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Form 990  Department of the Treasury Internal Revenue Service	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)	OMB No 1545-0047 2009 Open to Public Inspection
	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 07-01-2009 and ending 06-30-2010			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LOGAN COMMUNITY RESOURCES INC	
		Doing Business As	
		Number and street (or P O box if mail is not delivered to street address) 2505 E JEFFERSON BOULEVARD	Room/suite
		City or town, state or country, and ZIP + 4 SOUTH BEND, IN 46615	
		F Name and address of principal officer DAN HARSHMAN 2505 E JEFFERSON BOULEVARD SOUTH BEND, IN 46615	
D Employer identification number 35-0965639		E Telephone number (574) 289-4831	
		G Gross receipts \$ 14,732,922	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶			
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.LOGANCENTER.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1950	M State of legal domicile IN

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities LOGAN COMMUNITY RESOURCES IS A NOT-FOR-PROFIT COMMUNITY ORGANIZATION WHICH PROVIDES ADVOCACY SERVICES & RESOURCES TO SUPPORT PEOPLE WITH DEVELOPMENTAL DISABILITIES IN ACHIEVING THEIR DESIRED QUALITY OF LIFE		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 58	
	6	Total number of volunteers (estimate if necessary)	6 80	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,585,708	1,326,755
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,660,509	11,530,919
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,260	82,172
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,864	-46,227
			13,356,341	12,893,619
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,622	7,076
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,618,655	10,542,613
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 326,953		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,994,887	2,764,615
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,621,164	13,314,304
	19	Revenue less expenses Subtract line 18 from line 12	735,177	-420,685
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	18,587,019	18,465,898
21		Total liabilities (Part X, line 26)	8,264,486	8,029,858
22		Net assets or fund balances Subtract line 21 from line 20	10,322,533	10,436,040

Part II		Signature Block			
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			2010-12-14 Date	
	ROBERT PALMER CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
					Phone no

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

SEE SCHEDULE O

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 \$ 6,126,598 including grants of \$ 94,472) (Revenue \$ 8,066,430)
	RESIDENTIAL SERVICES LOGAN COMMUNITY RESOURCES (LOGAN) WORKS WITH INDIVIDUALS, FAMILIES, AND NEIGHBORHOODS SO THAT THE DREAM OF LIVING IN THE COMMUNITY CAN BECOME A REALITY REALIZING THAT 'HOME' MEANS DIFFERENT THINGS TO DIFFERENT PEOPLE, LOGAN IS COMMITTED TO SUPPORTING EACH PERSON IN FINDING THE "HOME" OF THEIR CHOICE LOGAN OWNS AND OPERATES EIGHT GROUP HOMES AND MANAGES OVER 21 WAIVER SITES, PROVIDING NEEDED SUPPORTS FOR SUCCESSFUL COMMUNITY LIVING FOR EACH INDIVIDUAL

4b	(Code) (Expenses \$ 2,903,054 including grants of \$ 56,579) (Revenue \$ 2,389,962)
	SEE SCHEDULE O

4c	(Code) (Expenses \$ 962,530 including grants of \$ 0) (Revenue \$ 1,079,146)
	EMPLOYMENT SERVICES LOGAN COMMUNITY RESOURCES PROVIDES EMPLOYMENT AND TRAINING AT LOGAN INDUSTRIES, OUR MANUFACTURING FACILITY WE ALSO HELP FAMILIES LINK WITH OTHER ORGANIZATIONS TO PURSUE COMMUNITY EMPLOYMENT OPTIONS LOGAN INDUSTRIES IS A 90,000 SQUARE FOOT MODERN MANUFACTURING FACILITY SPECIALIZING IN PACKING AND ASSEMBLY, LOGAN INDUSTRIES PROVIDES PEOPLE WITH DISABILITIES AN OPPORTUNITY TO WORK IN A MANUFACTURING SETTING AS PART OF AN INTEGRATED WORKFORCE VOCATIONAL ASSESSMENT, ONGOING TRAINING, AND SUPPORT ARE OFFERED ALONG WITH SPECIALTY CLASSES

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 397,614 including grants of \$ 7,076) (Revenue \$ 16,773)

4e	Total program service expenses	\$ 10,389,796
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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)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	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	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
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? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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? If "Yes," complete Schedule D, Part VII.		
	• 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? If "Yes," complete Schedule D, Part VIII.		
	• 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? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	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? If "Yes," complete Schedule F, Part I	14b	No
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 U S? If "Yes," complete Schedule F, Part II	15	No
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 U S? If "Yes," complete Schedule F, Part III	16	No
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? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

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>	21		No
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>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25 . . .</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		No
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? . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. 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>	25a		No
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>	25b		No
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>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
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>	32		No
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>	33		No
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>	34		No
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>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a43	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a589	2bYes	
	b			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	
4a	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)?		4a	No
	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c	
6a	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?		6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	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?		7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .		7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12		10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders		11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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	17	
b	Enter the number of voting members that are independent . . .	1b	17	
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?	2		No
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? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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?	10a		No
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?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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?	16a		No
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 IN
18	Section 6104 requires an organization to make its Form 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. ☐ Own website ☐ Another's website ☒ 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SHARRON CARTER 2505 E JEFFERSON BOULEVARD SOUTH BEND, IN 46615 (574) 289-4831

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	190,511	0	13,350
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	19,318				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	340,473				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	455,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	511,964				
	g	Noncash contributions included in lines 1a-1f \$ 0						
	h	Total. Add lines 1a-1f						1,326,755
Program Service Revenue			Business Code					
	2a	RESIDENTIAL SERVICES		8,066,430	8,066,430	0	0	
	b	ADULT & CHILD SERVICES		2,389,962	2,389,962	0	0	
	c	EMPLOYMENT SERVICES		1,057,754	1,057,754	0	0	
	d	PROTECTIVE SERVICES		16,773	16,773	0	0	
	e			0	0	0	0	
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f			11,530,919			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		22,402	0	0	22,402	
	4	Income from investment of tax-exempt bond proceeds . .		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	(i) Real		(ii) Personal				
		Gross Rents	0	0				
		b Less rental expenses	0	0				
		c Rental income or (loss)	0	0				
	d	Net rental income or (loss)		0	0	0	0	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	885,860	40,660				
		b Less cost or other basis and sales expenses	828,170	38,580				
		c Gain or (loss)	57,690	2,080				
	d	Net gain or (loss)		59,770	0	0	59,770	
	8a	Gross income from fundraising events (not including \$ 340,473 of contributions reported on line 1c) See Part IV, line 18		a				
			48,799					
		b Less direct expenses	b	130,698				
	c	Net income or (loss) from fundraising events . .		-81,899	0	0	-81,899	
	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	0	0	0		
10a	Gross sales of inventory, less returns and allowances		a					
		863,247						
	b Less cost of goods sold . . .	b	841,855					
c	Net income or (loss) from sales of inventory . .		21,392	21,392	0	0		
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME			14,280	0	0	14,280	
b				0	0	0	0	
c				0	0	0	0	
d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d			14,280				
12	Total revenue. See Instructions			12,893,619	11,552,311	0	14,553	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	7,076	7,076		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	219,303	0	219,303	0
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	0	0	0
7	Other salaries and wages	7,941,112	6,898,789	891,790	150,533
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	167,090	122,925	41,702	2,463
9	Other employee benefits	1,582,904	1,222,077	317,047	43,780
10	Payroll taxes	632,204	523,252	97,982	10,970
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	24,914	2,300	22,614	0
c	Accounting	46,410	0	46,410	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	39,591	0	7,030	32,561
g	Other	0	0	0	0
12	Advertising and promotion	2,079	205	1,874	0
13	Office expenses	62,186	23,273	34,317	4,596
14	Information technology	85,321	0	83,234	2,087
15	Royalties	0	0	0	0
16	Occupancy	521,171	508,378	0	12,793
17	Travel	242,822	224,448	17,674	700
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	20,466	9,202	10,724	540
20	Interest	78,264	20,786	57,478	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	590,607	590,607	0	0
23	Insurance	30,966	0	30,966	0
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	RAW FOOD	136,542	136,542	0	0
b	FUNDRAISING EXP	51,768	3,666	45,554	2,548
c	PROVIDER ASSESSMENT	247,397	247,397	0	0
d	PROGRAM/MED SUPPLIES	64,797	61,005	3,792	0
e	CLIENT SUPPORT	151,066	151,050	16	0
f	All other expenses	368,248	134,532	170,334	63,382
25	Total functional expenses. Add lines 1 through 24f	13,314,304	10,887,510	2,099,841	326,953
26	Joint costs. Check here ☐ 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	0	0	0	0

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			450	1	450
	2	Savings and temporary cash investments			1,490,242	2	1,580,517
	3	Pledges and grants receivable, net			982,517	3	622,794
	4	Accounts receivable, net			1,192,406	4	1,194,016
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	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	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			25,042	8	23,436
	9	Prepaid expenses and deferred charges			157,218	9	191,256
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	15,639,967			
	b	Less accumulated depreciation	10b	6,222,128	9,835,495	10c	9,417,839
	11	Investments—publicly traded securities			3,578,946	11	4,004,118
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			1,113,227	13	1,227,492
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			211,476	15	203,980
	16	Total assets. Add lines 1 through 15 (must equal line 34)			18,587,019	16	18,465,898
Liabilities	17	Accounts payable and accrued expenses			1,217,030	17	1,262,040
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			7,030,000	20	6,760,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	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	0
	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			17,456	25	7,818
	26	Total liabilities. Add lines 17 through 25			8,264,486	26	8,029,858
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,265,349	27	4,955,378
	28	Temporarily restricted net assets			4,994,580	28	4,418,058
	29	Permanently restricted net assets			1,062,604	29	1,062,604
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			0	32	0
	33	Total net assets or fund balances			10,322,533	33	10,436,040
	34	Total liabilities and net assets/fund balances			18,587,019	34	18,465,898

Part XI Financial Statements and Reporting

	Yes	No
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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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	Yes	
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 separated 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?		No
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 . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization LOGAN COMMUNITY RESOURCES INC	Employer identification number 35-0965639
---	--

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 **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?

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (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 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2009

Part II

Support Schedule for Organizations Described in IRC 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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 Public Support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
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 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	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,240,158	1,594,233	2,150,756	1,585,708	1,326,755	8,897,610
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,394,723	9,371,029	9,841,727	11,660,509	11,530,919	51,798,907
3Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6Total. Add lines 1 through 5	11,634,881	10,965,262	11,992,483	13,246,217	12,857,674	60,696,517
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
bAmounts 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	0	0	0	0	0
cAdd lines 7a and 7b	0	0	0	0	0	0
8Public Support (Subtract line 7c from line 6)						60,696,517

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	11,634,881	10,965,262	11,992,483	13,246,217	12,857,674	60,696,517
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	323,355	131,736	73,021	39,196	22,401	589,709
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
cAdd lines 10a and 10b	323,355	131,736	73,021	39,196	22,401	589,709
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	751,583	816,969	1,067,356	824,253	926,326	4,386,487
13Total support (Add lines 9, 10c, 11 and 12)	12,709,819	11,913,967	13,132,860	14,109,666	13,806,401	65,672,713
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	92.423 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	92.42 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0.898 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.01 %
19a33 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	☒	
b33 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	☐	
20Private 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
OTHER INCOME, SCHEDULE A, PART III - OTHER INCOME, 2005-LOGAN INDUSTRIES 659,153-MISC 92,430 2006-LOGAN INDUSTRIES 695,301-MISC 121,668 2007-LOGAN INDUSTRIES 793,690-SPECIAL EVENTS 252,569-MISC 21,097 2008-LOGAN INDUSTRIES 761,162-SPECIAL EVENTS 49,623-MISC 13,468 2009-LOGAN INDUSTRIES 863,247-SPECIAL EVENTS 48,799-MISC 14,280,

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
LOGAN COMMUNITY RESOURCES INC

Employer identification number
35-0965639

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? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ 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 importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 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

Trust, 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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	1,113,227				
b Contributions	0				
c Investment earnings or losses	175,118				
d Grants or scholarships					
e Other expenditures for facilities and programs	60,853				
f Administrative expenses					
g End of year balance	1,227,492				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 13 43 %

b

Permanent endowment ▶ 86 57 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

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) Depreciation	(d) Book value
1a Land	0	547,280		547,280
b Buildings	0	12,484,798	4,123,709	8,361,089
c Leasehold improvements	0	0	0	0
d Equipment	0	2,276,152	1,853,018	423,134
e Other	0	331,737	245,401	86,336
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				9,417,839

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
BENEFICIAL INTEREST IN ASSETS HELD BY ST JOSEPH COUNTY COMMUNITY FOUNDATION	1,227,492	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶	1,227,492	

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE OBLIGATIONS	7,818
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	7,818

Schedule D (Form 990) 2008

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,893,619
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,314,304
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-420,685
4	Net unrealized gains (losses) on investments	4	359,074
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	175,118
9	Total adjustments (net) Add lines 4 - 8	9	534,192
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	113,507

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	14,400,364
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	359,074
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	841,855
e	Add lines 2a through 2d	2e	1,200,929
3	Subtract line 2e from line 1	3	13,199,435
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	0
b	Other (Describe in Part XIV)	4b	-305,816
c	Add lines 4a and 4b	4c	-305,816
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,893,619

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	14,286,857
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Losses reported on Form 990, Part IX, line 25	2c	0
d	Other (Describe in Part XIV)	2d	972,553
e	Add lines 2a through 2d	2e	972,553
3	Subtract line 2e from line 1	3	13,314,304
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	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,314,304

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	ENDOWMENT FUNDS ARE USED FOR CONTINUED SUPPORT OF THE ORGANIZATION'S PROGRAMS AND MISSION
Other changes in net assets	Schedule D, Part XI, Line 8	CHANGE IN BENEFICIAL INTEREST - 175118, OTHER - 0, TOTAL - 175118
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	COST OF GOODS SOLD - 841855, OTHER - 0, TOTAL - 841855
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	FUNDRAISING EVENT EXPENSES - -130698, CHANGE IN BENEFICIAL INTEREST - -175118, OTHER - 0, TOTAL - -305816
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	FUNDRAISING EVENT EXPENSES - 130698, COST OF GOODS SOLD - 841855, OTHER - 0, TOTAL - 972553

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
LOGAN COMMUNITY RESOURCES INC

Employer identification number
35-0965639

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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
		<u>NOSE ON</u> (event type)	<u>GARDEN PARTY</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	147,668	105,805	135,799
	2	Less Charitable contributions	130,179	91,995	118,299
	3	Gross income (line 1 minus line 2)	17,489	13,810	17,500
Direct Expenses	4	Cash prizes	0	0	0
	5	Non-cash prizes	0	0	0
	6	Rent/facility costs	0	0	0
	7	Food and beverages	63,207	23,172	0
	8	Entertainment	0	0	0
	9	Other direct expenses	0	0	44,319
	10	Direct expense summary Add lines 4 through 9 in column (d)			130,698
	11	Net income summary Combine lines 3, column d, and line 10.			-81,899

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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column d, and line 7			

		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
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
LOGAN COMMUNITY RESOURCES INC

Employer identification number
35-0965639

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	------------------------------------	--------------------------	-----------------------------------	--	--	------------------------------------

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization LOGAN COMMUNITY RESOURCES INC	Employer identification number 35-0965639
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Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A ST JOSEPH COUNTY INDIANA	35-6000194	0790608CA	05-01-2004	8,000,000	NEW CONSTRUCTION & REMODELING		X		X

Part II Proceeds

		A	B	C	D	E	
1	Total proceeds of issue	8,000,000					
2	Gross proceeds in reserve funds	0					
3	Proceeds in refunding or defeasance escrows	0					
4	Other unspent proceeds	0					
5	Issuance costs from proceeds	171,890					
6	Working capital expenditures from proceeds	571,120					
7	Capital expenditures from proceeds	7,256,990					
8	Year of substantial completion	2005					
		Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X				
10	Were the bonds issued as part of an advance refunding issue?		X				
11	Has the final allocation of proceeds been made?	X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X					

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge						0 0				
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC						0 0				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?	X									

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LOGAN COMMUNITY RESOURCES INC

Employer identification number
35-0965639

Identifier	Return Reference	Explanation
Organization's mission	Form 990, Part III, Line 1	LOGAN COMMUNITY RESOURCES, INC (LOGAN) IS A NOT-FOR-PROFIT COMMUNITY ORGANIZATION WHICH PROVIDES ADVOCACY , SERVICES AND RESOURCES FOR CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES SINCE 1950, LOGAN HAS BEEN HERE FOR FAMILIES, GROWING TO MEET THE NEED NOW REACHING OVER 1,500 FAMILIES EACH YEAR, LOGAN PROVIDES A FULL RANGE OF SERVICES FROM THERAPIES AND SPECIALTY CAMPS FOR CHILDREN TO EMPLOYMENT, TRAINING, DAY SERVICES, RECREATION AND COMMUNITY LIVING OPTIONS FOR TEENS AND ADULTS FIVE YEARS AGO, LOGAN LAUNCHED THE SONYA ANSARI CENTER FOR AUTISM TO MEET THIS GROWING NEED THE AUTISM CENTER HAS REGIONAL IMPACT WITH DIRECT SERVICES FOR CHILDREN, TEENS AND ADULTS AND RESOURCES FOR FAMILIES AND PROFESSIONALS AT THE VERY HEART OF LOGAN IS ADVOCACY WHICH FUELS OUR WORK WITHIN THE COMMUNITY TO INCREASE RESOURCES AND OPPORTUNITIES FOR PEOPLE WITH DISABILITIES
Program service description	Form 990, Part III, Line 4b	ADULT & CHILD SERVICES I) ADULT SERVICES-- A) DAY SERVICES FACILITY BASED DAY SERVICES ARE OFFERED AT BOTH LOGAN CENTER AND LOGAN INDUSTRIES, WHICH ARE FULLY ACCESSIBLE TO INDIVIDUALS WITH PHYSICAL DISABILITIES THE PROGRAM IS A COMBINATION OF SOCIAL CLUB AND DIVERSE CURRICULUM GROUP ACTIVITIES OFFER OPPORTUNITIES TO SOCIALIZE AND TO LEARN THROUGH A RANGE OF ACTIVITIES COMMUNITY BASED SERVICES ARE ALSO AVAILABLE EXCURSIONS INCLUDE RECREATIONAL AND CULTURAL EVENTS, FITNESS AND HOBBY ORIENTED ACTIVITIES, AND VOLUNTEER OPPORTUNITIES OUT IN THE COMMUNITY TRANSPORTATION MAY BE PROVIDED DEPENDING ON THEIR SCHEDULE, INDIVIDUALS CAN BE PICKED UP AND DROPPED OFF AT THEIR HOME, AT LOGAN CENTER, OR AT LOGAN INDUSTRIES THESE SERVICES ARE OFFERED ON A 1 TO 1, AS WELL AS A SMALL GROUP BASIS B) BEST BUDDIES A POPULAR STUDENT SERVICE CLUB BASED THROUGH THE UNIVERSITY OF NOTRE DAME AND SAINT MARY’S COLLEGE, THIS GROUP PAIRS LOGAN ADULT CLIENTS 1 1 WITH COLLEGE STUDENTS THE GROUP ATTENDS CAMPUS SPORTING AND RECREATIONAL EVENTS AND PLANS FUN ACTIVITIES ON CAMPUS C) RECREATION SERVICES OUR RECREATION SERVICES ARE OFFERED THROUGH GROUP ACTIVITIES AND 1 1 RECREATIONAL THERAPY THROUGH LEISURE OPPORTUNITIES, NUMEROUS DOORS ARE OPENED AND FRIENDSHIPS ARE MADE MANY PEOPLE FROM THE COMMUNITY ARE FIRST INTRODUCED AS VOLUNTEERS TO LOGAN THROUGH OUR GROUP RECREATIONAL SERVICES WITH THE FOCUS OF FRIENDSHIP AND FUN, RECREATION IS AN EXCELLENT WAY FOR PEOPLE, WITH OR WITHOUT DISABILITIES, TO GET TO KNOW EACH OTHER INDIVIDUALIZED RECREATION THERAPY IS IDEAL FOR WORKING ON PERSONAL GOALS OF FITNESS, HOBBIES, SOCIALIZATION AND DEVELOPING OTHER SKILLS AND TALENTS II) CHILDREN'S SERVICES-- A) BUILDING BLOCKS LOGAN BUILDING BLOCKS, AN INDIANA FIRST STEPS PROVIDER, HELPS CHILDREN WITH DEVELOPMENTAL DISABILITIES GET THE START IN LIFE THAT THEY DESERVE AND NEED OUR EXPERIENCED STAFF HAS HELPED CHILDREN TAKE THOSE CRUCIAL FIRST STEPS TO DISCOVERING THEIR POTENTIAL SERVING INFANTS AND TODDLERS THROUGH 3 YEARS OF AGE, BUILDING BLOCKS PROFESSIONALS TARGET THIS CRITICAL STAGE OF DEVELOPMENT SERVICES OFFERED INCLUDE EVALUATION AND ASSESSMENT DEVELOPMENT TEACHING OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY BUILDING BLOCKS ALSO OFFERS INDIVIDUALIZED THERAPIES AND SPECIALTY CAMPS TO CHILDREN THROUGH EIGHT YEARS OF AGE OUR TOY LENDING LIBRARY IS STOCKED WITH ADAPTED AND SPECIALIZED TOYS THAT ARE WELL SUITED FOR CHILDREN WITH PHYSICAL AND DEVELOPMENTAL CHALLENGES B) RECREATION SERVICES OUR RECREATION SERVICES FOR CHILDREN ARE OFFERED THROUGH GROUP ACTIVITIES AND 1 1 RECREATIONAL THERAPY THROUGH LEISURE OPPORTUNITIES, NUMEROUS DOORS ARE OPENED AND FRIENDSHIPS ARE MADE MANY PEOPLE FROM THE COMMUNITY ARE FIRST INTRODUCED AS VOLUNTEERS TO LOGAN THROUGH OUR GROUP RECREATIONAL SERVICES WITH THE FOCUS OF FRIENDSHIP AND FUN, RECREATION IS AN EXCELLENT WAY FOR PEOPLE, WITH OR WITHOUT DISABILITIES, TO GET TO KNOW EACH OTHER INDIVIDUALIZED RECREATION THERAPY IS IDEAL FOR WORKING ON PERSONAL GOALS OF FITNESS, HOBBIES, SOCIALIZATION AND DEVELOPING OTHER SKILLS AND TALENTS C) BETHEL BUDDIES THIS GROUP PAIRS BETHEL COLLEGE STUDENTS WITH TEENS WHO HAVE DOWN SYNDROME ONGOING RECREATIONAL ACTIVITIES ARE PLANNED ON CAMPUS AND IN THE COMMUNITY D) SUPER SIBS SUPER SIBS IS SERVICE CLUB THROUGH THE UNIVERSITY OF NOTRE DAME AND SAINT MARY’S COLLEGE CHILDREN WHO HAVE A SIBLING WITH A DISABILITY ARE PAIRED 1 1 WITH COLLEGE STUDENTS WHO ALSO HAVE A SIBLING WITH A DISABILITY WITH A FOCUS ON HAVING FUN, THESE SIBS FEEL SAFE TO CHAT ABOUT THEIR SIBLINGS AND LEARN HEALTHY WAYS TO COPE III) AUTISM SERVICES-- THE SONYA ANSARI CENTER FOR AUTISM OFFERS RESOURCES AND TRAINING FOR FAMILIES AND PROFESSIONALS THE RESOURCE LIBRARY OFFERS UP TO DATE BOOKS, PERIODICALS, TAPES ABOUT AUTISM AND OTHER DEVELOPMENTAL DISABILITIES AS WELL AS A COMPLETE DIRECTORY OF RESOURCE OUR ONGOING OUTREACH SERIES OFFERS SPEAKERS ON A RANGE OF PERTINENT TOPICS FOR PARENTS AND PROFESSIONALS A FAMILY SUPPORT GROUP THAT MEETS MONTHLY , FOCUSING ON TOPICS OF INTEREST AUTISM CENTER STAFF IS INVOLVED IN TRAINING FOR SCHOOLS AND COMMUNITY ORGANIZATIONS DIRECT SERVICES ARE A AVAILABLE FOR CHILDREN, TEENS AND ADULTS APPLIED BEHAVIOR ANALYSIS ADULTS WITH A SPERGER'S SYNDROME SUPPORT GROUP BEHAVIOR CONSULTATION COUNSELING GIRLS ONLY GROUP P L A Y PROJECT - GREENSPAN/FLOORTIME APPROACH RECREATION SERVICES SOCIAL SKILLS CLASSES TEEN GROUP
Description of other program services	Form 990, Part III, Line 4d	PROTECTIVE SERVICES THE HEART AND SOUL OF LOGAN REVOLVES AROUND ADVOCACY FOR PERSONS WITH DISABILITIES LOGAN LIVES THIS COMMITMENT DAILY THROUGH OUR PROTECTIVE SERVICES PROGRAM WHICH OFFERS THE SECURITY THAT TRAINED PROFESSIONALS AND VOLUNTEERS WILL BE THERE WITH THE RIGHT SUPPORTS FOR INDIVIDUALS WHO DO NOT HAVE INVOLVED FAMILIES PROTECTIVE SERVICES STAFF AND VOLUNTEERS TRULY BECOME 'FAMILY' FOR THE INDIVIDUALS THEY SERVE THIS UNIQUE ARM OF LOGAN HAS BRANCHED OUT TO MEET DIVERSE NEEDS, NOW PROVIDING SUPPORT AND SERVICES TO OVER 125 INDIVIDUALS EACH YEAR THE DIVERSITY SERVED IS REFLECTED IN THOSE WHO ARE TRYING TO LIVE ON THEIR OWN IN THE COMMUNITY, THOSE WHO HAVE VERY SIGNIFICANT DISABILITIES, THOSE LIVING IN AN INSTITUTION OR NURSING HOME WITH NO FAMILY SUPPORT, AND THOSE WHO FIND THEMSELVES IN ABUSIVE OR NEGLECTFUL SITUATIONS PROTECTIVE SERVICES INCLUDE ADVOCACY SERVICES COMMUNITY EDUCATION EMERGENCY SUPPORT SERVICES ESTATE PLANNING FOR FAMILIES GUARDIANSHIP SERVICES LEGAL ASSISTANCE REPRESENTATIVE PAYEESHIP
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	A FINAL DRAFT OF THE FULL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES, IS PRESENTED TO EACH FINANCE COMMITTEE MEMBER AT A FINANCE AND AUDIT COMMITTEE MEETING EACH FINANCE COMMITTEE MEMBER IS ALLOWED TO ASK ANY QUESTIONS THEY MAY HAVE ON THE FORM ONCE APPROVED BY THE FINANCE COMMITTEE MEMBERS, A COPY OF THE FORM 990, EXCLUDING SCHEDULE B, IS PROVIDED TO ALL REMAINING BOARD MEMBERS THE TAX RETURN IS THEN FILED WITH THE IRS
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE REQUIRED TO BE COMPLETED BY ALL BOARD AND COMMITTEE MEMBERS, AS WELL AS THE CEO AND CFO, EACH JULY ANY POSSIBLE CONFLICTS ARE DISCUSSED AND VOTED ON BY THE BOARD (WITH THE MEMBER OUT OF THE ROOM) IF A MEMBER IS RETAINED ON THE BOARD THAT DOES HAVE AN AREA OF CONFLICT, HE/SHE WOULD BE PROHIBITED FROM PARTICIPATING IN THE DELIBERATIONS AND DECISION FOR ANY RELATED TRANSACTION
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	EACH YEAR THE EXECUTIVE COMMITTEE OF THE BOARD EVALUATES THE CEO ALL OTHER TOP MANAGEMENT ARE EVALUATED BY THEIR IMMEDIATE SUPERVISORS WITH THE APPROVED LOGAN EVALUATION TOOL THE EXECUTIVE COMMITTEE USES INDIANA ASSOCIATION OF REHABILITATION FACILITIES (INARF) SALARY SURVEYS AS COMPARABILITY DATA, AND COMPENSATION IS ADJUSTED BASED ON RATING CRITERION THIS PROCESS IS DOCUMENTED IN THE BOARD MEETING MINUTES, AND WAS LAST COMPLETED IN OCTOBER 2010
Public Disclosure	Form 990, Part VI, Section C, Line 19	COPIES OF THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Additional Data

Software ID:

Software Version:

EIN: 35-0965639

Name: LOGAN COMMUNITY RESOURCES INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAM VON RAHL CHAIR	1	X		X				0	0	0
LINDA KROLL VICE CHAIR-FINANCE	1	X		X				0	0	0
MOLLY ANDERSON VIC CHAIR/SECRETARY	1	X		X				0	0	0
BEN ZIOLKOWSKI DIRECTOR	1	X						0	0	0
BRANDON ZABUKOVIC DIRECTOR	1	X						0	0	0
JOSEPH WOODKA DIRECTOR	1	X						0	0	0
KATIE TOOTHAKER DIRECTOR	1	X						0	0	0
MICHEL SEAMON DIRECTOR	1	X						0	0	0
CHISTOPHER QUINN DIRECTOR	1	X						0	0	0
PAUL MCLEOD DIRECTOR	1	X						0	0	0
ROBERT MCQUADE DIRECTOR	1	X						0	0	0
JAMES LEWIS DIRECTOR	1	X						0	0	0
KRISTIN HILL-HAKE DIRECTOR	1	X						0	0	0
BONNIE HAY DIRECTOR	1	X						0	0	0
JOHN FIRTH DIRECTOR	1	X						0	0	0
KATHLEEN BRICKLEY DIRECTOR	1	X						0	0	0
ROBERT PALMER CFO	40			X				79,997	0	4,030
DANIEL HARSHMAN CEO	40			X				110,514	0	9,320

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
RESIDENTIAL SERVICES		8,066,430	8,066,430	0	0
ADULT & CHILD SERVICES		2,389,962	2,389,962	0	0
EMPLOYMENT SERVICES		1,057,754	1,057,754	0	0
PROTECTIVE SERVICES		16,773	16,773	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
RAW FOOD	136,542	136,542	0	0
FUNDRAISING EXP	51,768	3,666	45,554	2,548
PROVIDER ASSESSMENT	247,397	247,397	0	0
PROGRAM/MED SUPPLIES	64,797	61,005	3,792	0
CLIENT SUPPORT	151,066	151,050	16	0