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200912

OMB No 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

▶ 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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Girdwood 2020		D Employer identification number 92-0173178	
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number	
		P. O. Box 580		907-783-2128	
		City, town, or country	State	ZIP + 4	F Group Exemption Number . . . ▶
		Girdwood	AK	99587-0580	

• 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: ▶ www.girdwood2020.org **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

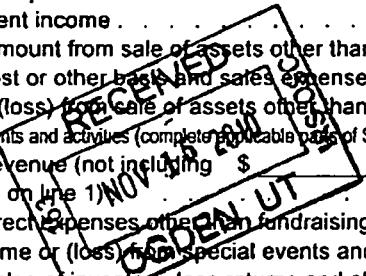
J Tax-exempt status (check only one)— 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

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 ▶ \$ 70,256

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	0
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	300
	4 Investment income	4	213
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	69,742
	b Less: direct expenses other than fundraising expenses	6b	25,093
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	44,649	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ Rounding)	8	1	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	45,163	
10 Grants and similar amounts paid (attach schedule)	10	45,048	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13	24,750	
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15	2,343	
16 Other expenses (describe ▶ See Attached Statement)	16	5,196	
17 Total expenses. Add lines 10 through 16	17	77,337	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,174	
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	57,513	
20 Other changes in net assets or fund balances (attach explanation)	20	0	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,339	



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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	56,013	22 26,839
23 Land and buildings		23
24 Other assets (describe ▶ Deposits)	1,500	24 1,000
25 Total assets	57,513	25 27,839
26 Total liabilities (describe ▶ Go For the Gold Fund)	0	26 2,500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,513	27 25,339

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

Form 990-EZ (2009)

99 7

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>Public Education and Community Support</u>		(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, and other relevant information for each program title.			
28	Publication of letters containing educational information; Public information meetings; informational advertising; website; community education for legislators		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	28a	24,489
29	Donations to Community organizations to support their efforts; Per Schedule		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	29a	42,500
30	Support Independent Study School		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	30a	2,548
31	Other program services (attach schedule)		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)	▶ 32	69,537

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions 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
John Rense P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Diana Stone Livingston P. O. Box 1102 Girdwood AK 99587	Title Chair Hr/WK 1.00	0	0	0
Jim Barnett P. O. Box 1102 Girdwood AK 99587	Title Secretary Hr/WK 1.00	0	0	0
Carl Propes P. O. Box 1102 Girdwood AK 99587	Title Treasurer Hr/WK 1.00	0	0	0
Di Hibner P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Gary Bucy P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Larry Cash P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Richard Day P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Larry Daniels P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Jeff Demain P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Bryan Epley P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Bob Gross P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Hank Hosford P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Linda Hulteen P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Lana Johnson P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Lynn Johnson P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Phil Livingston P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Mike Miller P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0

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		
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37a		
b Did the organization file Form 1120-POL for this year?	37b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 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		0
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		
40 a 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. ▶ AK			
42 a The organization's books are in care of ▶ Diana Stone Livingston Telephone no. ▶ 907-783-2128 Located at ▶ P. O. Box 1102 City, Girdwood ST AK ZIP + 4 ▶ 99587-1102			
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)? 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.	42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶	42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
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.

- 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. Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 46 47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a
- b If "Yes," was the related organization a section 527 organization? 49b
- 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
Name None City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0

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
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

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

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: *Diana Stone Livingston* Date: *Nov. 10 2010*
 Type or print name and title: Diana Stone Livingston Chair

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 Check if self-employed: EIN: _____
 Preparer's identifying number (See instructions): _____
 Phone no: _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
Girdwood 2020

Employer identification number
92-0173178

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)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- 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 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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.")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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.						0

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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
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.)	0	0				0
11 Total support. Add lines 7 through 10						0
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
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"/>		

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 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.")	2,794	4,800	3,625	60	300	11,579
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	0	0		0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513	50,239	76,507	71,352	68,231	69,742	336,071
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	53,033	81,307	74,977	68,291	70,042	347,650
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						347,650

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	53,033	81,307	74,977	68,291	70,042	347,650
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		174	1,492	764	213	2,643
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	174	1,492	764	213	2,643
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-99	0	0	0	0	-99
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	52,934	81,481	76,469	69,055	70,255	350,194
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.27%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.27%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.75%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.76%

- 19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		Annual Meeting and Banquet (event type)	Annual Golf Tournament (event type)	NONE (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	58,841	10,901	0	69,742	
	2	Less: Charitable contributions	0	0	0	0	
	3	Gross income (line 1 minus line 2)	58,841	10,901	0	69,742	
Direct Expenses	4	Cash prizes	0	0	0	0	
	5	Noncash prizes	0	0	0	0	
	6	Rent/facility costs	0	0	0	0	
	7	Food and beverages	0	0	0	0	
	8	Entertainment	0	0	0	0	
	9	Other direct expenses	19,630	5,463	0	25,093	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					(25,093)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶					44,649

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					(0)
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶					0

9	Enter the state(s) in which the organization operates gaming activities: _____		Yes	No
	a	Is the organization licensed to operate gaming activities in each of these states?	9a	
10a	b If "No," explain: _____			

11	b Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		10a	
	b If "Yes," explain: _____			
12	_____			
	11 Does the organization operate gaming activities with nonmembers?		11	
12	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	

		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	
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 ▶ \$ 0		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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	
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 I, Line 8 (990-EZ) - Other Revenue

		1	
		Amount	
Description			
1	Rounding	1	1
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	Support Educational Group	Girdwood Lego Robotics		P O Box 281	Girdwood	AK	99587	
2	Public Trail Design and Build	Girdwood Nordic Ski Club Inc		P O Box 337	Girdwood	AK	99587	
3	Support Local Fine Arts Camp	Girdwood Fine Arts Camp		P O Box 1034	Girdwood	AK	99587	
4	Fund Summer Internships	Alaska Wildlife Conservation Ce		P O Box 949	Girdwood	AK	99587	
5	Support Olympic Athletes	Go For The Gold Fund		P O Box 1102	Girdwood	AK	99587	
6	Support Olympic Athletes	Girdwood Inc. Fund		P O Box 1102	Girdwood	AK	99587	
7	Support Charter High School	Go-Ed High School Project		P O Box 1102	Girdwood	AK	99587	
8								
9								
10								

Part I, Line 16 (990-EZ) - Other Expenses

5,196

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Bank and Merchant Fees	13	1,156
14	Insurance	14	1,780
15	Travel to State Capitol to Meet with Legislators	15	737
16	Registration Fee to State of Alaska	16	250
17	Meeting Supplies Expense	17	567
18	Website	18	706
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part II, Line 24 (990-EZ) - Other Assets

		1,500	1,000
		Beginning	End
1	Deposits	1,500	1,000
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

0 2,500

	Description	Beginning	End
1	Go For the Gold Fund	0	2,500
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp. benefit plans & deferred compensation	Expense account and other allowances
Sherron Perry P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
David Parish P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Randall Call P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Dave Stratton P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Ethan Tyler P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
Dave Wilson P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0