01 27 Net assets for full balancies (more of the Schedule O). 28 Total sessets. 29 (52, 455, 59) 27 (54, 455, 5	Part II Balance Sheets (see the instructions for Part II)					
22 Cash, savings, and investments 62,455,98 22 60,976.01 23 Lind and holdings (Secondary 1) 24 Column (S) must agree with line 21) 25 Total statellises (describe in Schedule O) 27 Column (S) must agree with line 21) 28 Column (S) must agree with line 21) 29 Column (S) must a measured by separate in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program state of the services provided, the number of persons benefited, and other relevant information for each program title 20 Column (S) must agree with line 21 Column (S) must agree with line 21 Column (S) must agree with line 21 Column (S) must agree with line 22 Colu	Check if the organization used Schedule O to r	espond to any o	uestion in this Part II.			
23 and and buildings			(A) Beginning of year		(B) I	End of year
23 and and buildings (Searche in Schedule O)	22 Cash, savings, and investments	[62,455	. 98 22		64,976.01
25 Total labilities (describe in Schedule C)		1		23		
28 Total liabilities (describe in Schedule 0)	24 Other assets (describe in Schedule O)	<i></i> [24		
28 Total liabilities (describe in Schedule 0) Co. 455, 93 27 64, 976, 01		Г	62,455	. 98 25		64,976.01
27 Net assets or fund balances (time 27 of column (8) must agree with line 21)					-	
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Check if the organization used Schedule O to respond to any question in this Part III				. 50 1	Ev	<u> </u>
What is the organization's primary exempt purpose? Local support for Juvenile Diabetics Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses in a clear and concess manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 25 decilings scholarships: Obsertive is to eyard all graduating seniors in Sweetwater co. We have juvenile diabetes with a scholarships to attend college. (31 students sectived \$2500 s.Cholarships each (Grants \$ 10,000.00) if this amount includes foreign grants, check here.				□ (Re		•
Describe the organization's program service accomplishments for each of its three largest program services. See measured by expenses in a clear and conscise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 college Scholarships: Objective is to avaid all graduating seniors in Suestwater (a) the program service (Scholarships: Objective is to avaid all graduating seniors in Suestwater (b) Students received \$2500 scholarships bash (Caratis \$ 10,000,001 fff amount includes foreign grants, check here. 28a 10,000,00 29 selected Mest Jevely; Objective is to provide free of charge, medical hiert Approx 18 Individuals in Sections for to with unwall adults. Approx 18 Individuals in Sections for the wild in sections of the section of the sect						
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Co. who have givenile dishbotes with a scholarship to attend college. (4) Students received \$2500 scholarships sach. (Grants \$ 10,000.00) if this amount includes foreign grants, check here.	28College Scholarships: Objective is to award all gr	aduating senior	s in Sweetwater			·
(4) Students received \$25.00 scholarships each (Grants \$ 10,00.00) If this amount includes foreign grants, check here 28a 10,000.00 29 Medical Alert Jevelry Objective is to provide free of charge, medical Alert Jevelry to all individuals in Sweetwater Co. with juvenile diabetes 29a 2,743.73 Medical & Camp Grants & 2,743.73 If this amount includes foreign grants, check here 29a 2,743.73 Medical & Camp Grants & 0.00 Sheetward & Camp expenses for familials with financial hardships due to invenile diabetes 30a 960.00 31 Other program service (describe in Schedule O) 31b 31a 31c 31.703.73					ľ	
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29Medical Alert Jevelry: Objective is to provide free of charge, medical alert				28a		10 000 00
Separatry List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)					-	10,000.00
Approx 18 individuals in 2012 received such jewelry. (Grants 3 2,743.73) If this amount includes foreign grants, check here. 298 2,743.73 30 Medical & Camp Stante: Objective is to subsidize medical, travel, 6 camp expenses. For famililes with financial hardships due to five in diabetes. (3) children in 2012 received grants to attend camps for diabetics (Grants 5 960.00) Iff this amount includes foreign grants, check here. 310 Total program service (describe in Schedule O). (Grants 5) If this amount includes foreign grants, check here. 311 Total program service expenses (add lines 28 through 31a). Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV). Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) Average (c) Repression (c) Grants b (d) Health beeffits, organization for the part of the instructions for Part IV. (b) Average (c) Repression (c) Repression (c) Repression (d) Health beeffits, organization of the compensation of the						
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(3) children in 2012 received grants to attend camps for diabetics 960.00 iff this amount includes foreign grants, check here. ▶ 30a 960.00 31 Other program services (describe in Schedule O)					l	
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Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-21/094MSC); (rino paid, enter 4-5) (<u> </u>	
(a) Name and title (b) Average hours per week devoted to position from ww2/1098/MSC) (# of pald, enter -0-) Jane Daniel 904 Stillwater Dr , Rock Springs, WY 82901 7 Agni Goldman 7 Treasurer 317 Mesa Dr., Rock Springs, WY 82901 7 Agnes Dr., Rock Springs, WY 82901 7 Agni Goldman 7 Treasurer 8 Agni Goldman 8 Agni Goldman 9 Agni Goldman						
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in t		art \ /	\Box
	instructions for Part V) Check if the organization used schedule O to respond to any question in t	nis Pa		
٠,	Did the appropriate and appropriate and the second		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
2.4	detailed description of each activity in Schedule O	33	-	X
34	detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		١,,
25.0	change on Schedule O (see instructions)	34		X
35 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	i	١
L	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_X_
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	330		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		U
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		Х
30	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00			_^-
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37.0		_^
50 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			l
	Gross receipts, included on line 9, for public use of club facilities 39b	1		l
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ 0.00, section 4912 ▶ 0.00, section 4955 ▶ 0.00			l
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			İ
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			l
	reimbursed by the organization			ĺ
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			ļ
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶			
42 a	The organization's books are in care of ▶ Jane Daniel Telephone no ▶ 307-382			
_	Located at ▶617 Broadway; Rock Springs, WY ZIP + 4 ▶ 82901			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	$\overline{}$	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country ▶			
	and Financial Accounts.	1		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
·	If "Yes," enter the name of the foreign country	420	I	^
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			ш
	,		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		_X_

Form 9	90-EZ	(2012)		- 						_		Page 4
46		the organization engage, directly andidates for public office? If "Yes,									Yes	
Part		Section 501(c)(3) organizati All section 501(c)(3) organiz 50 and 51 Check if the organization use	i ons only zations must	answer qu	estion	ıs 47-49t	and 52, a	ind co	omplete the	ables fo		⊥ X es
47	Did	the organization engage in lobbying If "Yes," complete Schedule C, F	ng activities o	r have a sec	tion 5	01(h) elec				47	Yes	No
48 49a b	Is th Did	ne organization a school as descri the organization make any transforces," was the related organization	ibed in sectior ers to an exer	n 170(b)(1)(A mpt non-char)(॥)? If itable i	"Yes," correlated org	ganization?		E	48		X
50	Con	nplete this table for the organizat ployees) who each received more	ion's five high	est compen 0 of comper	sated sation	employee	es (other the organization	an off on If t	here is none, i	s, truste		d ke
		(a) Name and title of each employee paid more than \$100,000		(b) Avera hours per v devoted to po	veek	comp	eportable ensation 2/1099-MISC)	benefit	Health benefits, butions to employee plans, and deferred compensation	(e) Estima		
NO_C	OMPI	ENSATION PAID										
						_						
51 ———	Con	al number of other employees paid nplete this table for the organiza 10,000 of compensation from the o	ition's five hig	hest compe	ensate	d indeper er "None	ndent contra	actors	s who each r	eceived	more	thar
		e and address of each independent contrac	tor paid more than	\$100,000		(b) Type	e of service		(c) C	ompensati	on	
<u>NO_C</u>	OMPI	ENSATION_PAID										
								<u>.</u>				<u>-</u> .
												
						400 000						
d 52	Dıd	al number of other independent co the organization complete Schedu exempt charitable trusts must atta	ıle A? Note: Al	Il section 50	1(c)(3)	organiza	tions and 4	947(a	ı)(1)	►X Ye		
	enaltie	s of perjury, I declare that I have examined and complete Declaration of preparer (other	this return, inclu	ding accompany	ying sch	edules and s	tatements, and	to the	best of my know	ledge and	belief, i	No_ it is
Sign		Signature of officer	Toldmo	~					5/8/	13		
Here		Jami Gol	dman	, 7	rec	25ur	c	Date	<u> </u>			
Paid	l_	Print/Type preparer's name	Preparer's si	gnature	1	, ,	Date /o		Check X if	PTIN		
Prepa Use C		Firm's name Tami Goldma	an, CPA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	100	ovma	2/8/	Firm's	self-employed EIN ► 83-0	<u>P0047</u> 328458		<u>′</u>

► X Yes No Form 990-EZ (2012)

307-362-0945

Phone no

Firm's address

317_Mesa Dr.

Rock Springs, WY 82901

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE A (Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Kυ	101	undation for S	<u>weetwater co</u>	<u>, Diabetes</u>					<u> </u>	<u>5-113.</u>	<u> </u>			
Pai	rt I	Reason for Pub	lic Charity Status	s (All organizations mu	st cor	nplete	this pa	art.) Se	e instr	uctions	١.			
The	orga	nization is not a priv	ate foundation be	cause it is (For lines 1 th	rough	11, che	eck only	one bo	x.)		-			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).													
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	\vdash	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the												
	ш	hospital's name, cit	-								- / (- / (/	····/-		
5														
•														
c	section 170(b)(1)(A)(iv). (Complete Part II) A foderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)													
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
7	Χ	_	•	· ·	s supp	יייוניי	ını a yo	vernine	entai ui	iit Oi iit	om me	genera	ai put	шС
_		described in section			.1-4- 6	.								
8	\vdash	•		on 170(b)(1)(A)(vi). (Com	•									
9		-		es (1) more than 331/3 %									_	
		•		exempt functions - subj			-							
				ome and unrelated busin						n 511	tax) fro	om bus	siness	es
			•	e 30, 1975 See section	•		•		•					
0				ted exclusively to test for		-				•				
1	L	_	-	rated exclusively for the			-					-		
		purposes of one o	r more publicly su	ipported organizations de	escribe	d in s	ection 5	509(a)(1) or se	ection 5	09(a)(2	?) See	secti	on
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
		a Type I	b Type II	c Type III-Function	-	-				I-Non-fu		-	-	
e	Ш	By checking this	box, I certify that	the organization is not	contr	olled	directly	or ind	irectly	by one	or mo	re disc	qualifi	ed
		persons other than	n foundation mana	gers and other than one	or mo	re put	olicly su	pported	d organ	ızatıons	descr	ibed in	secti	on
		509(a)(1) or section	n 509(a)(2)											
f		If the organization	received a writte	n determination from the	e IRS	that it	ıs a Ty	ype I, 1	ype II,	or Type	e III su	ipportir	ıg	
		organization, check	this box										Ī	٦
g		_		nization accepted any gift	or co	ntributi	on from	any of	the				• –	_
,		following persons?	-	. , , ,				•						
				ectly controls, either alor	ne or t	oaethe	er with	person	s desc	ribed in	(11)	[-	Yes N	10
				ly of the supported organ		-						11g(i)		_
		• • •		scribed in (i) above?		• •					}	11g(ii)	_	—
				on described in (i) or (ii) a	 bove?	• • •						11g(iii)	_	—
h		, ,	•	ut the supported organiza				• • • •			٠٠٠ ١			
		ame of supported	(ii) EIN	(iii) Type of organization			(v) Did v	ou notific	66	le the	(vii) An	nount of i	monoto	
	(1) 14	organization	(11) (11)	(described on lines 1-9	(iv) Is the organization		zation in the organization				(411) (11	support		ı y
		-		above or IRC section		listed in overning		(i) of		rganized				
				(see instructions))	Yes	Ment?	your su Yes	No	Yes	US?				
				-	162	NO	162	NO	162	No				
A)			i											
										ļ. <u>.</u>				
B)														
C)														
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D)														
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E)														
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Γota	ıl.				1		1							
	• •		1		i	i .	1	ı	ī	i				

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	33,357 50	39,830.00	21,781 81	46,454 60	25,686.99	167,110.90
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	33,357 50	39,830.00	21,781 81	46,454.60	25,686 99	167,110.90
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						167,110.90
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕒 📙	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	33,357 50	39,830 00	21,781_81	46,454 60	25,686.99	167,110.90
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 IV)						 .
11	Total support. Add lines 7 through 10 L						<u>167,110.9</u> 0
12 13	Gross receipts from related activities, etc. (see First five years. If the Form 990 is for accompanies about the box and atom because the box and	r the organizati	on's first, secon	d, third, fourth,	or fifth tax year	r as a section	501(c)(3)
Sec	organization, check this box and stop here tion C. Computation of Public Supp				· · · · · · · · · · · · · · · · · · ·		•
360 14			· · · · · · · · · · · · · · · · · · ·	11 column (f)		44	100 00000
15	Public support percentage for 2012 (lin						100.0000%
	Public support percentage from 2011 S 331/3% support test - 2012. If the or						100.0000%
IVa	this box and stop here. The organization	J					-,
b	331/3% support test - 2011. If the or						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization						
	Part IV how the organization meets th						
b	organization						▶ 🔲
	15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organization						•
18	supported organization						▶ 🔲
	instructions	<u></u>					▶ 🛄
-							

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

<u>Sec</u>	tion A. Public Support			,			-	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(е	2012	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants ")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that 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		i					
	organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3		-		, i			
	received from disqualified persons							
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							
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from						_	
	line 6)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)	2012	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly				ļ			
12	Other income Do not include gain or							
	loss from the sale of capital assets				1			
	(Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)							
14	First five years. If the Form 990 is for the	the organizatio	n's first, second.	third, fourth, or	fifth tax year a	s a se	ction 501	(c)(3)
	organization, check this box and stop here.	•						
Sec	tion C. Computation of Public Supp			-				
15	Public support percentage for 2012 (line 8,			mn (f))		15		%
16	Public support percentage from 2011 Sched					16		%
	tion D. Computation of Investment						<u> </u>	
17	Investment income percentage for 2012 (line			13, column (f))		17		%
18	Investment income percentage from 2011 S							%
	331/3% support tests - 2012. If the orga						331/3 %	
u	17 is not more than 331/3%, check this							
h	33 1/3 % support tests - 2011. If the organ							
	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization d		-	•	•		•	
JSA			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,, <u>.</u>				990 or 990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
KD Foundation for Sweetwater Co. Diabetes	26-1133075
Line 10: Scholarships \$10,000.00, Diabetes Camps \$960.00, Medica	<u>al Alert Jewelry</u>
\$2,743.73 Line 16: Fundraising Costs \$6,467.13, Administrative Co	osts_\$433.77
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