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**Short Form**

**Return of Organization Exempt From Income Tax**

**2016**

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final 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): **P O Box 580**  
 City or town: **Girdwood** State: **AK** ZIP code: **99587-0580**  
 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  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **www.girdwood2020.org**

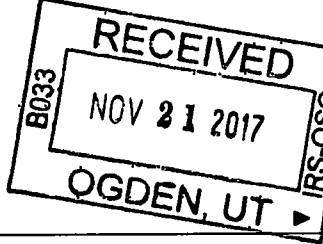
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **4** ) ◀ (insert no)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  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. **\$ 87,725**

**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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	15
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
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)	87,709
6c	Less direct expenses from gaming and fundraising events	30,329
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	57,380
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	57,396
10	Grants and similar amounts paid (list in Schedule O)	9,096
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	25,295
13	Professional fees and other payments to independent contractors	18,250
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	641
16	Other expenses (describe in Schedule O)	6,088
17	<b>Total expenses.</b> Add lines 10 through 16	59,370
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-1,974
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)	57,444
20	Other changes in net assets or fund balances (explain in Schedule O)	-1,000
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	54,470



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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	55,694	58,616
23 Land and buildings		
24 Other assets (describe in Schedule O)	1,750	2,250
25 Total assets	57,444	60,866
26 Total liabilities (describe in Schedule O)		6,396
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	57,444	54,470

**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, optional for others)

28 Publication of letters containing educational information, Public information meetings, informational advertising, website, community education for legislators, 1000 to 3000 individuals reached (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	48,520
29 Support for athletes training to compete at high levels, nationally and internationally (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,096
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	57,616

**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 Daniels Director	Hr/WK 1 00			
Jessica Carey Graham Director	Hr/WK 1 00			
Bob Gross Director	Hr/WK 1 00			
Hank Hosford Secretary	Hr/WK 1 00			
Lana Johnson Director	Hr/WK 1 00			
Lynn Johnson CoChair	Hr/WK 1 00			
Diana Livingston CoChair	Hr/WK 1 00			
Phil Livingston Director	Hr/WK 1 00			
Sarah Faulkner-Mattingley Director	Hr/WK 1 00			
Dave McVeigh Director	Hr/WK 1 00			
Dave Parish 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		
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="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		
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="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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="text" value="AK"/>		
42 a	The organization's books are in care of <input type="text" value="Diana Stone Livingston"/> Telephone no. <input type="text" value="907-783-2128"/> Located at <input type="text" value="P O Box 580"/> City <input type="text" value="Girdwood"/> ST <input type="text" value="AK"/> ZIP + 4 <input type="text" value="99587-0580"/>		
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="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		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="text" value="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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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

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		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

	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 title of each employee	(b) 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				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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 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 NOV 14 2017  
 Diana Stone Livingston Co-Chair, Director  
 Type or print name and title

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 II Fundraising Events.** Complete if the organization answered "Yes" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		ual Meeting and Ban (event type)	Golf Tournament (event type)	NONE (total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts	70,366	17,343	0	87,709	
	2	Less Contributions			0	0	
	3	Gross income (line 1 minus line 2)	70,366	17,343	0	87,709	
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	19,542	10,787	0	30,329	
	10	Direct expense summary Add lines 4 through 9 in column (d)				▶	( 30,329)
	11	Net income summary Subtract line 10 from line 3, column (d)				▶	57,380

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

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

- 9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_
- a Is the organization licensed to conduct 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 \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11 Does the organization conduct 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 conducted 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?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization > \$ 0 and the amount of gaming revenue retained by the third party > \$ 0

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 >

Director/officer  Employee  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?  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 > \$ 0

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

Multiple horizontal dashed lines for providing supplemental information.

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**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 Advertising 846

Form 990-EZ, Part I, Line 16, Other Expenses Membership Dues 590

Form 990-EZ, Part I, Line 16, Other Expenses Credit Card Merchant Fees and Machine 690

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

Form 990-EZ, Part I, Line 16, Other Expenses Meeting Supplies 2,272

Form 990-EZ, Part I, Line 16, Other Expenses Website Fees 36

Form 990-EZ, Part I, Line 16, Other Expenses Licenses and Fees 45

Form 990-EZ, Part I, Line 20, Net Assets Prepaid Expenses -1,000

Form 990-EZ, Part II, Line 24, Other Assets Deposits Beginning of year 1,750, End of year

2,250

Form 990-EZ, Part II, Line 26, Liabilities Go For the Gold Fund Beginning of year 0, End of

year 396

Form 990-EZ, Part II, Line 26, Liabilities Prepaid Banquet Fees (2017 Fees Collected in

2016) Beginning of year 0, End of year 6,000