

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/01, 2013, **and ending** 6/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C SnowCap Community Charities P.O. Box 160 Fairview, OR 97024-0160	D Employer Identification Number 23-7121915 E Telephone number (503) 674-8785 G Gross receipts \$ 3,481,827.
F Name and address of principal officer: Same As C Above		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No,' attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.snowcap.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: M State of legal domicile:

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>PROVIDING FOOD, CLOTHING AND OTHER EMERGENCY SERVICES TO THE NEEDY IN EAST MULTNOMAH COUNTY, OREGON.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,512,924.	3,437,325.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,771.	6,295.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,162.	5,105.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,529,857.	3,448,725.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,746,244.	2,529,609.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	375,474.	355,615.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 98,062.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	256,679.	248,819.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,378,397.	3,134,043.
19	Revenue less expenses. Subtract line 18 from line 12	151,460.	314,682.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,719,884.	2,571,268.
22	Net assets or fund balances. Subtract line 21 from line 20	36,395.	20,383.
		1,683,489.	2,550,885.

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: <u>JUDITH ALLEY</u> Type or print name and title.	Date	
	Executive Director		
Paid Preparer Use Only	Print/Type preparer's name <u>Melissa S. Andal</u>	Preparer's signature <u>Melissa S. Andal</u>	Date <u>11/14/14</u>
	Firm's name ▶ <u>Simpson & Company</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00352283</u>
	Firm's address ▶ <u>2165 S.W. Main Street</u> <u>Portland, OR 97205</u>	Firm's EIN ▶ <u>93-0741343</u>	Phone no. <u>(503) 222-3673</u>

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

4e Total program service expenses 2,918,163
 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ (Revenue \$)

4c (Code:) (Expenses \$ 22,349. including grants of \$ (Revenue \$)
 EMERGENCY SERVICES - PROVIDING BOOKS, HYGIENE SUPPLIES, HOUSEHOLD ITEMS,
 TRANSPORTATION, PRESCRIPTIONS AND REFERRALS.
 Individuals served: 914

4b (Code:) (Expenses \$ 472,048. including grants of \$ (Revenue \$)
 CLOTHING PROGRAM - PROVIDING EMERGENCY CLOTHING, DIAPERS, TOYS, BOOKS, AND SCHOOL
 SUPPLIES.
 Individuals served: 37,895

4a (Code:) (Expenses \$ 2,423,766. including grants of \$ (Revenue \$)
 FOOD PROGRAM - PROVIDING A 3-5 DAY SUPPLY OF FOOD
 Individuals served: 106,746

- 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 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.
- 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.

1 Briefly describe the organization's mission:
 PROVIDING FOOD, CLOTHING AND OTHER EMERGENCY SERVICES TO THE NEEDY IN EAST MULTNOMAH
 COUNTY, OREGON.

Part IV Checklist of Required Schedules

1	2	3	4	5	6	7	8	9	10	11	11a	11b	11c	11d	11e	11f	12a	12a	12b	13	14a	14b	15	16	17	18	19	20	20b
	X										X												X						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	3	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.	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? If 'Yes,' complete Schedule C, Part II.	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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	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? If 'Yes,' complete Schedule D, Part I.	7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	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? If 'Yes,' complete Schedule D, Part IV.	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	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? If 'Yes,' complete Schedule D, Part VI. 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? If 'Yes,' complete Schedule D, Part VII. 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? If 'Yes,' complete Schedule D, Part VIII. 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? If 'Yes,' complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part 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)? If 'Yes,' complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If 'Yes,' complete Schedule F, Parts I and IV. b 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? If 'Yes,' complete Schedule F, Parts II and IV. c 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? If 'Yes,' complete Schedule F, Parts III and IV. 15 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 1e? If 'Yes,' complete Schedule G, Part I (see instructions). 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 19 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?								

Part IV Checklist of Required Schedules (continued)

Yes	No	21	22	23	24a	24b	24c	24d	25a	25b	26	27	28	28a	28b	28c	29	30	31	32	33	34	35a	35b	36	37	38
	X	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	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.	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.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	Did the organization act as an issuer for bonds outstanding at any time during the year?	25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	b Is the transaction 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.	26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	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.	34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b 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.	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.	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.	38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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.

1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2 a 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.

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).

3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O.

4 a 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)?

b If 'Yes,' enter the name of the foreign country.

See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?

6 a 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?

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

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?

b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?

d If 'Yes,' indicate the number of Forms 8882 filed during the year.

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders.

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.

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.

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.

c Enter the amount of reserves on hand.

14 a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

1 a Enter the number of voting members of the governing body at the end of the tax year. 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 in Schedule O.

12	1a	
13	1b	

b Enter the number of voting members included in line 1a, above, who are independent.

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?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7 a 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?

7 a 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?

7 b Did any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

8 a The governing body?

b Each committee with authority to act on behalf of the governing body?

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 in Schedule O.

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 in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Yes	No
10a	X	
10b		
11a	X	
11a		
12a	X	
12a		
12b	X	
12c	X	
13	X	
14	X	
15		
15a	X	
15a		
15b	X	
16a		
16a	X	
16b		

10 a Did the organization have local chapters, branches, or affiliates?

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?

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O.

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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.

b Other officers or key employees of the organization. See Schedule O.

If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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 taken steps to safeguard the organization's exempt status with respect to such arrangements?

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 See Schedule O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Judith A. Alley 17805 SE Stark Portland OR 97233 (503) 674-8785

Form 990 (2013) TEEA0106L 07/02/13 BAA

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director		
(1) Charlie Stanley	2						X	0	0
(2) Rusty Stimm	2						X	0	0
(3) Diane Liefeld	2						X	0	0
(4) PASTOR TOM HILLER	2						X	0	0
(5) Sarah Guide	2						X	0	0
(6) Darryl Hill	2						X	0	0
(7) Alisha Karin-Bean	2						X	0	0
(8) Pat Berger	2						X	0	0
(9) Tom Weldon	2						X	0	0
(10) Blair Loudat	2						X	0	0
(11) Merlin Audegartten	2						X	0	0
(12) Jim Mahnke	2						X	0	0
(13) Judy Alley	40						X	0	8,200
(14) Executive Director	0						X	60,435	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week for related organizations (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former highest compensated employee	Key employee	Officer	Institutional trustee individual trustee or director			
(15)								
(16)								
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								

1 b Sub-total	60,435.	0.	8,200.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	60,435.	0.	8,200.

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 **0**

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.	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? If 'Yes,' complete Schedule J for such individual.	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? If 'Yes,' complete Schedule J for such person.	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

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**

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS				
1 a Federated campaigns				
b Membership dues				
c Fundraising events	107,823			
d Related organizations				
e Government grants (contributions)				
f All other contributions, gifts, grants, and similar amounts not included above	3,329,502			
g Noncash contributions included in lines 1a-f: \$	2,014,510			
h Total. Add lines 1a-1f	3,437,325			
PROGRAM SERVICE REVENUE				
2 a Business Code				
b				
c				
d				
e				
f All other program service revenue				
g Total. Add lines 2a-2f				
3 Investment income (including dividends, interest and other similar amounts)	6,295			
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
OTHER REVENUE				
6 a Gross rents				
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				
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 \$107,823 of contributions reported on line 1c)				
See Part IV, line 18	38,207			
b Less: direct expenses	33,102			
c Net income or (loss) from fundraising events	5,105			
9 a Gross income from gaming activities. See Part IV, line 19				
b Less: direct expenses				
c Net income or (loss) from gaming activities				
10 a Gross sales of inventory, less returns and allowances				
b Less: cost of goods sold				
c Net income or (loss) from sales of inventory				
11 a Miscellaneous Revenue				
b				
c				
d All other revenue				
e Total. Add lines 11a-11d	3,448,725			
12 Total revenue. See instructions	11,400			

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.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	2,529,609.	2,529,609.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members, trustees, and key employees.	68,635.	24,022.	34,318.	10,295.
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	220,531.	135,628.	46,053.	38,850.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10,720.	5,994.	1,832.	2,894.
9 Other employee benefits.	32,847.	24,678.	6,819.	1,350.
10 Payroll taxes.	22,882.	12,789.	6,155.	3,938.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	37,700.	24,081.	10,567.	3,052.
12 Advertising and promotion.				
13 Office expenses.	5,979.	4,185.	897.	897.
14 Information technology.	19,942.	9,348.	2,316.	8,278.
15 Royalties.				
16 Occupancy.	22,158.	18,069.	1,105.	2,984.
17 Travel.	5,683.	5,517.	43.	123.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,317.	1,486.		831.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	44,545.	41,057.	1,664.	1,824.
23 Insurance.	11,510.	7,532.	2,827.	1,151.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 24e, column (A) amount, list line 24e expenses on Schedule O.)	57,766.	57,766.		
a PRODUCE/FOOD DISCARDS				
b Printing and Publications	12,923.	3,011.		9,912.
c MAINT AND EQUIP	10,608.	9,905.		703.
d Postage and Shipping	8,216.	3,088.		5,128.
e All other expenses.	9,472.	398.	3,222.	5,852.
25 Total functional expenses. Add lines 1 through 24e.	3,134,043.	2,918,163.	117,818.	98,062.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	12,044.	5,509.		6,535.

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
1	Cash - non-interest-bearing	183,868.	146,876.
2	Savings and temporary cash investments	278,890.	442,917.
3	Pledges and grants receivable, net		
4	Accounts receivable, net		
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
7	Notes and loans receivable, net		
8	Inventories for sale or use	178,830.	221,307.
9	Prepaid expenses and deferred charges		
10a	Land, buildings, and equipment: cost or other basis.	975,989.	
10b	Less: accumulated depreciation	403,891.	
10c		441,464.	572,098.
11	Investments - publicly traded securities	31,393.	35,526.
12	Investments - other securities. See Part IV, line 11.		
13	Investments - program-related. See Part IV, line 11.		
14	Intangible assets	72,272.	66,664.
15	Other assets. See Part IV, line 11.	533,167.	1,085,880.
16	Total assets. Add lines 1 through 15 (must equal line 34).	1,719,884.	2,571,268.
17	Accounts payable and accrued expenses.	36,394.	20,383.
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
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.	1.	
26	Total liabilities. Add lines 17 through 25.	36,395.	20,383.
27	Unrestricted net assets	1,119,874.	1,408,421.
28	Temporarily restricted net assets	563,615.	1,142,464.
29	Permanently restricted net assets		
Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	1,683,489.	2,550,885.
34	Total liabilities and net assets/fund balances	1,719,884.	2,571,268.

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).	3,448,725.
2	Total expenses (must equal Part IX, column (A), line 25).	3,134,043.
3	Revenue less expenses. Subtract line 2 from line 1.	314,682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	1,683,489.
5	Net unrealized gains (losses) on investments.	
6	Donated services and use of facilities.	
7	Investment expenses.	
8	Prior period adjustments.	
9	Other changes in net assets or fund balances (explain in Schedule O).	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	2,550,885.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

2b Were the organization's financial statements audited by an independent accountant? Yes No

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

2013

OMB No. 1545-0047

Employer identification number

23-7121915

SnowCap Community Charities

Name of the organization

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 11, 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.)
- 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)(v).
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I Type II Type III — Functionally integrated
- b Type II Type III — Functionally integrated
- c Type III — Non-functionally integrated
- d Type III — Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 If the organization received a written determination from the IRS that is a Type I, Type II, or Type III supporting organization, check this box.

- f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 Provide the following information about the supported organization(s):

	(i) Name of supported organization		(ii) EIN		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		(iv) Is the organization (i) listed in column (i) of your document?		(v) Is the organization (i) listed in column (i) of your support?		(vi) Did you notify the organization in column (i) of your support U.S.?		(vii) Amount of monetary support	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
(A)														
(B)														
(C)														
(D)														
(E)														
Total														

- 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.
- 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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.
- 17a 10%-facts-and-circumstances test - 2012. 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.
- 16a 33-1/3% support test - 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- 16a 33-1/3% support test - 2012. 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.
- 15 Public support percentage from 2012 Schedule A, Part II, line 14.
- 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))
- 15 Public support percentage from 2012 Schedule A, Part II, line 14.

Section C. Computation of Public Support Percentage

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,864,230	3,238,626	3,106,398	3,419,973	3,512,924	16,142,151
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,891	2,764	3,180	4,771	4,771	19,377
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV			3,964	2,429	12,162	18,555
11 Total support. Add lines 7 through 10						16,180,083
12 Gross receipts from related activities, etc (see instructions)						0
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.	<input type="checkbox"/>					

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,864,230	3,238,626	3,106,398	3,419,973	3,512,924	16,142,151
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	2,864,230	3,238,626	3,106,398	3,419,973	3,512,924	16,142,151
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 1, column (f)						0
6 Public support. Subtract line 5 from line 4						16,142,151

Section A. Public Support

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) 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.)

(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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
7b 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.						
8 Public support (Subtract line 7c from line 6).						
c Add lines 7a and 7b.						
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)						
14 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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests — 2013. 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.

19a 33-1/3% support tests — 2012. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Part II, Line 10 - Other Income

Nature and Source	2013	2012	2011	2010	2009
Total	\$ 12,162.	\$ 2,429.	\$ 3,964.	\$ 0.	\$ 0.

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

2013

Employer identification number

23-7121915

SnowCap Community Charities

Organization type (check one):

Filters of:

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

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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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., contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

23-7121915

SnowCap Community Charities

Name of organization

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Edward F. Farrer Trust 302 State St Salem, OR 97301	\$ 69,530.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization

SnowCap Community Charities

Employer identification number
23-7121915

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
N/A			
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

SnowCap Community Charities

Employer identification number
23-7121915

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10)

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry:

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc.,

contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)

\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
Transfer of gift (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
Transfer of gift (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
Transfer of gift (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
Transfer of gift (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
Transfer of gift (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
Transfer of gift (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
Transfer of gift (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

23-7121915

SnowCap Community Charities

Part I Organizations Maintaining Donor Advised Funds or Accounts.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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' to 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 (e.g., recreation or education)
 Preservation of natural habitat
 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	2a	2b	2c	2d
	Total number of conservation easements	Total acreage restricted by conservation easements	Number of conservation easements on a certified historic structure included in (a)	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

- 8 Does each conservation easement reported on line 2(d) 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' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:	\$
a Revenues included in Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

BAA

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			
1 a Land			440,929.
b Buildings		600,579.	159,650.
c Leasehold improvements		22,406.	20,453.
d Equipment		310,445.	186,508.
e Other		42,559.	37,280.
			572,098.

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

Part VI Land, Buildings, and Equipment.

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

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

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

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	31,393.	28,964.	25,000.	25,000.	0.
b Contributions					
c Net investment earnings, gains, and losses	4,133.	2,429.	3,964.		
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	35,526.	31,393.	28,964.	25,000.	0.

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

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	1d	1e	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection (check all that apply):

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

Part VII Investments - Other Securities. Complete if the organization answered 'Yes' to 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Part VIII Investments - Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description (b) Book value

(1) LEASEHOLD INTEREST	1,085,880.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	1,085,880.

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability (b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part V, Line 4 - Intended Uses Of Endowment Fund

To start an endowment fund for donors to contribute restricted endowment funds into. Income from the fund will be used for operations as needed.

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 XIII Supplemental Information.

5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		3,134,043.
4c	Add lines 4a and 4b		
	b Other (Describe in Part XIII):	4b	
	a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
3	Subtract line 2e from line 1.		3,134,043.
2e	Add lines 2a through 2d		101,192.
	d Other (Describe in Part XIII). See Part XIII	2d	33,102.
	c Other losses	2c	
	b Prior year adjustments	2b	
	a Donated services and use of facilities	2a	68,090.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
1	Total expenses and losses per audited financial statements.		3,235,235.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,448,725.
4c	Add lines 4a and 4b		
	b Other (Describe in Part XIII):	4b	
	a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
3	Subtract line 2e from line 1.		3,448,725.
2e	Add lines 2a through 2d		653,906.
	d Other (Describe in Part XIII). See Part XIII	2d	33,102.
	c Recoveries of prior year grants	2c	
	b Donated services and use of facilities	2b	620,804.
	a Net unrealized gains on investments	2a	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
1	Total revenue, gains, and other support per audited financial statements.		4,102,631.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

SnowCap Community Charities

23-7121915

Schedule D, Part XI, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

Special event exp offset against income.....
Total \$ 33,102.
\$ 33,102.

Schedule D, Part XII, Line 2d
Other Expenses And Losses Per Audited F/S

Special event exp offset against income.....
Total \$ 33,102.
\$ 33,102.

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. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2013
Open to Public Inspection

Name of the organization
SnowCap Community Charities

Employer identification number
23-7121915

Part I 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.

1	(i) Name and address 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) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
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.							0.

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? Yes No
 b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If 'Yes,' explain: _____

	REVENUE		EXPENSES	
	Yes	No	Yes	No
1				
2				
3				
4				
5				
6				
7	Direct expense summary. Add lines 2 through 5 in column (d).			
8	Net gaming income summary. Subtract line 7 from line 1, column (d).			

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		EXPENSES	
	Yes	No	Yes	No
1	128,823.	15,847.		
2	107,823.			
3	21,000.	15,847.		
4				
5	8,449.			
6				
7	13,859.			
8				
9	10,682.			
10	Direct expense summary. Add lines 4 through 9 in column (d).			
11	Net income summary. Subtract line 10 from line 3, column (d).			

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

11 Does the organization operate gaming activities with nonmembers? Yes No

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? 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 contact with a third party from whom the organization receives gaming revenue? Yes No

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:

Gaming manager compensation \$

Description of services provided

17 Mandatory distributions

Director/officer Employee Independent contractor

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 IV Supplemental Information. 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 provide any additional information (see instructions).

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2013

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Part I General Information on Grants and Assistance

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV Yes No

Employer identification number

23-7121915

(1) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FOOD AND CLOTHING TO THE NEEDY	145,555			THRIFT AND FOOD VALUES	FOOD AND CLOTHING TO THE NEEDY
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

SNOW-CAP COMMUNITY CHARITIES DISTRIBUTES FOOD AND CLOTHING TO THE NEEDY IN EAST

MULTNOMAH COUNTY. INDIVIDUALS ASSISTED FILL-OUT INFORMATION FORMS AND MUST NOT

EXCEED POVERTY INCOME LEVELS PER GOVERNMENT GUIDELINES.

BAA

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

2013

OMB No. 1545-0047

Part I Types of Property

SnowCap Community Charities

Employer identification number
23-7121915

	(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				
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			1,590,056. Fair Value	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Clothing Inv.)			424,454. Thrift Value	
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 IV, Donee Acknowledgement 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not 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	

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

Schedule M (Form 990) 2013

(This area is intentionally left blank for reporting additional information.)

Series of horizontal dashed lines for text entry.

request.

Governing documents, policies and financial statements available to the public upon

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

BASED ON RESULTS OF AN ANNUAL PERFORMANCE REVIEW

COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED BY THE GOVERNING BOARD AND IS

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

DIRECTOR WHO REVIEWS THE FORM 990 FOR REASONABLENESS.

A REVIEW WILL NOT BE CONDUCTED BY EACH GOVERNING BOARD MEMBER EXCEPT THE EXECUTIVE

Form 990, Part VI, Line 11b - Form 990 Review Process

SnowCap Community Charities

Employer identification number 23-7121915

Name of the organization

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE O

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 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2013

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