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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ 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.

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****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 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**541-259-5826****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: ▶ **N/A****J** Tax-exempt status (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 Form 990-EZ or Form 990 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 ▶ \$ **30,537****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	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																					
	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)																					
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)		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)																						
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)																						
8	Other revenue (describe _____)																						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																						
Expenses	10	Grants and similar amounts paid (attach schedule)																					
	11	Benefits paid to or for members																					
	12	Salaries, other compensation, and employee benefits																					
	13	Professional fees and other payments to independent contractors																					
	14	Occupancy, rent, utilities, and maintenance																					
	15	Printing, publications, postage, and shipping																					
	16	Other expenses (describe See Statement 2)																					
	17	Total expenses. Add lines 10 through 16																					
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																						
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)																						
20	Other changes in net assets or fund balances (attach explanation)																						
21	Net assets or fund balances at end of year. Combine lines 18 through 20																						

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	156,898	155,997
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	156,898	155,997
26	Total liabilities (describe _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	156,898	155,997

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

DAA

Form **990-EZ** (2009)

SCANNED FEB 14 2011

What is the organization's primary exempt purpose?

See Statement 3

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

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

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

DAA

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34	X
35 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		
a 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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	1,000
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 outstanding at the end of the period covered by this return?	38a	X
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		
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	40b	
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	X
41 List the states with which a copy of this return is filed	None	
42a The organization's books are in care of	Ms. Shelly Dermody	
Located at	6500 Pacific Blvd SW	
Telephone no	541-917-4598	
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)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
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	X
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	X

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
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 & 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

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: Shelly Dermody Date: 1/25/11

Type or print name and title: Shelly Dermody Treasurer

Paid Preparer's Use Only

Preparer's signature: Michael Kellison Date: 01/19/11 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: Hendrick & Kellison, LLC
520 NW Oak Ave Ste C
Corvallis, OR 97330

Preparer's Identifying Number (See instr): P00226725

EIN: 20-5655045

Phone no: 541-753-5441

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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

<u>Description</u>	<u>Amount</u>
Member Dues	\$ 28,384
Total	<u>\$ 28,384</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Social	947
Licenses and Fees	50
Membership Services	5,776
Printing	46
Postage	66
Office Supplies	105
Board Meeting	90
Total	<u>\$ 7,080</u>

Federal Statements

Statement 3 - 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

Forms 990 / 990-EZ Return SummaryFor calendar year 2009, or tax year beginning **07/01/09**, and ending **06/30/10****93-0731766****Linn Benton Faculty Association****Net Asset / Fund Balance at Beginning of Year** **156,898****Revenue**

Contributions		
Program service revenue	<u>28,384</u>	
Investment income	<u>2,153</u>	
Capital gain / loss		
Special events		
Gross revenue		
Direct expenses		
Net income		
Other income		
Total revenue		<u>30,537</u>

Expenses

Program services		
Management and general		
Fundraising		
Total expenses		<u>31,438</u>
Excess / (deficit)		<u>-901</u>

Other changes

Net Asset / Fund Balance at End of Year **155,997****Reconciliation of Revenue**

Total revenue per financial statements	
Less	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus	
Investment expenses	
Other	
Total revenue per return	

Reconciliation of Expenses

Total expenses per financial statements	
Less	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus	
Investment expenses	
Other	
Total expenses per return	

	Beginning	Balance Sheet Ending	Differences
Assets	<u>156,898</u>	<u>155,997</u>	
Liabilities			
Net assets	<u>156,898</u>	<u>155,997</u>	<u>-901</u>

Miscellaneous Information

Amended return _____
 Return / extended due date **02/15/11**
 Failure to file penalty _____