



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

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

Open to Public
Inspection

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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

A For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08**

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 Name of organization
Linn Benton Faculty Association

Number and street (or P O box, if mail is not delivered to street address)
6500 Pacific Blvd. SW

City or town, state or country, and ZIP + 4
Albany OR 97321

D Employer identification number
93-0731766

E Telephone number
541-917-4496

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: ►

J Organization type (check only one) 501(c) (5) (insert no) 4947(a)(1) or 527K 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 returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 39,093**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

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 32,508
	4 Investment income	4 5,490
	5a Gross amount from sale of assets other than inventory	5a 1,095
	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 (attach schedule)	5c 1,095
	6 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>	See Stmt 2
	a Gross revenue from including \$ reported on line 6c of contributions	6a
Expenses	b Less direct expenses other than fundraising expenses	6b
	c 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
	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) ►	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 39,093
	10 Grants and similar amounts paid (attach schedule)	10 3,180
	11 Benefits paid to or for members	11
Net Assets	12 Salaries, other compensation, and employee benefits	12 5,477
	13 Professional fees and other payments to independent contractors	13 5,649
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 117
	16 Other expenses (describe) ► See Statement 4	16 8,080
	17 Total expenses. Add lines 10 through 16	17 22,503
	18 Excess or (deficit) for the year Subtract line 17 from line 9	18 16,590
	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)	19 134,279
	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	21 150,869

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	134,279	22 150,868
23 Land and buildings		23
24 Other assets (describe) ►		24
25 Total assets	134,279	25 150,868
26 Total liabilities (describe) ►		26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	134,279	27 150,868

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

Form 990-EZ (2007)

Form 990-EZ (2007) Linn Benton Faculty Association

93-0731766

Page 2

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose?

See Statement 5

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

28 Negotiating and representing faculty of Linn Benton Community College

(Grants \$

) If this amount includes foreign grants, check here



28a

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 (attach schedule)

(Grants \$

) If this amount includes foreign grants, check here



31a

32 Total program service expenses. Add lines 28a through 31a



32

0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 61 of the instructions)

(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 & deferred compensation	(E) Expense account and other allowances
Virgil Agnew 725 NW 14th Street	Corvallis OR 97330	President 0	4,854	0
Alice Sperling 33046 Hwy 99	Albany OR 97321	Past Pres 0	4,668	0
Rodney B Carter 2621 Windsor Cir W	Eugene OR 97405	Treasurer 0	809	0
Marci Johnson 4590 NW Hwy 20	Albany OR 97321	Secretary 0	950	0

Part V Other Information (Note the statement requirement in General Instruction V.)

Yes No

33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

33 X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

35b

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instr

► 37a

0

b Did the organization file Form 1120-POL for this year?

37b X

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 unpaid at the start of the period covered by this return?

38a X

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved

38b

39 501(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

Form 990-EZ (2007)

Form 990-EZ (2007) Linn Benton Faculty Association 93-0731766

Page 3

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____	<table border="1" style="margin-bottom: 10px;"> <tr><td>40b</td><td>Yes</td><td>No</td></tr> <tr><td>40e</td><td colspan="2"><input checked="" type="checkbox"/></td></tr> </table>	40b	Yes	No	40e	<input checked="" type="checkbox"/>	
40b	Yes		No					
40e	<input checked="" type="checkbox"/>							
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation							
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
d	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?							
41	List the states with which a copy of this return is filed ► <u>None</u>							
42a	The books are in care of ► Rodney Carter 6500 Pacific Blvd SW Located at ► Albany, OR	Telephone no. ► 541-917-4999						
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.	<table border="1" style="margin-bottom: 10px;"> <tr><td>42b</td><td>Yes</td><td>No</td></tr> <tr><td>42c</td><td colspan="2"><input checked="" type="checkbox"/></td></tr> </table>	42b	Yes	No	42c	<input checked="" type="checkbox"/>	
42b	Yes	No						
42c	<input checked="" type="checkbox"/>							
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? 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	► <input type="checkbox"/> 43						

Please Sign Here	<p>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</p> <p style="text-align: center;">Signature of officer <i>Shelly Dermody</i></p> <p style="text-align: center;">Type or print name and title <i>Shelly Dermody Treasurer</i></p>		
	Date 11/20/09		
Paid Preparer's Use Only	Preparer's signature ► <i>Richell Kellison</i> Firm's name (or yours if self-employed). address, and ZIP + 4 ► Hendrick & Kellison, LLC 520 NW Oak Ave Ste C Corvallis, OR 97330	Date 11/23/09 Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X) P00226725 EIN ► 20-5655045 Phone no ► 541-753-5441

Form 990-EZ (2007)

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
Member Dues	\$ 32,508
Total	\$ <u>32,508</u>

LBCCAMEND Linn Benton Faculty Association
93-0731766
FYE: 6/30/2008

11/23/2009 3:28 PM

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/Loss
Vanguard					\$ 1,095	\$ 1,095	\$ 0	\$ 1,095
Total					\$ 1,095	\$ 1,095	\$ 0	\$ 1,095

LBCCAMEND Linn Benton Faculty Association
93-0731766
FYE: 6/30/2008

Federal Statements

11/23/2009 3:28 PM .

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	NonCash Contrib	Cash Contrib	Book Value	BV Explan	FMV Explan
LBCC Foundation 6500 Pacific Blvd		None							
Albany OR 97321		\$							
United Way			None						
1127 Hill Street									
Albany OR 97321									
Samaritan Hospital Foundation 3600 NW Samaritan Drive		None							
Corvallis OR 97330									
AAWCC			None						
120 SW Thomas									
Phoenix AZ 85013									
Total		\$ 3,180					\$ 0		

Federal Statements**Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
Social	4,138
Licenses and Fees	
Membership Services	655
Office	97
Secretarial	1,050
Bank Fees	28
Planning	2,112
Total	\$ 8,080

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The organization serves as a negotiating group for the faculty of Linn Benton Community College