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Part III 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	138,262	22	129,689
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	138,262	25	129,689
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	138,262	27	129,689

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?

THE ORGANIZATION SERVES AS A NEGOTIATING GROUP FOR THE FACULTY OF LINN BENTON COMMUNITY COLLEGE

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

Expenses
(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 <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

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				

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

Form 990-EZ (2012) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

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

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?

b 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"

Table with 5 columns: (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

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"

Table with 3 columns: (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.

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













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 (*****), Date (2014-04-21), Type or print name and title (DODI CORESON TREASURER)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature (MICHELE KELLISON CPA), Date (2014-05-12), Check self-employed, PTIN, Firm's name (HENDRICK & KELLISON LLC), Firm's EIN, Firm's address (520 NW OAK AVE STE C, CORVALLIS, OR 97330), Phone no (541) 753-5441

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

Additional Data**Software ID:****Software Version:****EIN:** 93-0731766**Name:** LINN BENTON FACULTY ASSOCIATION**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
JOSEPH PARIS  PRESIDENT	000 00	2,895		
KATHY CHAFIN  PRESIDENT-EL	000 00	965		
SHERYL CADDY  SECRETARY	000 00	965		
DODI CORESON  TREASURER	000 00	965		
RICHARD DURLING  PRC CHAIR	000 00	0		
ROBERT LEWIS  NEGOTIATIONS	000 00	8,685		
VIRGIL AGNEW  NEGOTIATIONS	000 00	2,895		
RUSS BURCHARD  NEGOTIATIONS	000 00	2,895		
CYNTHIA FALK  NEGOTIATIONS	000 00	2,895		
TERRANCE MILLET  NEGOTIATIONS	000 00	2,895		
CAROLYN POKORNEY  NEGOTIATIONS	000 00	2,895		
JENNY STROOBAND  NEGOTIATIONS	000 00	2,895		

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
LINN BENTON FACULTY ASSOCIATION

Employer identification number

93-0731766

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE ORGANIZATION SERVES AS A NEGOTIATING GROUP FOR THE FACULTY OF LINN BENTON COMMUNITY COLLEGE

TY 2012 Compensation Explanation

Name: LINN BENTON FACULTY ASSOCIATION

EIN: 93-0731766

Person Name	Explanation
JOSEPH PARIS	
KATHY CHAFIN	
SHERYL CADDY	
DODI CORESON	
RICHARD DURLING	
ROBERT LEWIS	
VIRGIL AGNEW	
RUSS BURCHARD	
CYNTHIA FALK	
TERRANCE MILLET	
CAROLYN POKORNEY	
JENNY STROOBAND	