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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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) | Room/suite
2505 E Jefferson Boulevard

City or town, state or country, and ZIP + 4
South Bend, IN 46615

D Employer identification number
35-0965639

E Telephone number
(574) 289-4831

G Gross receipts $ 18,296,620

F Name and address of principal officer
DAN HARSHMAN
2505 E Jefferson Boulevard
South Bend, IN 46615

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) ☐ 501(c) ( ) ◀ (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	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	627
6	Total number of volunteers (estimate if necessary)	6	800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,326,755	1,426,573
	9	Program service revenue (Part VIII, line 2g)	11,530,919	11,220,810
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,172	-22,154
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-46,227	88,704
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,893,619	12,713,933
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,076	14,431
	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)	10,542,613	10,191,340
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶341,306		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,764,615	2,779,196
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,314,304	12,984,967
	19	Revenue less expenses Subtract line 18 from line 12	-420,685	-271,034

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,465,898	19,341,577
	21	Total liabilities (Part X, line 26)	8,029,858	7,919,433
	22	Net assets or fund balances Subtract line 21 from line 20	10,436,040	11,422,144

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer | Date 2012-05-15

ROB PALMER VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

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

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 $ 6,002,202 including grants of $) (Revenue $ 7,389,840)

RESIDENTIAL SERVICESLOGAN 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 $ 2,993,376 including grants of $) (Revenue $ 2,587,884)

ADULT & CHILD SERVICES 1)ADULT SERVICES- A) DAY SERVICES FACILITY BASEED 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 CURRICULM 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 SCHEUDLE, 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 TO, 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 OPPORTUNIITIES, 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 OR WITHOUT DISABILITIES, TO GET TO KNOW EACH OTHER INDIVIDUALIZED RECREATIION THERAPY IS IDEAL FOR WORKING ON PERSONAL GOALS OF FITNESS, HOBBIES, SOCIALIZATION AND DEVELOPING OTHER SKILLS AND TALENTS II)CHILDRENS SERVICES- A) BULDING 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 HELPTED CHILDREN TAKE THOSE CRUCIAL FIRST STEPS TO DISCOVERING THEIR POTENTIAL SERVING INFANTS AND TODDLERS THROUGH 3 YEARS OF AGE BULDING BLOCKS PROFESSIONALS TARGET THIS CRITICAL STAGE OF DEVELOPMENT SERVICES OFFERED INCLUDE EVALUATION AND ASSESSMENT, DEVELOPMENT TEACHING, OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY III)AUTISM SERVICES- THE SONJA ANSARI CENTER FOR AUTISM OFFERS RESOURCES AND TRAINING FOR FAMILIES AND PROFESSIONALS THE RESOURCE LIBRARY OFFERS UP TO DATE BOODS, PERIODICALS, TAPES ABOUT AUTISM AND OTHER DEVELOPMENTAL DISABILITIES AS WELL AS A COMPLETE DIRECTORY OF RESOURCE OUR ONGOING OUTREASCH SERIES OFFERS SPEAKERS ON A RANGE OF PERTINENT TOPICS FOR PARENTS AND PROFESSIONALS DIRECT SERVICES ARE AVAILABLE FOR CHILDREN, TEENS AND ADULTS APPLIED BEHAVIORA ANALYSIS, ADULTS WITH ASPERGERS SYNDROME SUPPORT GROUP, BEHAVIOR CONSULTATION, COUNSELING, GIRLS ONLY GROUP, PLAY PROJECT, RECREATION SERVICES, SOCIAL SKILLS CLASSES AND TEEN GROUP

4c (Code) (Expenses $ 1,068,635 including grants of $) (Revenue $ 1,384,792)

EMPLOYMENT SERVICESLOGAN 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) **See also Additional Data for Description**

(Expenses $ 403,513 including grants of $) (Revenue $ 14,206)

4e **Total program service expenses** ▶$ 10,467,726

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c	Yes	
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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

Check if Schedule O contains a response to any question in this Part V . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	76		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	627		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 18			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18			
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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

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

Check if Schedule O contains a response to any question in this Part VII . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) BEN ZIOLKOWSKI DIRECTOR	1	X						0	0	0
(2) JOSEPH WOODKA DIRECTOR	1	X						0	0	0
(3) PAM VON RAHL VICE CHAIR	1	X		X				0	0	0
(4) KATIE TOOTHAKER DIRECTOR	1	X						0	0	0
(5) CHISTOPHER QUINN DIRECTOR	1	X						0	0	0
(6) PAUL MCLEOD DIRECTOR	1	X						0	0	0
(7) ROBERT MCQUADE DIRECTOR	1	X						0	0	0
(8) JAMES LEWIS DIRECTOR	1	X						0	0	0
(9) LINDA KROLL VICE CHAIR-FINANCE	1	X		X				0	0	0
(10) KRISTIN HILL-HAKE DIRECTOR	1	X						0	0	0
(11) BONNIE HAY DIRECTOR	1	X						0	0	0
(12) JOHN FIRTH CHAIR	1	X		X				0	0	0
(13) KATHLEEN BRICKLEY DIRECTOR	1	X						0	0	0
(14) MOLLY ANDERSON VIC CHAIR/SECRETARY	1	X		X				0	0	0
(15) ROBERT PALMER VICE PRESIDENT	40			X				77,539	0	1,938
(16) DANIEL HARSHMAN CEO	40			X				106,585	0	2,771

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(17) SHARRON CARTER CFO	40			X				69,013	0	1,871
(18) DAVID FINDLAY DIRECTOR	1	X						0	0	0
(19) TRENT GROCOCK DIRECTOR	1	X						0	0	0
(20) LORI SKORA DIRECTOR	1	X						0	0	0
(21) MYRTLE WILSON DIRECTOR	1	X						0	0	0
(22) CHERYL SCHADE VICE PRESIDENT PROGRAM OPERATIONS	40			X				68,601	0	1,797
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								321,738	0	8,377

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? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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	15,757				
	b Membership dues	1b					
	c Fundraising events	1c	310,411				
	d Related organizations . . .	1d					
	e Government grants (contributions)	1e	455,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	645,405				
	g Noncash contributions included in lines 1a-1f $		0				
	h **Total.** Add lines 1a-1f . . . . ▶			1,426,573			
Program Service Revenue			Business Code				
	2a RESIDENTIAL SERVICES			7,389,840	7,389,840		
	b ADULT & CHILD SERVICES			2,587,884	2,587,884		
	c EMPLOYMENT SERVICES			1,228,880	1,228,880		
	d PROTECTIVE SERVICES			14,206	14,206		
	e						
	f All other program service revenue			0	0	0	0
	g **Total.** Add lines 2a–2f . . . . ▶			11,220,810			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶			22,618			22,618
	4 Income from investment of tax-exempt bond proceeds . . ▶			0			0
	5 Royalties . . . . ▶			0			0
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) . . . . ▶			0			0
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	4,370,516	5,310				
	b Less cost or other basis and sales expenses	4,415,603	4,995				
	c Gain or (loss)	-45,087	315				
	d Net gain or (loss) . . . . ▶			-44,772			-44,772
	8a Gross income from fundraising events (not including $ 310,411 of contributions reported on line 1c) See Part IV, line 18 . . .	a	44,974				
	b Less direct expenses . . .	b	121,523				
	c Net income or (loss) from fundraising events . . ▶			-76,549			-76,549
	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
	10a Gross sales of inventory, less returns and allowances .	a	1,196,478				
	b Less cost of goods sold . .	b	1,040,566				
	c Net income or (loss) from sales of inventory . . ▶			155,912	155,912		
	Miscellaneous Revenue		Business Code				
	11a OTHER INCOME			9,341			9,341
	b						
	c						
	d All other revenue			0	0	0	0
	e **Total.** Add lines 11a–11d . . . . . . ▶			9,341			
	12 **Total revenue.** See Instructions . . . ▶			12,713,933	11,376,722	0	-89,362

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			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	14,431	14,431		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	330,115		330,115	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	7,557,532	6,644,475	759,468	153,589
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	85,792	48,187	35,886	1,719
9	Other employee benefits	1,573,141	1,307,271	247,989	17,881
10	Payroll taxes	644,760	511,527	122,176	11,057
a	Fees for services (non-employees) Management	0			
b	Legal	19,173	1,350	17,823	
c	Accounting	43,500		43,500	
d	Lobbying	0			
e	Professional fundraising services *See Part IV, line 17* . .	0			
f	Investment management fees	53,524		32,153	21,371
g	Other	160,207	56,039	99,860	4,308
12	Advertising and promotion	5,991	216	5,775	
13	Office expenses	60,926	21,042	34,421	5,463
14	Information technology	56,192		52,792	3,400
15	Royalties . .	0			
16	Occupancy	527,726	637,131	-122,159	12,754
17	Travel	255,250	233,751	20,841	658
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	15,592	5,508	7,694	2,390
20	Interest	149,447	149,304	143	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	555,553	108,092	447,461	
23	Insurance	31,712		31,712	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	RAW FOOD	143,953	143,953		
b	FUNDRAISING EXP	56,138		1,351	54,787
c	PROVIDER ASSESSMENT	257,936	257,936		
d	PROGRAM/MED SUPPLIES	90,095	83,405	6,690	
e	CLIENT SUPPORT	142,877	142,877		
f	All other expenses	153,404	101,231	244	51,929
25	**Total functional expenses.** Add lines 1 through 24f	12,984,967	10,467,726	2,175,935	341,306
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			450	1	450
	2	Savings and temporary cash investments			1,580,517	2	2,334,357
	3	Pledges and grants receivable, net			622,794	3	397,082
	4	Accounts receivable, net			1,194,016	4	1,151,851
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			23,436	8	37,835
	9	Prepaid expenses and deferred charges			191,256	9	198,110
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	15,782,755			
	b	Less accumulated depreciation	10b	6,763,311	9,417,839	10c	9,019,444
	11	Investments—publicly traded securities			4,004,118	11	4,602,326
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			1,227,492	13	1,401,404
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			203,980	15	198,718
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			18,465,898	16	19,341,577
Liabilities	17	Accounts payable and accrued expenses			1,262,040	17	1,414,433
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			6,760,000	20	6,505,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			7,818	25	0
	26	**Total liabilities.** Add lines 17 through 25			8,029,858	26	7,919,433
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			9,011,041	27	9,817,182
	28	Temporarily restricted net assets			362,395	28	542,358
	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				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			10,436,040	33	11,422,144
	34	Total liabilities and net assets/fund balances			18,465,898	34	19,341,577

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	12,713,933
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,984,967
3	Revenue less expenses Subtract line 2 from line 1	3	-271,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	10,436,040
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,257,138
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,422,144

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			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? . .	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated 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?	3a		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 . .	3b		

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

2010

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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) | **14** |

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,594,233	2,150,756	1,585,708	1,326,755	1,426,573	8,084,025
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,371,029	9,841,727	11,660,509	11,530,919	11,220,810	53,624,994
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	10,965,262	11,992,483	13,246,217	12,857,674	12,647,383	61,709,019
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public Support** (Subtract line 7c from line 6)						61,709,019

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	10,965,262	11,992,483	13,246,217	12,857,674	12,647,383	61,709,019
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	131,736	73,021	39,196	22,401	22,618	288,972
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	131,736	73,021	39,196	22,401	22,618	288,972
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	816,969	1,067,356	824,253	926,326	1,250,793	4,885,697
13 **Total support** (Add lines 9, 10c, 11 and 12)	11,913,967	13,132,860	14,109,666	13,806,401	13,920,794	66,883,688

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	92 260 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	92 423 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	0 430 %
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	0 898 %

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** 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. Also complete this part for any 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 2010-LOGAN INDUSTRIES 1,196,478-SPECIAL EVENTS 44,974-MISC 9,341,

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
EIN: 35-0965639
Name: LOGAN COMMUNITY RESOURCES INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 403,513 including grants of $) (Revenue $ 14,206)

PROTECTIVE SERVICESTHE 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2010
Open to Public Inspection

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 for any other purpose conferring 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 a 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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	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					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
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) Accumulated depreciation	(d) Book value
1a Land		554,410		554,410
b Buildings		12,496,596	4,505,819	7,990,777
c Leasehold improvements				0
d Equipment		2,405,007	1,985,964	419,043
e Other		326,742	271,528	55,214
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				9,019,444

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY ST JOSEPH COUNTY COMMUNITY FOUNDATION	1,401,404	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	1,401,404	

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 **(a)** Description of Liability	**(b)** Amount
Federal Income Taxes	0
CAPITAL LEASE OBLIGATIONS	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	12,713,933
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,984,967
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-271,034
4	Net unrealized gains (losses) on investments	4	1,024,460
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	232,678
9	Total adjustments (net) Add lines 4 - 8	9	1,257,138
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	986,104

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	15,133,160
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,024,460		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,040,566		
e	Add lines **2a** through **2d**			2e	2,065,026
3	Subtract line **2e** from line **1**			3	13,068,134
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-354,201		
c	Add lines **4a** and **4b**			4c	-354,201
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	12,713,933

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

1	Total expenses and losses per audited financial statements			1	14,147,056
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,162,089		
e	Add lines **2a** through **2d**			2e	1,162,089
3	Subtract line **2e** from line **1**			3	12,984,967
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	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	12,984,967

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTION 501 (C)(3) OF THE U S INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES U S GAAP REQUIRES THAT A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IT IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT"TEST, NO TAX BENEFITS IS RECORDED DUE TO ITS TAX-EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO EXAMINATION BY THE IRS OR THE STATE OF INDIANA FOR THE LAST 3 YEARS THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE ORGANIZATION RECOGNIZES INTEREST AND/OR PENTALITES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE ORGANIATION DID NOT HAVE ANY AMOUNTS ACCRED FOR INTEREST AND PENALTIES AT JUNE 30, 2011 AND 2010

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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

2010

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.

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

- a ☐ Mail solicitations
- b ☐ Internet and e-mail solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

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 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
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 NOSE ON (event type)	(b) Event #2 GARDEN PARTY (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	141,050	120,605	93,730	355,385
	2 Less Charitable contributions	120,161	105,545	84,705	310,411
	3 Gross income (line 1 minus line 2)	20,889	15,060	9,025	44,974
Direct Expenses	4 Cash prizes				0
	5 Non-cash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages	52,155	19,464		71,619
	8 Entertainment				0
	9 Other direct expenses			49,904	49,904
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	121,523
	11 Net income summary Combine lines 3 and 10 in column (d).			▶	-76,549

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	☐ 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 and 7 in column (d)			▶	

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? ☐ Yes ☐ No

b If "No," Explain ______

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain ______

11 Does the organization operate gaming activities with nonmembers? . . . . Yes No

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide 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? . . . . Yes No

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? . . . . Yes No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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

2010

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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶

3 Enter total number of other organizations . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CLIENT SUPPORT/GRANTS	80	0	14,431	FMV	MISCELLANEOUS

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE 14,431 OF CLIENT SUPPORT WAS PAID DIRECTLY TO VENDORS BY LOGAN COMMUNITY RESOURCES TO PURCHASE ITEMS FOR THE RECIPIENTS ALL REGULAR INTERNAL CONTROL AND APPROVAL SIGNATURES ARE REQUIRED FOR THE PURCHASE OF THESE ITEMS

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
LOGAN COMMUNITY RESOURCES INC

Employer identification number
35-0965639

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No	(i) Pool financing Yes	(i) Pool financing 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
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	8,000,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	171,890			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	571,120			
10	Capital expenditures from proceeds	7,256,990			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2005			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 that may result in private business use of bond-financed property?								

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?								
c	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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
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							

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137001032

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LOGAN COMMUNITY RESOURCES INC

Employer identification number
35-0965639

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	PROTECTIVE SERVICESTHE 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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	COPIES OF THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 1024460, CHANGE IN BENEFICIAL INTEREST - 232678,