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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

~~All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form~~

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

A For the 2011 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **Girdwood 2020**

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 580

City or town state or country ZIP + 4
Girdwood AK 99587-0580

D Employer identification number: **92-0173178**

E Telephone number: **907-783-2128**

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **www.girdwood2020.org**

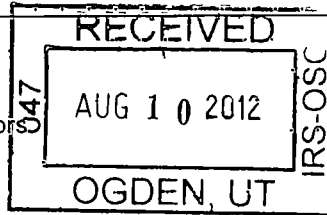
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **87,598**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	25
	4 Investment income	4	54
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	87,519
c Less direct expenses from gaming and fundraising events	6c	40,726	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	46,793	
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 in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,872	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	14,000
	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	27,486
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	103
	16 Other expenses (describe in Schedule O)	16	5,976
	17 Total expenses. Add lines 10 through 16	17	47,565
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-693
	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	28,659
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,966



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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36,259	22 47,811
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 1,000
25 Total assets	36,259	25 48,811
26 Total liabilities (describe in Schedule O)	7,600	26 20,845
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,659	27 27,966

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Public Education and Community Support

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 Publication of letters containing educational information, Public information meetings, informational advertising, website, community education for legislators (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	33,565
29 Donations to Community organizations to support their efforts, Per Schedule, Olympic Athlete Support (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	14,000
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	47,565

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gary Bucy P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		
Randall Call P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		
Larry Cash P. O. Box 1102 Girdwood AK 99587	Title Cochair Hr/WK 1.00	0		
Larry Daniels P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		
Jeff Demain P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		
Bryan Epley P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		
Jessica Carey Graham P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		
Bob Gross P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		
Di Hibner P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		
Hank Hosford P. O. Box 1102 Girdwood AK 99587	Title Secretary Hr/WK 1.00	0		
Lana Johnson P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		
Lynn Johnson P. O. Box 1102 Girdwood AK 99587	Title Director Hr/WK 1.00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33 with X in No column

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)

Table with columns Yes, No and row 34 with X in No column

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Table with columns Yes, No and row 35a with X in No column

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Table with columns Yes, No and row 35c with X in No column

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

Table with columns Yes, No and row 36 with X in No column

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a

Table with columns Yes, No and row 37a

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with X in No column

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 tax year covered by this return?

Table with columns Yes, No and row 38a with X in No column

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

Table with columns Yes, No and row 38b

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a

Table with columns Yes, No and row 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

Table with columns Yes, No and row 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b with X in No column

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

Table with columns Yes, No and row 40e with X in No column

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)?

Table with columns Yes, No and row 42b with X in No column

If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country.

Table with columns Yes, No and row 42c with X in No column

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with X in No column

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with X in No column

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with X in No column

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes, No and row 45a with X in No column

45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Table with columns Yes, No and row 45b with X in No column

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a

b If "Yes," was the related organization a section 527 organization? Yes No
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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			

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 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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: July 30 2012
 Type or print name and title: Diana Stone Livingston, Co-Chair

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

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

Name of Organization

Employer identification number

Girdwood 2020

92-0173178

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Contributions to emp benefit plans & deferred compensation	Estimated amount of other compensation
Diana Livingston Cochair	1 00	0	0	0
Phil Livingston Director	1.00	0	0	0
Sarah Faulkner-Mattingley Director	1.00	0	0	0
Dave McVeigh Director	1 00	0	0	0
Dave Parsh Director	1 00	0	0	0
Sherron Perry Director	1 00	0	0	0
Carl Propes Treasurer	1 00	0	0	0
John Rense Director	1 00	0	0	0
Dave Stratton Director	1.00	0	0	0
Ethan Tyler Director	1 00	0	0	0
Dave Wilson Director	1 00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	.00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		g/Banquet/Live and (event type)	Annual Golf Tourname (event type)	NONE (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	64,485	23,034	0	87,519
	2	Less Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	64,485	23,034	0	87,519
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	27,228	13,498	0	40,726
	10	Direct expense summary Add lines 4 through 9 in column (d)				▶
11	Net income summary Combine line 3, column (d), and line 10				▶	46,793

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 _____
- 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 _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

Girdwood 2020

92-0173178

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Community Support, Grantee: Girdwood

Elementary School P. O. Box 189 Girdwood AK 99587, Cash Grant: 1,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Community Support, Grantee: Girdwood

School Climbing Wall P. O. Box 189 Girdwood AK 99587, Cash Grant: 500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Community Support, Grantee: FVCS Inc. P.

O. Box 790 Girdwood AK 99587, Cash Grant: 1,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Olympic Athlete Support, Grantee: Alaska

Comm Found-AWOF 400 L Street Suite 100 Anchorage AK 99501, Cash Grant: 2,500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Olympic Athlete Support, Grantee:

Girdwood Nordic Ski Club Inc P. O. Box 337 Girdwood AK 99587, Cash Grant: 5,000,

Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Olympic Athlete Support, Grantee: Go For

The Gold P. O. Box 1102 Girdwood AK 99587, Cash Grant: 1,500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Olympic Athlete Support, Grantee: Go For

The Gold P. O. Box 2201 Girdwood AK 99587, Cash Grant: 2,500, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 1,178

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Fees: 8

Form 990-EZ, Part I, Line 16, Other Expenses: Credit Card Merchant Fees: 2,019

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 1,730

Form 990-EZ, Part I, Line 16, Other Expenses: Meeting Supplies: 706

Form 990-EZ, Part I, Line 16, Other Expenses: Post Office Box: 35

Form 990-EZ, Part I, Line 16, Other Expenses: Website Fees: 300

Form 990-EZ, Part II, Line 24, Other Assets: Deposits: Beginning of year: 0, End of year:

1,000

Form 990-EZ, Part II, Line 26, Liabilities: Go For the Gold Fund: Beginning of year: 7,600,

End of year: 18,345

Name of the organization

Employer identification number

Girdwood 2020

92-0173178

Form 990-EZ, Part II, Line 26, Liabilities: Contribution Payable: Beginning of year 0, End of

year: 2,500