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SCHEDULE G (Form 990 or 990-EZ)

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 6s.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Name of the organization **Employer Identification number SNOWDROP FOUNDATION INC.** 20-4478536 Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV. line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e

Solicitation of non-government grants а ☐ Internet and email solicitations b f Solicitation of government grants ☐ Phone solicitations g

Special fundraising events ď In-person solicitations 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. (v) Amount paid to (or retained by) fundraiser listed in (vt) Amount paid to (or retained by) organization (III) Did fundralser have (i) Name and address of individual (Iv) Gross receipts from activity custody or control of contributions? (ii) Activity or entity (fundraiser) Yes No 1 2 3 5 RECEIVED 7 8 JUL 09 2014 9 **EOCU** IRS OGDEN, UTAH 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OMX

		more than \$15,000 of fundralsing List events with gross receipts gr	eater than \$5,000.		(c) Other events	(d) Total events
Ē			(a) Event #1 b 4 b soytent room (event type)	(b) Event #2 MARATHON (med spd)	(c) Other events	(add column (c))
Ž	١.	•			4.0.0	
A CREA	יו	Gross receipts	139,113.	8 6,793.	140,674.	366,580.
•	2	Less: Charitable contributions				
	3	Grass income (line 1 minus line 2)	139,113.	<u>86,793.</u>	140,674.	366,580.
	4	Cash prizes				
_	5	Noncash-prizes				
P	6	Rent/facility costs				
RECT	7	Food end beverages	· .			
E X P	•	Entertainment	_			
MACHER	9	Other direct expenses	275.	4,345.	9,943.	14,563.
	78	14,563.				
	17	Direct expense summary. Add lines 4 thm Net income summary. Combine tine 3, co Gaming. Complete if the organize	lumn (d), and line 10	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	352, 017.
Par	<u>t M</u>	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered Yes	s' to Form 990, Par	t IV, line 19, or rep	orted more than
REMEMBE			(a) Bingo	(b) Pull labs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add column (a) through column (c))
ACK	1	Gross revenue				
	2	Cash prizes				
P X						
ķ						
EXPENS.	3	Non-cash prizes				
EXPENSES.	3	Non-cash prizes				
EXCHRICK.	3	Non-cash prizes				
HX-HR-GUM	3	Non-cash prizes	Yes 1		Yes \$	
MACH MACH	3	Non-cash prizes			Yes \$	
	4 5	Non-cash prizes	Yes %	No	No -	
EXAMPLE STATES	4 5	Non-cash prizes Rent/facility costs Other direct expenses Voluntaer labor Direct expense summary, Add lines 2 thro	Yes % Ne ough 5 in column (d)	No	No No	
	3 4 5 6 7	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Combine is	Yes 4 Ne olumn (d)	No	No No	
	3 4 5 6 7 0 Ente	Non-cash prizes Rent/facility costs Other direct expenses Voluntaer labor Direct expense summary, Add lines 2 thro Net gaming income summery. Combine lines of the state(s) in which the organization open	Yes 4 No sugh 5 in column (d) nes 1, column (d) and 6 makes gaming activities:	No No 12 7	No P	
9	3 4 5 6 7 9 Enter to the later	Non-cash prizes Rent/facility costs Other direct expenses Voluntaer labor Direct expense summary, Add lines 2 thro Net garning income summary. Combine is or the siate(s) in which the organization open	Yes 4 No sugh 5 in column (d) nes 1, column (d) and 6 makes gaming activities:	No ne 7	No	· Tes No
9	3 4 S S S S S S S S S S S S S S S S S S	Non-cash prizes Rent/facility costs Other direct expenses Voluntaer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Combine lin or the state(s) in which the organization open organization licensed to operate gaming of explain:	Yes 1 Ne Tugh 5 in column (d) The 1, column (d) and 6 Trailes garning activities: activities in each of these	No No states?	No	
9	3 4 5 6 7 Q Enter the thirt No.	Non-cash prizes Rent/facility costs Other direct expenses Voluntaer labor Direct expense summary, Add lines 2 thro Net garning income summary. Combine is or the state(s) in which the organization open a organization licensed to operate garning o, explain:	Yes 1 Ne Tugh 5 in column (d) The 1, column (d) and 6 Trailes garning activities: activities in each of these	No No states?	No	
9 10 10 10 10 10 10 10 10 10 10 10 10 10	3 4 5 6 7 Q Enter the thirt No.	Non-cash prizes Rent/facility costs Other direct expenses Voluntaer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Combine lines organization open organization licensed to operate gaming or explain:	Yes 1 Ne Trevolved, suspended or	ne 7 terminated during the terminated	No N	· Yes No

JUL: 09 2014

EOCU IRS OGDEN, UTAH



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11 12	Does the organization operate gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility
.,	records: Name ►
150	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ 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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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 > \$
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Snowdrap Foundation, Inc. 20-4478536 1

Supporting Statement of:

Sch. G, page 2/Other Gross Receipts

Description Amount

Description	Amount
55 HOUR RACE	22,061
CHELSEY 5K	20,064
STEP UP TO CURE KIDS CANCER	35,488
POLO	23,813
TONY PINK BIKE TOUR	19,024
Washfest	20, 224

Supporting Statement of:

Sch. G, page 2/Other Direct Exp.

Description	Amount
POLO STEP UP TO CURE KIDS CANCER	2,711.
WASHFEST	422. 6,810.
Total	0.049

Total ______9, 943.

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