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**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)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2009 calendar year, or tax year beginning 7/1/2009, and ending 6/30/2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <u>Logan County Education Foundation</u>	<b>D</b> Employer identification number <u>34-1598184</u>
		Doing Business As	<b>E</b> Telephone number <u>(937) 599-5195</u>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <u>125 South Opera Street</u>	<b>G</b> Gross receipts \$ <u>374,606</u>
		City or town, state or country, and ZIP + 4 <u>Bellefontaine OH 43311-2025</u>	
<b>F</b> Name and address of principal officer <u>Chris Darrah 201 Evergreen Drive, Bellefontaine, OH 43311</u>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: ▶ <u>www.lcedfd.org</u>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <u>1989</u>	<b>M</b> State of legal domicile <u>OH</u>

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <u>To promote the education of our youth through Scholarships and distributions to the students and teachers for tuition and other activities that directly enhance their education. Hundreds of children benefit from these programs</u>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;"><b>3</b> 27</span>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;"><b>4</b> 26</span>	
	<b>5</b> Total number of employees (Part V, line 2a) <span style="float: right;"><b>5</b> 1</span>	
	<b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;"><b>6</b> 70</span>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;"><b>7a</b> 0</span>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float: right;"><b>7b</b> 0</span>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 366,911 Current Year: 346,894
	<b>9</b> Program service revenue (Part VIII, line 2g)	0 0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,097 7,928	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,205 16,398	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	386,213 371,220	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,085 33,596	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0 0	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,205 21,630	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0 0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,098 5,509	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	66,388 60,735	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	319,825 310,485	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 811,058 End of Year: 1,159,138
	<b>21</b> Total liabilities (Part X, line 26)	0 0
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	811,058 1,159,138

**Part II Signature Block**

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: ERIC W. TOM Date: NOVEMBER 3, 2010  
 Type or print name and title: EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**  
 Preparer's signature: John T. Belser, CPA Date: 10/29/2010 Check if self-employed:   
 Preparer's identifying number (see instructions): P00104952  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Belser Patterson Financial Group LLC, 204 E. Columbus Avenue, Bellefontaine, OH 43311 EIN: 27-1327170 Phone no: (937) 593-3518

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

To promote the education of our youth through Scholarships and distributions to the students and teachers for tuition and other activities that directly enhance their education. Hundreds of children benefit from these programs.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ 33,596 including grants of \$ 33,596 ) (Revenue \$ 0 )

Scholarships and Grants-Donations received by the Logan County Education Foundation were distributed to the students and teachers for tuition and other activities that directly enhanced their education. Hundreds of children benefit from these programs.

4b (Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4c (Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4d Other program services (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 33,596

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 1		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>b</b>	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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			27
b	Enter the number of voting members that are independent		
1b			26
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X
9a			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	X	
15a			
b	Other officers or key employees of the organization		
15b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	OH
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	Eric Tom (937) 599-5195 125 South Opera Street, Bellefontaine, OH 43311-2025





<b>Part VIII Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 346,894				
	g Noncash contributions included in lines 1a-1f. \$	0				
	h <b>Total.</b> Add lines 1a-1f	▶ 346,894				
	<b>Program Service Revenue</b>	2a	Business Code			
b			0			
c			0			
d			0			
e			0			
f All other program service revenue			0			
g <b>Total.</b> Add lines 2a-2f		▶	0			
<b>Other Revenue</b>		3 Investment income (including dividends, interest, and other similar amounts)	▶	7,928		7,928
	4 Income from investment of tax-exempt bond proceeds	▶	0			
	5 Royalties	▶	0			
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)	▶	0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)	0	0		
	d Net gain or (loss)	▶	0			
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a	19,784			
		b Less direct expenses	b 3,386			
c Net income or (loss) from fundraising events		▶	16,398		16,613	
9a Gross income from gaming activities See Part IV, line 19	a	0				
	b Less direct expenses	b 0				
	c Net income or (loss) from gaming activities	▶	0			
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less cost of goods sold	b 0				
	c Net income or (loss) from sales of inventory	▶	0			
Miscellaneous Revenue		Business Code				
11a			0			
	b		0			
	c		0			
	d All other revenue		0			
	e <b>Total.</b> Add lines 11a-11d	▶	0			
12 <b>Total revenue.</b> See instructions.	▶	371,220	0	0	24,541	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	12,696	12,696		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,900	20,900		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	20,000		20,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	1,630		1,630	
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	750		750	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	395		395	
13 Office expenses	1,064		1,064	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	1,495		1,495	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Dues	146		146	
b Website	927		927	
c Postage	424		424	
d Taxes and Licenses	250		250	
e	0			
f All other expenses Miscellaneous	58		58	
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>60,735</b>	<b>33,596</b>	<b>27,139</b>	<b>0</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	41,330	1	10,609	
	2	Savings and temporary cash investments . . . . .	434,029	2	655,235	
	3	Pledges and grants receivable, net . . . . .	0	3	0	
	4	Accounts receivable, net . . . . .	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	0	6		
	7	Notes and loans receivable, net . . . . .	0	7	0	
	8	Inventories for sale or use . . . . .		8		
	9	Prepaid expenses and deferred charges . . . . .		9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	0		
	b	Less accumulated depreciation	10b	0	10c	0
	11	Investments—publicly traded securities . . . . .	335,699	11	493,294	
	12	Investments—other securities. See Part IV, line 11 . . . . .	0	12	0	
	13	Investments—program-related See Part IV, line 11 . . . . .	0	13	0	
	14	Intangible assets . . . . .	0	14	0	
	15	Other assets See Part IV, line 11 . . . . .	0	15	0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	811,058	16	1,159,138		
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .		17		
	18	Grants payable . . . . .		18		
	19	Deferred revenue . . . . .		19		
	20	Tax-exempt bond liabilities . . . . .	0	20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0	
25	Other liabilities Complete Part X of Schedule D . . . . .	0	25	0		
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	26	0		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets . . . . .		27		
	28	Temporarily restricted net assets . . . . .		28		
	29	Permanently restricted net assets . . . . .		29		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds . . . . .		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31		
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .	811,058	32	1,159,138	
33	<b>Total net assets or fund balances</b> . . . . .	811,058	33	1,159,138		
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	811,058	34	1,159,138		

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both . . . . .  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization Logan County Education Foundation	Employer identification number 34-1598184
---------------------------------------------------------------	----------------------------------------------

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Riverside Schools	34-6400375	6	X		X		X		604
Bellefontaine City Sch	34-6400094	6	X		X		X		3,933
Benjamin Logan Local	34-1041137	6	X		X		X		4,613
Indian Lake Local Sch	34-6408633	6	X		X		X		1,948
Discovery Center	34-6400797	6		X	X		X		200
<b>Total</b>									<b>11,298</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						0

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	0 00%
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <span style="float: right;"><input type="checkbox"/></span>		
<b>b 33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <span style="float: right;"><input type="checkbox"/></span>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . <span style="float: right;"><input type="checkbox"/></span>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;"><input type="checkbox"/></span>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0 00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 00%

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

Logan County Education Foundation

34-1598184

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ .....

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ .....

b Assets included in Form 990, Part X . . . . . ▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	493,671	186,563			
b Contributions	320,511	321,439			
c Net investment earnings, gains, and losses	28,042	-4,861			
d Grants or scholarships	7,200	7,965			
e Other expenditures for facilities and programs					
f Administrative expenses	6,256	1,505			
g End of year balance	828,768	493,671			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  100%
- c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))  0



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	371,220
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,735
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	310,485
4	Net unrealized gains (losses) on investments	4	37,595
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	37,595
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	348,080

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part V Line Line 4 The endowment funds are used to provide students with scholarships and

teachers with grants

**Part XIV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Run to Educate (event type)	Banquet (event type)	1 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	5,996	3,998	9,790	19,784
	2	Less: Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	5,996	3,998	9,790	19,784
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	95	0	95
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	0	807	0	807
	8	Entertainment	0	0	0	0
	9	Other direct expenses	2,000	208	276	2,484
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Combine line 3, column (d), and line 10					16,398

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)					( 0)
8	Net gaming income summary Combine line 1, column d, and line 7					0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ .....		
	Address ▶ .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party		
	Name ▶ .....		
	Address ▶ .....		
<b>16</b>	Gaming manager information:		
	Name ▶ .....		
	Gaming manager compensation ▶ \$ ..... 0		
	Description of services provided ▶ .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships	27	20,900	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

Part I Line 2. The LCEE issues educational grants for the support of classroom activities and the

development of the students of Logan County, Ohio. Recipients of the grants must

submit a final report in May of the following year documenting their use of the funds

received. The reports are reviewed by the governing body to ensure proper use of the

grants by each recipient

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization

Employer identification number

Logan County Education Foundation

34-1598184

Form 990 Part VI Section B Line 11A A copy of the 990 is delivered to the Executive Director for  
review, and is made available to all members of the Board before being signed and filed

Form 990 Part VI Section B Line 12C Transactions and decisions are reviewed and voted on by the  
governing body. If any conflicts of interest arise out of these transactions or potential  
transactions, they will be handled according to the rules outlined within the conflicts of interest  
policy.

Form 990 Part VI Section B Line 15a Executive Director--Compensation for this position is determined  
by the governing body based upon comparison to similarly qualified individuals serving in similar  
organizations. The Executive Director has no say in this matter. The compensation was last  
determined during the Fiscal Year End 6-30-2008.

Form 990 Part VI Section C Line 19 The 1023, 990, Conflicts of Interest Policy, and other  
documentation are located at 125 South Opera Street, Bellefontaine, OH 43311, and can be viewed by  
the General Public upon request

**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

	Cash		Noncash
1 Federated Campaigns . . . . .		1	
2 Membership dues . . . . .		2	
3 Fundraising events . . . . .		3	
4 Related organizations . . . . .		4	
5 Government grants (contributions) . . . . .		5	
6 All other contributions, gifts, grants, and similar amounts not included above.			
Cash Donations	346,894		
Other contributions total . . . . .	346,894	6	0
7 Total . . . . .	346,894	7	0

**Part X, Lines 11 and 12 (990) - Investments - Securities**

Check one box below to indicate how securities are reported

Cost

End of year market value (FMV)

0 335,699 493,294

	Description	Check if Publicly Traded Securities?	Check if Financial Denvatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Edward Jones	X			0 00	0	159,832	292,885
2	Raymond James Mutual Fund	X			0 00	0	175,867	200,409
3					0 00	0	0	0
4					0 00	0	0	0
5					0 00	0	0	0
6					0 00	0	0	0
7					0 00	0	0	0
8					0 00	0	0	0
9					0 00	0	0	0
10					0 00	0	0	0
11					0 00	0	0	0
12					0 00	0	0	0
13					0 00	0	0	0
14					0 00	0	0	0
15					0 00	0	0	0
16					0 00	0	0	0
17					0 00	0	0	0
18					0 00	0	0	0
19					0 00	0	0	0
20					0 00	0	0	0

**Part II (Sch G (990/990EZ)) - Events**

	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Income (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Noncash Prizes	Line 6 Rent/Facility costs	Line 7 Food and beverages	Line 8 Entertainment	Line 9 Other direct expenses
1	Run to Educate	5,996		5,996						2,000
2	Banquet	3,998		3,998				807		208
3	Earning for Learning	9,790		9,790						276
4				0						
5				0						
6				0						
7				0						
8				0						
9				0						
10				0						
11				0						
12				0						
13				0						
14				0						
15				0						
16				0						
17				0						
18				0						
19				0						
20				0						

# Logan County Education Foundation Trustees

## 2009-2010

<u>Bellefontaine</u>	<u>Term Exp.</u>	<u>Benjamin Logan</u>	<u>Term Exp.</u>
<p>Andy Burton 554 Palmer Ave. Bellefontaine, OH 43311 H/593-5435 e-mail: aburton@maryrutan.org</p>	2010	<p>Karen Goff 5266 CR 171 Zanesfield, OH 43360 465-6705 e-mail: goffs2@embarqmail.com</p>	2010
<p>Jennifer Olson 705 E. Columbus Ave. Bellefontaine, OH 43311 H/592-7742 e-mail: djbrolson@embarqmail.com</p>	2010	<p>Karen Nelson 3413 Twp. Rd. 182 Bellefontaine, OH 43311 H/593-0400 e-mail: rossnelson@gmail.com</p>	2010
<p>MaryAnn Knecht 448 Woodside Dr. Bellefontaine, OH 43311 H/593-5713 e-mail: mknecht5713@charter.net</p>	2011	<p>Linda Kerns 2881 Rd 5 North Bellefontaine, OH 43311 H/468-2459 e-mail: lindakerns@ymail.com</p>	2011
<p>Doug Smith 537 Woodland Dr. Bellefontaine, OH 43311 H/292-7418; W/593-8510 e-mail: dougsmith@ssmattys.com</p>	2011	<p>Pat Roby 6031 SR 540 Bellefontaine, OH 43311 H/599-5337 e-mail: proby51@gmail.com</p>	2011
<p>Chris Darrah 201 Evergreen Dr. Bellefontaine, OH 43311 H/593-2923 e-mail: tdarrah@embarqmail.com</p>	2012	<p>Terri Bennett 10121 CR 44 East Liberty, OH 43319 H/747-2119 e-mail: dtbennett87@hotmail.com</p>	2012
<p>John Elizondo 1161 S. Main St. Bellefontaine, OH 43311 W/599-2841 ext 16001 e-mail: jelizondo@kemba.org</p>	2012	<p>Julie Zoldak 5064 Rd 48 Rushsylvania, OH 43347 H/468-2182 C/441-3133 e-mail: Julie_zoldak@ega.honda.com</p>	2012

# Logan County Education Foundation Trustees 2009-2010

<u>Indian Lake</u>	<u>Term Exp.</u>	<u>Riverside</u>	<u>Term Exp.</u>
Sue Campbell 9800 Lakeshore Dr. E. Huntsville, OH 43324 H/842-3283 e-mail:Kula1@charter.net	2010	Jenean Jackson 8856 St. Rt. 47 W. DeGraff, OH 43318 H/585-5635 e-mail:	2010
Susan Crusey 9515 Lakeshore Drive East Huntsville, OH 43324 H/842-2590 e-mail: tscrusey@hotmail.com	2010	Mike Wallace Citizens Bank of DeGraff PO Box 279 DeGraff, OH 43318 W/585-4301 e-mail: cbd_mwallace@embarqmail.com	2010
Bill Shepard 14485 SR 235 N Lakeview, OH 43331 H/842-2568 W/937-775-5526 e-mail: bill.shepard@wright.edu	2011	Susan Barnes 9547 SR 47 West DeGraff, OH 43318 H/585-6894 e-mail: susanbarnes1954@hotmail.com	2011
Dave Yanchik 3662 Rd. 31 N Huntsville, OH 43324 H/686-6506 W/592-4781 e-mail: dyanchik@loganrec.com c/937-539-5597	2011	Vivian Swonguer 7431 Twp Rd 43 DeGraff, OH 43318 H/585-5632 E-mail: vlswonguer@embarqmail.com	2011
Vicki Fay 15348 SR 235N Lakeview, OH 43331 H/842-5937 e-mail:vaf@woh.rr.com	2012	Kim Comer 5575 CR 43; Box 579 DeGraff, OH 43318 H/585-4625;W/585-4251 e-mail:comerins@loganrec.com	2012
Jamie Ross 5992 CR 39 Huntsville, OH 43324 H/686-9966 e-mail: jross_94@hotmail.com	2012	Kim Sanford 692 Humble Dr. DeGraff, OH 43318-0368 H/585-2910 e-mail: sanford4@embarqmail.com	2012

**SUPERINTENDENTS  
EXECUTIVE DIRECTOR  
2009 ~ 2010**

**Bellefontaine City Schools:**

Beth Harman, Superintendent  
820 Ludlow Rd  
Bellefontaine, OH 43311  
W/593-9060  
e-mail: harmanb@bellefontaine.k12.oh.us

**Benjamin Logan Schools:**

Stan Mounts, Superintendent  
4740 Rd 26  
Bellefontaine, OH 43311  
W/593-9211  
e-mail: mountss@benlogan.k12.oh.us

**Indian Lake Schools:**

Dr. William McGlothlin, Superintendent  
6210 SR 235 North  
Lewistown, OH 43333  
W/686-8601  
e-mail: mcglothb@indianlake.k12.oh.us

**Riverside Schools:**

Jim Zerkle, Superintendent  
2096 CR 24 South  
DeGraff, Oh 43318  
W/585-5981  
e-mail: jzerkle@riverside.k12.oh.us

**Logan County Educational Service  
Center:**

Joyce Roberts, LCESC Superintendent  
121 South Opera Street  
Bellefontaine, OH 43311  
W/599-5195  
e-mail: jroberts@loganesc.k12.oh.us

**Executive Director**

Eric Tom  
121 South Opera Street  
Bellefontaine, OH 43311  
H/593-1935 W/599-5195  
e-mail: lcef@loganesc.k12.oh.us



LOGAN  
COUNTY  
EDUCATION  
FOUNDATION

*a grant was paid out  
to the Discovery Center also*

### 2009 ~ 2010 GRANT AWARDS

GRANT	TITLE	WRITER	AMOUNT	DIST	BLDG
AAUW Logan Co. Branch Annual Building Grant	Becoming Financially Literate ~ How to Survive Financially	Lois Stoll	\$1000 00	BL	BLHS
William R. and Helen Dodge Family Grant	Reading Olympics	Sally Stolly	\$200.00	BL	BLES
Edward K. Core, Jr. Grant	Step Out of the Classroom, Step Into the Wetlands	Pamela Scarpella	\$500.00	IL	ILES
Logan County Bar Assn./Daniel C. Johnson Grant	Scrapbooking our Way to Citizenship	Bobby Gill	\$600.00	BL	BLMS
Walter and Marie Lamb Memorial Building Grant	STEM (science, technology, engineering, and mathematics)	Cathy Wiley	\$750.00	BCS	BMS
LCSWMD	Smart Moves – Transportation and the Environment	Susan Simon	\$790.00	BL	BLMS
James F. Milroy Foundation Grant	Farm Festival: A Celebration of 21 <sup>st</sup> Century Farming	Katie Marshall	\$1000.00	BCS	Southeastern
Ritter Family Memorial Grant	Spark Some Learning	Lora James	\$500.00	BL	BLHS
		<b>TOTAL</b>	<b>\$5340.00</b>		

### BUILDING WIDE GRANTS

BUILDING	TITLE	WRITER	AMOUNT
BHS	High Schools That Work Literacy Across the Curriculum (HSTW)	Shannon Hodge	\$686.00
BMS	Balance of Power	Gavin Yoder	\$472.00
NORTHEASTERN	The First Gift of Christmas	Krista Adelsberger	\$381.00
SOUTHEASTERN	Math Matters	Cathy Ulmer	\$328 00
WESTERN	"SMARTing" up	Shanel Henry	\$316 00
Terry Hartley BLHS Building Wide Grant	Academic Bootcamp	Sally Stolly	\$512.00
Union BankingCo. BLMS Building Wide Grant	Raider Robotics Challenge	Sally Stolly	\$473 00
BLES	Family Science Night	Shari Rice	\$538.00
Logan County Electric Cooperative ILHS Building Wide Grant	ACT Success For All	Colleen Bodin	\$448 00
ILMS	Reading Immersion at Middle Grades	Jean Newmeyer	\$475 00
ILES	Building Literacy Block by Block	Elaine Jacobs	\$525.00
RHS	Synthetic Vertical Farming	Patricia AS Reuther	\$256 00
RES	COSI Science Spot: Connecting Outstanding Science Inquiry with Riverside Community	Kellea Wilkinson/Mason Bryan	\$348.00
		<b>TOTAL</b>	<b>\$5758.00</b>









**Scholarship Recipients, 2009**  
**Managed by the Logan County Education Foundation**

**All-County Scholarships:**

*Harriet Headington Memorial - (1) \$1,000.00*  
Michael Marotti, Bellefontaine

*Lillian Thornton Memorial - (1) \$1,000.00*  
Jame Patrick, Bellefontaine

*Daniel C. Johnson Family Memorial - (2) \$500.00*  
Megan Leiss, Riverside  
Molhe Smith, Benjamin Logan

*Dr. James F. Costin Scholarship - (1) \$500.00*  
Amanda Kavanagh, Benjamin Logan

*Edward K. Core Jr. Memorial Scholarship - (1) \$500.00*  
Lance McPherson, Indian Lake

*Thomas E. Hubbard Scholarship - (1) \$500.00*  
Zachary Mosbarger, Bellefontaine

*Logan County Solid Waste Management District - (1) \$2,000.00*  
Mara Hemmer, Indian Lake

*Leave a Legacy Student Scholarship - (1) \$500.00*  
Arin Moyer, Bellefontaine

*TRC Scholarship - (1) \$1,000.00*  
Caleb Blackwell, Riverside

*John L. Jackson Memorial Scholarship - (1) \$500.00*  
Jacob Hurley, Riverside

*Logan County Sheriffs Department / George W. Clayton Memorial Scholarship - (1) \$500.00 per high school in Logan County*  
Alexandra Marotti, Bellefontaine  
Brittany Cole, Benjamin Logan  
Aubrey Arledge, Indian Lake  
Michelle Webb, Riverside

**Bellefontaine Only Scholarships:**

*Beecher Lynne Scholarship - (1) \$1,000.00*  
Sarah Hess, Bellefontaine

*Billy Jervis Memorial Scholarship - (2) \$500.00*  
Kirsten Chervenak, Bellefontaine  
Miriam Stoner, Bellefontaine

*James and Patricia Ratleff Senior Award - (1) \$500.00*  
Qunton Conaway, Bellefontaine

**Benjamin Logan Only Scholarships:**

*Rob Hayden Memorial Scholarship - (1) \$1,000.00*  
Tiffany Rader, Benjamin Logan

*Dwight Spencer Scholarship - (1) \$500.00*  
Jaclyn Core, Benjamin Logan

*Ida and Babe Willits - (2) \$2,250.00*  
Brittany Cole, Benjamin Logan  
Amy Price, Benjamin Logan

**Indian Lake Only Scholarships:**

*Gillota Nursing Scholarship - (1) \$500.00*  
Breann Houchins, Indian Lake

*Indian Lake Education Scholarship - (1) \$500.00*  
Brooke Sheeley, Indian Lake

**Benjamin Logan & Indian Lake Only Scholarship:**

*Donald and Hannah Corwin Scholarship - (1) \$1,000.00*  
Amanda Kavanagh, Benjamin Logan

**Riverside Only Scholarships:**

*Mary Hoy Scholarship - (1) \$500.00*  
Alaina Bozman, Riverside

*paid out  
during FY10*