

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 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) Room/suite  
**P O Box 580**

City or town State ZIP code  
**Girdwood AK 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: **04**

**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** 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 87,628**

**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	
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	27
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)	87,600
6c	Less: direct expenses from gaming and fundraising events	19,395
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	68,205
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)	1
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	68,233
10	Grants and similar amounts paid (list in Schedule O)	2,400
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	19,267
13	Professional fees and other payments to independent contractors	20,626
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	2,526
16	Other expenses (describe in Schedule O)	21,721
17	<b>Total expenses.</b> Add lines 10 through 16	66,540
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1,693
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)	29,650
20	Other changes in net assets or fund balances (explain in Schedule O)	-684
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	30,659

**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	36,040	22	33,680
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,000	24	5,461
25 Total assets	38,040	25	39,141
26 Total liabilities (describe in Schedule O)	8,390	26	8,482
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,650	27	30,659

**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	9,484
29 Support for athletes training to compete at high levels, nationally and internationally. (Grants \$ 2,400 ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 Support local nonprofit organizations with congruent missions and programs (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6,475
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	15,959

**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
Larry Daniels Director	Hr/WK 1 00			
Eric Fullerton Director	Hr/WK 1 00			
Bob Gross Director	Hr/WK 1 00			
Hank Hosford Director	Hr/WK 1 00			
Lynn Johnson Secretary	Hr/WK 1 00			
Diana Livingston Director	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			
John Rense Director	Hr/WK 1 00			
Grace Pleasants Director	Hr/WK 1 00			

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

Girdwood 2020

Employer identification number

92-0173178

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				0	0	0

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Annual Meeting and Banquet (event type)	Summer Fundraiser (event type)	NONE (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	87,016	584	0	87,600
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	87,016	584	0	87,600
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages	19,395		0	19,395
	8	Entertainment			0	0
	9	Other direct expenses			0	0
	10	Direct expense summary Add lines 4 through 9 in column (d)				▶
11	Net income summary Subtract line 10 from line 3, column (d)				▶	68,205

**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.

		(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: \_\_\_\_\_