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A For the 2012 calendar year, or tax year beginning 07-01-2012 , and ending 06-30-2013		
B Check if applicable	C Name of organization ACTIVE 20-30 UNITED STATES AND CANADA 920 EUGENE AKA EUGENE ACTIVE 20/30 CLUB	
☐ Address change	D Employer identification number 93-6036302	
☐ Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite
☐ Initial return	PO BOX 365	
☐ Terminated	E Telephone number (541) 341-6200	
☐ Amended return	F Group Exemption Number 1760	
☐ Application pending	City or town, state or country, and ZIP + 4 EUGENE, OR 974400365	

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶ _____

I Website: ▶ WWW.EUGENE2030.ORG

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

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

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. ▶ \$ 104,853

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	34,337
	3	Membership dues and assessments	3	8,918
	4	Investment income	4	
	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	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1,985
	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	59,613
	c	Less direct expenses from gaming and fundraising events	6c	29,808
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31,790
	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		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75,045	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	27,822
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	1,200
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	768
	15	Printing, publications, postage, and shipping	15	320
	16	Other expenses (describe in Schedule O)	16	44,173
	17	Total expenses. Add lines 10 through 16	17	74,283
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	762
	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	11,906
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	12,668

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	11,906	22	12,668
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	11,906	25	12,668
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,906	27	12,668

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?
PROVIDE YOUNG ADULTS WITH THE OPPORTUNITY FOR PERSONAL GROWTH AND LEADERSHIP DEVELOPMENT WHILE IMPROVING THE LIFE OF CHILDREN IN LANE COUNTY

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.

28 THE CLUB PROVIDED 19 GRANTS TO ASSIST LOCAL ORGANIZED CHILDRENS' CHARITIES IN LANE COUNTY. THEY ALSO PROVIDED MEMBERS WITH AN OPPORTUNITY FOR PERSONAL GROWTH, FRIENDSHIP AND LEADERSHIP DEVELOPMENT, WHILE IMPROVING THE LIFE OF CHILDREN IN LANE COUNTY THROUGH 25 DIFFERENT COMMUNITY SERVICE PROJECTS.
(Grants \$ 20,846) If this amount includes foreign grants, check here

28a67,139

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

3267,139

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
See Additional Data Table				

Form 990-EZ (2012)

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	33	No
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)	34	No
35a	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)?	35a	Yes
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	35b	Yes
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	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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	
40a	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	40b	No
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	No
41	List the states with which a copy of this return is filed ☐		
42a	The organization's books are in care of ☐ JEFF SINGER Telephone no ☐ (541) 341-6200 Located at ☐ PO BOX 365 EUGENE, OR ZIP + 4 ☐ 974400365		
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	No
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 ☐	42c	No
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	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	

		Yes	No
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		No

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 ☐

		Yes	No
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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 paid more than \$100,000	(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

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

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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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
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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	2014-05-12 Date				
	JEFF SINGER, TREASURER Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature GLENN MUNRO	Date	Check ☐ if self-employed	PTIN P00021671	
	Firm's name ▶ ISLER CPA LLC			Firm's EIN ▶ 20-4723636		
	Firm's address ▶ 1976 GARDEN AVENUE EUGENE, OR 97403			Phone no (541) 342-5161		
May the IRS discuss this return with the preparer shown above? See instructions						☒ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 93-6036302
Name: ACTIVE 20-30 UNITED STATES AND CANADA
920 EUGENE AKA EUGENE ACTIVE 20/30 CLUB

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

(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
MEGHAN MCMAHON PRESIDENT	3 00	0	0	0
ROGELIO CASSOL 1ST VP	3 00	0	0	0
KATE WORKMAN 2ND VP	3 00	0	0	0
JONATHAN NIXON SECRETARY	3 00	0	0	0
TATE NAMLE ACTIVATOR	3 00	0	0	0
JEFF SINGER TREASURER	3 00	1,200	0	0
SHIREEN BRAZIER DIRECTOR	3 00	0	0	0
MIRANDA HENDRICKS DIRECTOR	3 00	0	0	0
JON ISAACSON DIRECTOR	3 00	0	0	0
EMILY SCHAFFNER DIRECTOR	3 00	0	0	0
SHANNON ODUM IMMEDIATE PAST PRESIDENT	3 00	0	0	0

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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
ACTIVE 20-30 UNITED STATES AND CANADA
920 EUGENE AKA EUGENE ACTIVE 20/30 CLUB

Employer identification number

93-6036302

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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 or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten 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			
Total ▶						

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

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		
		<u>FREEDOM FESTIVAL</u> (event type)	<u>OREGON CLUB SERVICE PROJECT</u> (event type)	<u>3</u> (total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts	20,675	10,336	21,731	52,742	
	2	Less Contributions . .					
	3	Gross income (line 1 minus line 2)	20,675	10,336	21,731	52,742	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . .					
	6	Rent/facility costs . .					
	7	Food and beverages .					
	8	Entertainment					
	9	Other direct expenses .	13,019	228	8,793	22,040	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(22,040)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					30,702

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		1,985	1,985
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .		132	132
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					132
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					1,853

9 Enter the state(s) in which the organization operates gaming activities ☐ OR

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain

NONPROFIT ORGANIZATIONS HOLDING RAFFLES WITH A CUMULATIVE HANDLE OF NO MORE THAN \$10,000 PER CALENDAR YEAR ARE NOT REQUIRED TO BE LICENSED WITH THE OREGON DEPARTMENT OF JUSTICE

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain

Does the organization operate 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 operated in		
a	The organization's facility	13a	100.000 %
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 ▶ JEFF SINGER

Address ▶ PO BOX 365
EUGENE, OR 974400365

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 ▶ \$ 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 ▶ JEFF SINGER

Gaming manager compensation ▶ \$

Description of services provided ▶ TREASURER

☒ 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization ACTIVE 20-30 UNITED STATES AND CANADA 920 EUGENE AKA EUGENE ACTIVE 20/30 CLUB	Employer identification number 93-6036302
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Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 642 DESCRIPTION OFFICE EXPENSE AMOUNT 3,557 DESCRIP TION CONFERENCES AND CONVENTIONS AMOUNT 205 DESCRIPTION INSURANCE AMOUNT 693 DESCR PTION CLUB ACTIVITIES AMOUNT 33,105 DESCRIPTION BANK CHARGES AMOUNT 1,259 DESCRIP TION TAXES AND FEES AMOUNT 285 DESCRIPTION MISCELLANEOUS AMOUNT 27 DESCRIPTION AC COUNTING AMOUNT 4,400 TOTAL TO FORM 990-EZ, LINE 16 44,173

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: ACTIVE 20-30 UNITED STATES AND CANADA
920 EUGENE AKA EUGENE ACTIVE 20/30 CLUB

EIN: 93-6036302

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.