



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 black lung benefit trust or private foundation)

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning****, 2009, and ending****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific instructions.

**C**  
**OBSIDIANS, INC.**  
**PO BOX 322**  
**EUGENE, OR 97440**

**D** Employer identification number

93-6030170

**E** Telephone number

541-484-6196

**F** Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method. ☒ Cash ☐ Accrual  
 Other (specify) ►

**I** Website: ► WWW.OBSIDIANS.ORG

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 7 ) (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 and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ **86,131.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	3,335.
	2	Program service revenue including government fees and contracts	2	75,604.
	3	Membership dues and assessments	3	
	4	Investment income	4	7,192.
	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	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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		
8	Other revenue (describe ► )	8		
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	86,131.	
<b>EXPENSES</b>	10	Grants and similar amounts paid (attach schedule)	10	400.
	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	838.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	5,109.
	16	Other expenses (describe ► SEE STATEMENT 2)	16	60,686.
17	<b>Total expenses.</b> Add lines 10 through 16	17	67,033.	
<b>ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,098.
	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	433,283.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	452,381.

**Part II Balance Sheets** (If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ)

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	124,502.	22 141,612.
23 Land and buildings	137,870.	23 137,448.
24 Other assets (describe ► SEE STATEMENT 3)	170,911.	24 173,321.
25 <b>Total assets</b>	433,283.	25 452,381.
26 <b>Total liabilities</b> (describe ► )	0.	26 0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	433,283.	27 452,381.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

TEEA0803L 07/20/09

SCANNED APR 2 2010

17P

**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28	SEE STATEMENT 5		
	(Grants \$ ) If this amount includes foreign grants, check here	28 a	49,177.
29	SEE STATEMENT 6		
	(Grants \$ ) If this amount includes foreign grants, check here	29 a	16,406.
30			
	(Grants \$ ) If this amount includes foreign grants, check here	30 a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	65,583.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
JAMES DUNCAN PO BOX 322 EUGENE, OR 97440	PRESIDENT 1.00	0.	0.	0.
LAURIE FUNKHOUSER PO BOX 322 EUGENE, OR 97440	SECRETARY 2.00	0.	0.	0.
STEWART HOEG PO BOX 322 EUGENE, OR 97440	TREASURER 2.00	0.	0.	0.
JAMES PIERCE PO BOX 322 EUGENE, OR 97440	VICE PRESIDENT 1.00	0.	0.	0.
MARSHA KANDELL PO BOX 322 EUGENE, OR 97440	DIRECTOR 1.00	0.	0.	0.
WAYNE DEETER PO BOX 322 COTTAGE GROVE, OR 97440	DIRECTOR 1.00	0.	0.	0.
LARRY HUFF PO BOX 322 SPRINGFIELD, OR 97440	DIRECTOR 1.00	0.	0.	0.
BARBARA REVERE PO BOX 322 SPRINGFIELD, OR 97440	DIRECTOR 1.00	0.	0.	0.
VERNA KOCKEN PO BOX 322 SPRINGFIELD, OR 97440	DIRECTOR 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	X	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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 period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> 0.		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> 0.		
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>		
<b>b</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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>OR</b>		

**42a** The organization's books are in care of **STEWART HOEG** Telephone no. **774 440**  
Located at **PO BOX 322 EUGENE OR** ZIP + 4 **97440**

**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)? **42b**

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 a Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country

**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** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

**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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**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.'

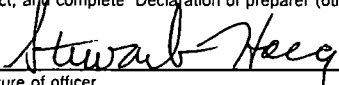
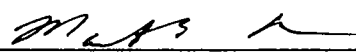
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				
-----				

**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
-----		
-----		
-----		
-----		
-----		
-----		

**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	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.			
	 Signature of officer		3-8-10 Date	
	STEWART HOEB, TREASURER Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature			Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	MUELLER LARSON OSTERMAN YUVA LLP 225 E 4TH AVE EUGENE, OR 97401-2429		Preparer's Identifying Number (See instructions) N/A
		EIN ▶ N/A		Check if self-employed <input type="checkbox"/>
		Phone no ▶ (541) 344-1100		May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

BAA

Form 990-EZ (2009)

2009

## FEDERAL STATEMENTS

PAGE 1

CLIENT 7317

OBSIDIANS, INC.

93-6030170

2/25/10

04:55PM

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	CONTRIBUTION		
DONEE'S NAME:	YMCA		
DONEE'S ADDRESS:	2055 PATTERSON EUGENE, OR 97405		
RELATIONSHIP OF DONEE:	CHARITABLE ORGANIZATION		
CASH AMOUNT GIVEN:		\$	250.
CLASS OF ACTIVITY:	CONTRIBUTION		
DONEE'S NAME:	PACIFIC CREST TRAIL ASSOC.		
DONEE'S ADDRESS:	1331 GARDEN HWY SACRAMENTO, CA 95833		
RELATIONSHIP OF DONEE:	CHARITABLE ORGANIZATION		
CASH AMOUNT GIVEN:		\$	100.
CLASS OF ACTIVITY:	CONTRIBUTION		
DONEE'S NAME:	FEDERATION OF WESTERN OUTDOOR CLUBS		
DONEE'S ADDRESS:	PO BOX 129 SELMA, OR 97538		
RELATIONSHIP OF DONEE:	CHARITABLE ORGANIZATION		
CASH AMOUNT GIVEN:		\$	50.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	419.
BUILDING MAINTENANCE		383.
CLIMBS		349.
CONCESSIONS		1,317.
DEPRECIATION		1,012.
ENTERTAINMENT		12.
FEDERAL TAXES		303.
INSURANCE		1,653.
LIBRARY HISTORY		29.
MEMBER TRIPS		16,404.
MEMBERSHIP COSTS		494.
OFFICE EXPENSES		383.
PROPERTY TAXES		2,827.
STATE INCOME TAX		200.
SUMMER CAMP		33,073.
UTILITIES		1,367.
WEB PAGE		461.
TOTAL	\$	<u>60,686.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 0.	\$ 2,571.
MACHINERY AND EQUIPMENT	563.	402.

2009

## FEDERAL STATEMENTS

PAGE 2

CLIENT 7317

OBSIDIANS, INC.

93-6030170

2/25/10

04 55PM

**STATEMENT 3 (CONTINUED)  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MISCELLANEOUS	\$ 170,348.	\$ 170,348.
TOTAL	<u>\$ 170,911.</u>	<u>\$ 173,321.</u>

**STATEMENT 4  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO DEVELOP THE PHYSICAL AND MENTAL CAPACITIES OF ITS MEMBERS.

**STATEMENT 5  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

TO EXPLORE MOUNTAINS, LAKES, STREAMS AND TRAILS OF THE NORTH WEST. TO GET TOGETHER FOR MUTUAL BENEFIT OF THOSE WHO FIND PLEASURE WITH NATURE. TO PROMOTE EXPEDITIONS INTO THE MOUNTAINS AND DEVELOP WINTER SPORTS.

**STATEMENT 6  
FORM 990-EZ, PART III, LINE 29  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

TO ENCOURAGE OUR CITIZENS TO ENJOY THE OUTDOORS TO SEE ITS VALUE AS A COMMUNITY ASSET. TO PRESERVE THE NATURAL BEAUTIES OF MOUNTAIN SCENERY AND TO AIDE IN THE ACQUISITION OF THE GEOLOGICAL AND BIOLOGICAL INFORMATION CONCERNING OUR COUNTRY.

**STATEMENT 7  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO