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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

▶ 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

OMB No 1545-1150

2007**Open to Public
Inspection****A For the 2007 calendar year, or tax year beginning** 7/01/07, **and ending** 6/30/08**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
Instruc-
tions.**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

Room/suite

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 ☐ 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 \$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.)**

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 (including \$ reported on line 1) of contributions	6a	
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	
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.

(See page 60 of the instructions)

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

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

Form **990-EZ** (2007)

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

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

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	Corvallis	President			
725 NW 14th Street	OR 97330	0	4,854	0	0
Alice Sperling	Albany	Past Pres			
33046 Hwy 99	OR 97321	0	4,668	0	0
Rodney B Carter	Eugene	Treasurer			
2621 Windsor Cir W	OR 97405	0	809	0	0
Marci Johnson	Albany	Secretary			
4590 NW Hwy 20	OR 97321	0	950	0	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**

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 ▶ _____
- 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?
- | | Yes | No |
|------------|-----|----------|
| 40b | | |
| 40e | | X |
- 41** List the states with which a copy of this return is filed ▶ **None**
- 42a** The books are in care of ▶ **Rodney Carter** Telephone no. ▶ **541-917-4999**
6500 Pacific Blvd SW
 Located at ▶ **Albany, OR** ZIP + 4 ▶ **97321**
- 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**.
- 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 ▶ **43**

Please Sign Here	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 <i>Shelly Dermody</i>		Date <i>11/20/10</i>	
Paid Preparer's Use Only	Type or print name and title <i>Shelly Dermody Treasurer</i>			
	Preparer's signature <i>Michael Kellison</i>	Date <i>11/23/09</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X) P00226725
	Firm's name (or yours if self-employed), Hendrick & Kellison, LLC		EIN ▶ 20-5655045	
	address, and ZIP + 4 520 NW Oak Ave Ste C Corvallis, OR 97330		Phone no ▶ 541-753-5441	

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

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

Federal Statements

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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
Total						\$ 1,095	\$ 0	\$ 0	\$ 1,095

Federal Statements

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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	Cash Contrib	NonCash Contrib	Book Value	BV Explan	FMV Explan
LBCC Foundation 6500 Pacific Blvd Albany OR 97321 United Way 1127 Hill Street Albany OR 97321 Samaritan Hospital Foundation 3600 NW Samaritan Drive Corvallis OR 97330 AAWCC 120 SW Thomas Pheonix AZ 85013		None		\$ 2,380	\$			
Total				\$ 3,180	\$			

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

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

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