



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30 , 2010

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C LOGAN CITY SCHOOL  
DISTRICT FOUNDATION  
101 WEST CENTER  
LOGAN, UT 84321

D Employer identification number

87-0493747

E Telephone number

435-755-2300

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) ►I Website: ► [www.loganschoolsfoundation.org](http://www.loganschoolsfoundation.org)H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) —  501(c) (3) ▶ (insert no.) 4947(a)(1) or 527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 306,169.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	174,378.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	9,642.
5a Gross amount from sale of assets other than inventory	5a	82,000.
b Less: cost or other basis and sales expenses	5b	82,000.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	40,149.
a Gross revenue (not including \$ 8,936. of contributions reported on line 1) ..	6b	28,190.
b Less: direct expenses other than fundraising expenses ..	6c	11,959.
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	RECEIVED
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	NOV 24 2010
8 Other revenue (describe ► )	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	195,979.
10 Grants and similar amounts paid (attach schedule)	10	154,500.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► See Statement 3 )	16	12,286.
17 Total expenses. Add lines 10 through 16	17	166,786.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	29,193.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	423,479.
20 Other changes in net assets or fund balances (attach explanation) See Statement 4	20	-721.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	451,951.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	423,479.	22 452,064.
23 Land and buildings		23
24 Other assets (describe ► )		24
25 Total assets	423,479.	25 452,064.
26 Total liabilities (describe ► See Statement 5 )	0.	26 113.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	423,479.	27 451,951.

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

24



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

See Statement 8

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.

b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0. ; section 4912 ► 0. , section 4955 ► 0.

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► None

42a The organization's

books are in care of ► SHANA LONGHURST Telephone no ► 435-755-2300  
Located at ► 101 W CENTER, LOGAN, UT ZIP + 4 ► 84321

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country: ►

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

►  N/A  
N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
45		X

## Part VI

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
	b If 'Yes,' was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
-----				
-----				
-----				
-----				
-----				

f Total number of other employees paid over \$100,000 ►

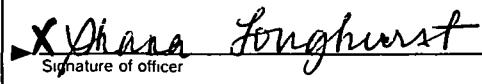
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

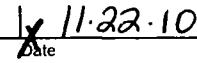
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		
-----		

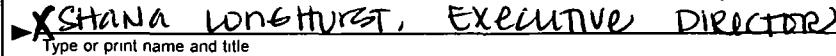
d Total number of other independent contractors each receiving over \$100,000 ►

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

 Diana Longhurst  
Signature of officer

 11-22-10  
Date

 SHANA LONGHURST, EXECUTIVE DIRECTOR  
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► BRENT S. SANDBERG, CPA	Date	Check if self-employed ► <input type="checkbox"/> N/A	Preparer's Identifying Number (See instructions) ► N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Jones Simkins P.C. 1011 West 400 North, Suite 100 Logan, UT 84321-8112	EIN	► N/A	Phone no ► (435) 752-1510

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

BAA

►  Yes  No  
Form 990-EZ (2009)

## 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.**

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

---

Name of the organization

LOGAN CITY SCHOOL  
DISTRICT FOUNDATION

Employer identification number

**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 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 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 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
11 g (i)		
11 g (ii)		
11 g (iii)		

h. Provide the following information about the supported organizations

---

BAA

**BAA 101: Privacy Act and Paperwork Reduction Act Notice:** See the instructions for Form 550 or 550-EE.

**Schedule A (Form 990 or 990-EZ) 2009**

**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 unusual grants.)	348,311.	194,129.	194,357.	177,220.	174,378.	1,088,395.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge			52,750.	55,541.	55,911.	164,202.
4 <b>Total.</b> Add lines 1 through 3	348,311.	194,129.	247,107.	232,761.	230,289.	1,252,597.
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).						74,011.
6 <b>Public support.</b> Subtract line 5 from line 4						1,178,586.

**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	348,311.	194,129.	247,107.	232,761.	230,289.	1,252,597.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,899.	11,380.	11,682.	8,799.	9,642.	49,402.
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.
11 <b>Total support.</b> Add lines 7 through 10						1,301,999.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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	90.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	85.3 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the 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 a 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 I 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 yr 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 "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶

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

**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	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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

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

**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 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.

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization **LOGAN CITY SCHOOL  
DISTRICT FOUNDATION**

Employer identification number  
87-0493747

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

**Part I** **Fundraising Activities.** Complete if the organization and Form 990EZ 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.

• [About](#) • [Contact](#) • [Privacy](#) • [Terms](#) • [Help](#) • [Feedback](#) • [Log In](#)

Mail solicitations      **Solicitation of non-government grants**

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

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

**2a** Did the organization have 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 services?

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.

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>AUCTION</b> (event type)	(b) Event #2 <b>GOLF TOURNAMENT</b> (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	29,016.	15,570.		44,586.
	2 Less. Charitable contributions	8,186.	750.		8,936.
	3 Gross income (line 1 minus line 2)	20,830.	14,820.		35,650.
DIRECT EXPENSES	4 Cash prizes		250.		250.
	5 Noncash prizes	8,186.	1,350.		9,536.
	6 Rent/facility costs		2,984.		2,984.
	7 Food and beverages	2,410.	1,456.		3,866.
	8 Entertainment				
	9 Other direct expenses	6,731.	797.		7,528.
	10 Direct expense summary Add lines 4- through 9 in column (d)				24,164.
	11 Net income summary Combine lines 3, column (d) and line 10				11,486.

**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				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

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?

b If 'No,' explain:

-----

YES	NO
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

-----

YES	NO
10a	

11 Does the organization operate gaming activities with nonmembers?

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?

YES	NO
11	
12	

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
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 contact with a third party from whom the organization receives gaming revenue?

- 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 of the third party:

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?

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: ► \$ \_\_\_\_\_

15a		
17a		

**Statement 1**  
**Form 990-EZ, Part I, Line 5c**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price: 82,000.  
 Cost or Other Basis: 82,000.

Total Gain (Loss) Publicly Traded Securities \$ 0.

Total Net Gain (Loss) From Noninventory Sales \$ 0.

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	12 SCHOLARSHIP RECIPIENTS
Donee's Name:	VARIOUS UNIVERSITIES
Relationship of Donee:	none
Cash Amount Given:	\$ 18,500.
Class of Activity:	23 FELLOWSHIPS
Donee's Name:	LOGAN HIGH SCHOOL & RELATED
Relationship of Donee:	LOGAN, UT 84321
Cash Amount Given:	SUPPORTED ORGANIZATION \$ 604.
Class of Activity:	SCHOOL SUPPLIES & EQUIP
Donee's Name:	LOGAN CITY SCHOOL DISTRICT & SCHOOLS
Relationship of Donee:	LOGAN, UT 84321
Cash Amount Given:	SUPPORTED ORGANIZATION \$ 133,822.
Class of Activity:	SCHOOL SUPPLIES & EQUIP
Donee's Name:	LOGAN CITY SCHOOL DISTRICT & SCHOOLS
Relationship of Donee:	LOGAN, UT 84321
Description of Property:	SUPPORTED ORGANIZATION
Date of Gift:	BOOKS, EQUIP, SUPPLIES
Book Value:	Various
Method Used to Determine BV:	1,574.
Fair Market Value:	Purchase price
Method Used to Determine FMV:	1,574.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Eyeglasses	\$ 2,234.
Fees	1,127.
Miscellaneous	30.
Office Expenses	8,062.
Public Relations	833.
Total	\$ <u>12,286.</u>

**Statement 4**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Book to tax differences	\$	-2,740.
Unrealized Gains		2,019.
	Total \$	<u>-721.</u>

**Statement 5**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 0.	\$ 113.
Total	<u>\$ 0.</u>	<u>\$ 113.</u>

**Statement 6**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

The Foundation provided the following supplemental assistance to Logan City School District public schools: science, music and reading supplies, athletic equipment, classroom project supplies, and reading glasses for students in need.

The Foundation received from the Logan City School District the following non-cash contributions of donated services and supplies:

SALARIES	\$43,916
BENEFITS	9,495
PROFESSIONAL FEES	400
BOARD LUNCHES	200
MISCELLANEOUS	1,900
-----	
TOTAL NON-CASH	\$55,911
	=====

These amounts are not included in Part III, Line 28a.

**Statement 7**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensa- tion	Contri- bution to EBP & DC	Expense Account/ Other
TAMI PYFER 52-1370 S PLACE LOGAN, UT 84321	Trustee 0.25	\$ 0.	\$ 0.	\$ 0.

## Statement 7 (continued)

Form 990-EZ, Part IV

## List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SHANA LONGHURST 101 W. CENTER LOGAN, UT 84321	Director 32.00	0. \$	0. \$	0.
LISA ALLEN 1487 QUAIL WAY LOGAN, UT 84321	President 1.00	0.	0.	0.
TIM BELNAP 1678 QUAIL WAY LOGAN, UT 84321	Trustee 0.25	0.	0.	0.
KRISTIE COOLEY 75 BALLARD WAY LOGAN, UT 84321	Trustee 0.25	0.	0.	0.
ERIC FALK PO BOX 260 MILLVILLE, UT 84326	Trustee 0.25	0.	0.	0.
CHRISTA FAWSON 1279 ORCHARD HEIGHTS LOGAN, UT 84321	Trustee 0.25	0.	0.	0.
LINDA FOSTER 1542 E 1540 N LOGAN, UT 84321	Trustee 0.25	0.	0.	0.
MARSHAL GARRETT 101 W CENTER LOGAN, UT 84321	Trustee 0.25	0.	0.	0.
SHARILEE GRIFFITHS 940 E 320 N LOGAN, UT 84321	Trustee 0.25	0.	0.	0.
TERRI HARRIS 231 N 1480 E LOGAN, UT 84321	Trustee 0.25	0.	0.	0.
SHIRLENE HICKEN 1285 CEDAR HEIGHTS DR LOGAN, UT 84321	Trustee 0.25	0.	0.	0.
DIANE IVERSON 1230 E 2100 N NORTH LOGAN, UT 84341	Trustee 0.25	0.	0.	0.

## Statement 7 (continued)

Form 990-EZ, Part IV

## List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri-bution to EBP & DC	Expense Account/Other
CAROL LAUB 1066 CANYON RD LOGAN, UT 84321	Trustee 0.25	0. \$ 0.25	0. \$ 0.	0. \$ 0.
JILL MORTENSEN 1460 MT LOGAN DR LOGAN, UT 84321	Trustee 0.25	0. \$ 0.25	0. \$ 0.	0. \$ 0.
KEITH NELSON 1282 ASPEN DR LOGAN, UT 84321	Trustee 0.25	0. \$ 0.25	0. \$ 0.	0. \$ 0.
KATHLEEN COTTLE 1631 E 1030 N LOGAN, UT 84321	Trustee 0.25	0. \$ 0.25	0. \$ 0.	0. \$ 0.
ERIC MARKWORTH 960 N 1400 E LOGAN, UT 84321	Trustee 0.25	0. \$ 0.25	0. \$ 0.	0. \$ 0.
JONATHAN THOMAS 31 FEDERAL AVE LOGAN, UT 84321	Trustee 0.25	0. \$ 0.25	0. \$ 0.	0. \$ 0.
CLARK BALLARD 101 W CENTER LOGAN, UT 84321	Technology 0.25	0. \$ 0.25	0. \$ 0.	0. \$ 0.
DANA DOWNS 101 W CENTER LOGAN, UT 84321	Secretary 15.00	0. \$ 15.00	0. \$ 0.	0. \$ 0.
ROBIN WILLIAMS 101 W CENTER LOGAN, UT 84321	Curriculum 0.25	0. \$ 0.25	0. \$ 0.	0. \$ 0.
ZANE WOOLSTENHULME 101 W CENTER LOGAN, UT 84321	Trustee 0.25	0. \$ 0.25	0. \$ 0.	0. \$ 0.
Total		Total \$ 0. \$ 0.	Total \$ 0. \$ 0.	Total \$ 0. \$ 0.

**Statement 8**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

2009

**Federal Supplemental Information**  
**LOGAN CITY SCHOOL**  
**DISTRICT FOUNDATION**

**Page 1**

**87-0493747**

STATEMENT 9

FORM 990-EZ, PART 5, LINE 35

TAXPAYER IS NOT REQUIRED TO FILE FORM 990-T BECAUSE THE AMOUNT REPORTED ON PAGE 1, LINE 6A IS FROM FUNDRAISING ACTIVITIES AND NOT FROM A TRADE OR BUSINESS REGULARLY CARRIED ON BY THE TAXPAYER.

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only *All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization <b>LOGAN CITY SCHOOL DISTRICT FOUNDATION</b>	Employer identification number <b>87-0493747</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>101 WEST CENTER</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LOGAN, UT 84321</b>	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► SHANA LONGHURST

Telephone No ► 435-755-2300 FAX No ► 435-755-2311

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until <u>2/15</u> , 20 <u>11</u> , to file the exempt organization return for the organization named above The extension is for the organization's return for ► <input type="checkbox"/> calendar year 20 <u>      </u> or ► <input checked="" type="checkbox"/> tax year beginning <u>7/01</u> , 20 <u>09</u> , and ending <u>6/30</u> , 20 <u>10</u>	
2 If this tax year is for less than 12 months, check reason <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>0.</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u>0.</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u>0.</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)