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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009**Open to Public
Inspection****A For 2009 calendar year, or tax year beginning****, 2009, and ending****, 20****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

SNOWDROP FOUNDATION INC

Number & street (or P.O. box, if mail is not delivered to street addr.)

2310 UPLAND PARK DR

City or town, state or country, and ZIP + 4

Sugar Land TX 77479

D Employer identification number

20-4478536

E Telephone number

(713) 232-9052

F Group Exemption Number...

▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G Accounting Method:** ☒ Cash ☐ Accrual
Other (specify) ▶**I Website:** ▶ SNOWDROPFOUNDATION.ORG**H Check** ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**J Tax-exempt status** (check only one) -- ☒ 501(c)(3) (Insert no.) 4947(a)(1) or 527**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ...** \$ 196,729**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	196,729
	6b	Less direct expenses other than fundraising expenses	6b	57,735
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	138,994	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	138,994	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	104,750
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	19,164
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See attachment #2)	16	26,643
	17	Total expenses. Add lines 10 through 16	17	150,557
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,563
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	74,602
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	63,039

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	74,602	63,039
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	74,602	63,039
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,602	63,039

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses

What is the organization's primary exempt purpose? See attachment #3

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

28

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ▶ [

31a

32	Total program service expenses (add lines 28a through 31a)	32	0
-----------	---	-----------	----------

32

C

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for Part IV.)

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

See attachment #4

#5

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c 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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	See attachment #6	
Located at		
Telephone no		
ZIP + 4		
b 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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
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	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


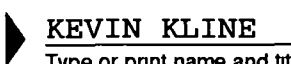
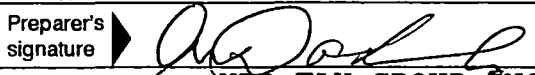
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ... ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	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.			
	 Signature of officer		11-6-10 Date	
Paid Preparer's Use Only	 KEVIN KLINE Type or print name and title		PRESIDENT	
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 HRB TAX GROUP INC 3691 Highway 6 S Sugar Land, TX 77478	Date 11-06-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.) 01230625 EIN 43-1871840 Phone no. 281-494-1040

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		51248	100448	114753	196729	463178
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.		51248	100448	114753	196729	463178
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.						463178

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4		51248	100448	114753	196729	463178
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						463178
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five 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 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3 % support test -- 2009. 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 <input type="checkbox"/>		
b 33 1/3 % support test -- 2008. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test -- 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test -- 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if
the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SNOWDROP FOUNDATION INC

Employer identification number

20-4478536

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is
to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund- raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRISH KLINE	DIRECTOR AND	X	X		18,164	
STEVE DAVID JOHNSON	BOOK KEEPER PHOTOGRAPHER					
					1,000	
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from
registration or licensing.

TX

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		STRIDES ACCR (event type)	SUGARLAND BA (event type)	3 (total number)	(Add col. (a) through col. (c))
1	Gross receipts	106,203	34,301	56,225	196,729
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	106,203	34,301	56,225	196,729
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	22,929	32,216	2,590	57,735
10	Direct expense summary. Add lines 4 through 9 in column (d)				(57,735)
11	Net income summary. Combine line 3, column (d), and line 10				138,994

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1	Gross revenue		
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

Yes No

13 Indicate the percentage of gaming activity operated in.

- a** The organization's facility **13a** %
- b** An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

X

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

X

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Inspection

For calendar year 2009 or tax period beginning

, and ending

SNOWDROP FOUNDATION INC

20-4478536

Total	26,643
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SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending			
Name of Organization		Employer Identification Number			
SNOWDROP FOUNDATION INC		20-4478536			
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
SCHOLARSHIP	UNIVERSITY OF TEXAS				
SCHOLARSHIP	' ' ' TEXAS A AND M	5,000			
SCHOLARSHIP	' ' ' ORAL ROBERTS UNIVERSITY	3,250			
SCHOLARSHIP	' ' ' TEXAS A AND M	2,250			
		10,500			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE					2009-07
NONE		5,000			2009-07
NONE		3,250			2009-07
NONE		2,250			2009-07
Total		10,500			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending			
Name of Organization		Employer Identification Number			
SNOWDROP FOUNDATION INC		20-4478536			
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
SCOLARSHIP	UNIVERSITY OF HOUSTON	3,000			
SCOLARSHIP	BAYLOR	1,000			
SCOLARSHIP	JOHNSON AND WALES UNIVERSITY	2,000			
SCOLARSHIP	UNIVERSITY OF TEXAS TYLER	2,250			
		8,250			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE		3,000			2009-07
NONE		1,000			2009-07
NONE		2,000			2009-07
NONE		2,250			2009-07
Total		8,250			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending	
Name of Organization		Employer Identification Number	
SNOWDROP FOUNDATION INC		20-4478536	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
SCOLARSHIP	LEE UNIVERSITY	1,000	
SCOLARSHIP	CATHRAGE COLLEG	500	
SCOLARSHIP	NOVASOUTHEASTERN UNIVERSITY	3,000	
SCOLARSHIP	UNIVERSITY OF CALIFORNIA	2,250	
		6,750	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE		1,000			2009-07
NONE		500			2009-07
NONE		3,000			2009-07
NONE		2,250			2009-07
Total		6,750			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 4 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending	
Name of Organization		Employer Identification Number	
SNOWDROP FOUNDATION INC		20-4478536	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
SCOLARSHIP	' ' ' EMERY UNIVERSITY	3,000	
SCOLARSHIP	' ' ' AMERICAN UNIVERSITY	5,000	
SCOLARSHIP	' ' ' BAYLOR	3,250	
	' ' '	4,000	
		15,250	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE		3,000			2009-07
NONE		5,000			2009-08
NONE		3,250			2009-08
Total		4,000			2009-08
		15,250			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 5 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending			
Name of Organization		Employer Identification Number			
SNOWDROP FOUNDATION INC		20-4478536			
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
SCOLARSHIP	BRIGHAM YOUNG UNIVERSITY				
SCOLARSHIP	' ' ' LONE STAR COLLEGE	1,500			
SCOLARSHIP	' ' ' UT SAN ANTONIO	500			
SCOLARSHIP	' ' ' LONE STAR COLLEGE	1,500			
		3,500			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE					
NONE		1,500			2009-08
NONE		500			2009-08
NONE		1,500			2009-08
Total		3,500			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 6 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending	
Name of Organization		Employer Identification Number	
SNOWDROP FOUNDATION INC		20-4478536	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
DONATION	' ' ' PLEX FOUNDATION (NON PROFIT ORGANIZ)	500	
DONATION	' ' ' TEXAS CHILDREN HOSPITAL CANCER CTR	7,000	
SCHOLARSHIP	' ' ' BLINN COLEGE	50,000	
	' ' ' , , ,	3,000	
		60,500	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE		500			2009-09
NONE		7,000			
NONE		50,000			2010-09
		3,000			2009-07
Total		60,500			

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization SNOWDROP FOUNDATION INC	Employer Identification Number 20-4478536

Primary Purpose

BENEFITING TEXAS CHILDREN'S CANCER CENTER AT TEXAS CHILDREN HOSPITAL
PROVIDING SCHOLARSHIPS TO STUDENTS WHO ARE CANCER SURVIVORS OR CANCER
PATIENTS OF TEXAS CHILDREN'S HOSPITAL

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending				
Name of Organization SNOWDROP FOUNDATION INC				Employer Identification Number 20-4478536	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances	
KEVIN KLINE 2310 UPLAND PARK DR Sugar Land, TX 77479	PRESIDENT & DIRECTOR 40.00	0	0	0	
TRISH KLINE 2310 UPLAND PARK DR Sugar Land, TX 77479 See Comp. Expl. #1	ADMIN & DIRECTOR 40.00	18,164	0	0	
SEAN MCCOY 3934 LAKEFIELD WAY Sugar Land, TX 77479-2022	BOARD MEMBER 20.00	0	0	0	

COMPENSATION EXPLANATION

Attachment 5: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2009, or tax year period beginning	and ending
Name of Organization SNOWDROP FOUNDATION INC		Employer Identification Number 20-4478536

Name	Explanation
Officer Comp. Expln. #1 TRISH KLINE	TRISH KLINE IS THE ADMINISTRATOR AND DIRECTOR OF THE FOUNDATION RECEIVED THE COMPENSATION FOR SERVICES RENDERED THE COMPENSATION WAS REPORTED ON A 1099 MISC

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization SNOWDROP FOUNDATION INC	Employer Identification Number 20-4478536
Part V - Line 42a	

Individual Name TRISH KLINE
or
Business Name:

Street Address 2310 UPLAND PARK DR

U.S. Address

Zip code 77479 City Sugar Land State TX
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (713) 232-9052

Fax Number (281) 937-7293

2009 DETAIL STATEMENTS

SNOWDROP FOUNDATION INC
20-4478536

Page 1

STATEMENT #1 - Salaries, Other Compensations (990-EZ PG 1 Line 12)

1099 MISC TRISH CLINE.....	18,164
1099 MISC STEVEN DAVID JOHNSON.....	1,000

TOTAL CARRIED TO 990-EZ PG 1 Line 12.....	19,164
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STATEMENT #2 - Gross receipts (Sch G, Part II Line C-1)

DERICKS AND DIAMONDS SOFT BALL TURNAMENT.....	11,379
GOLF TURNAMENT.....	21,600
HOUSTON MARATHON RUN FOR A REASON.....	23,246

TOTAL CARRIED TO Sch G, Part II Line C-1.....	56,225
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