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Short Form Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable	C Name of organization
<input type="checkbox"/> Address change	Girdwood 2020
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	P O Box 580
<input type="checkbox"/> Terminated	City or town State ZIP code
<input type="checkbox"/> Amended return	Girdwood AK 99587-0580
<input type="checkbox"/> Application pending	Foreign country name Foreign province/state/county Foreign postal code
	D Employer identification number
	92-0173178
	E Telephone number
	907-783-2128
	F Group Exemption Number ▶

G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____	
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 91,586	

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	17
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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	91,569	
6c	Less direct expenses from gaming and fundraising events	6c	42,827	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	48,742	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	48,759	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	26,130
	13	Professional fees and other payments to independent contractors	13	17,486
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	489
	16	Other expenses (describe in Schedule O)	16	5,928
	17	Total expenses. Add lines 10 through 16 ▶	17	51,033
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,274
	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	46,285
	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	44,011

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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	64,580	58,844
23 Land and buildings		
24 Other assets (describe in Schedule O)	2,000	1,000
25 Total assets	66,580	59,844
26 Total liabilities (describe in Schedule O)	20,295	15,833
27. Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,285	44,011

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	48,031
29 Donations to Community organizations to support their efforts, Girdwood School Ski Program Support (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,000
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	49,031

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 title	(b) 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
Randall Call Director	Hr/WK 1 00			
Larry Cash Cochar	Hr/WK 1 00			
Larry Daniels Director	Hr/WK 1 00			
Bryan Epley Director	Hr/WK 1 00			
Jessica Carey Graham Director	Hr/WK 1 00			
Bob Gross Director	Hr/WK 1 00			
Di Hibner Director	Hr/WK 1 00			
Hank Hosford Secretary	Hr/WK 1 00			
Lana Johnson Director	Hr/WK 1 00			
Lynn Johnson Director	Hr/WK 1 00			
Diana Livingston Cochar	Hr/WK 1 00			
Phil Livingston Director	Hr/WK 1 00			

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 .

		Yes	No
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		X
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)		X
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)?		X
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		
35 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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a		
b	Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a		
b	Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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		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 <input type="checkbox"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
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		X
41	List the states with which a copy of this return is filed <input type="checkbox"/> AK		
42 a	The organization's books are in care of <input type="checkbox"/> Diana Stone Livingston Telephone no <input type="checkbox"/> 907-783-2128 Located at <input type="checkbox"/> P O Box 1102 City Girdwood ST AK ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
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 <input type="checkbox"/>		X
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 <input type="checkbox"/> 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		X
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 .		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		
44d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		X
45b			X

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

Table with 2 columns: Yes, No. Row 46: Yes (shaded), No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

Table with 2 columns: Yes, No. Row 47: Yes, No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Yes, No. Row 48: Yes, No

49 a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Yes, No. Row 49a: Yes, No

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Row 49b: Yes, No

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. All rows contain 'None'.

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain 'None'.

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 (X)

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 11/10/2014, Co-Char

Paid Preparer Use Only: Pnn/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, 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

Girdwood 2020

Employer identification number

92-0173178

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Sarah Faulkner-Mattingley Director	Hr/WK 1 00			
Dave McVeigh Director	Hr/WK 1 00			
Dave Parish Director	Hr/WK 1 00			
Carl Propes Treasurer	Hr/WK 1 00			
John Rense Director	Hr/WK 1 00			
Dave Stratton Director	Hr/WK 1 00			
Ethan Tyler Director	Hr/WK 1 00			
Carol Makar Director	Hr/WK 1 00			
-----	Hr/WK			
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-----	Hr/WK			

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	
		Gaming, Banquet and Fundraising (event type)	Annual Golf Tourname (event type)	NONE (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	72,388	19,181	0	91,569
	2	Less Contributions			0	0
	3	Gross income (line 1 minus line 2)	72,388	19,181	0	91,569
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages			0	0
	8	Entertainment			0	0
	9	Other direct expenses	33,554	9,273	0	42,827
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Subtract line 10 from line 3, column (d)					48,742

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))	
Revenue	1	Gross revenue			0	
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 Subtract line 7 from line 1, column (d)				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

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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Girdwood 2020

Employer identification number

92-0173178

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 971

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 1,609

Form 990-EZ, Part I, Line 16, Other Expenses Website Fees 3,140

Form 990-EZ, Part I, Line 16, Other Expenses Volunteer Recognition 158

Form 990-EZ, Part I, Line 16, Other Expenses Licenses and Fees 50

Form 990-EZ, Part II, Line 24, Other Assets Deposits Beginning of year 2,000, End of year

1,000

Form 990-EZ, Part II, Line 26, Liabilities Go For the Gold Fund Beginning of year 20,295,

End of year 15,833