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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2009

Department of the Treasury
Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning

, and ending

G Check all that apply

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeUse the IRS
label
Otherwise,
print
or type
See Specific
Instructions.

Name of foundation

MICHIGAN CITY COMMUNITY
ENRICHMENT CORPORATION

Number and street (or P.O. box number if mail is not delivered to street address)

100 EAST MICHIGAN BOULEVARD

Room/suite

City or town, state, and ZIP code

MICHIGAN CITY, IN 46360

A Employer identification number

35-2036426

B Telephone number

219-873-1408

C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test,
check here and attach computation ☐E If private foundation status was terminated
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐

H Check type of organization

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationI Fair market value of all assets at end of year
(from Part II, col (c), line 16)J Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) _____

▶ \$ 643,302. (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses(The total of amounts in columns (b), (c), and (d) may not
necessarily equal the amounts in column (a).)(a) Revenue and
expenses per books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable purposes
(cash basis only)

1 Contributions, gifts, grants, etc., received

813,883.

N/A

2 Check ☐ if the foundation is not required to attach Sch B3 Interest on savings and temporary
cash investments

1,456.

1,456.

STATEMENT 1

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all
assets on line 6a

7 Capital gain net income (from Part IV, line 2)

0.

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns
and allowances

b Less Cost of goods sold

c Gross profit (or loss)

11 Other income

63.

0.

STATEMENT 2

12 Total. Add lines 1 through 11

815,402.

1,456.

13 Compensation of officers, directors, trustees, etc

0.

0.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees STMT 3

3,659.

0.

3,659.

b Accounting fees STMT 4

1,715.

0.

1,715.

c Other professional fees STMT 5

1,630.

0.

1,630.

17 Interest

18 Taxes STMT 6

150.

0.

150.

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses STMT 7

1,807.

0.

1,807.

24 Total operating and administrative

expenses Add lines 13 through 23

8,961.

0.

8,961.

25 Contributions, gifts, grants paid

776,258.

100,000.

26 Total expenses and disbursements

Add lines 24 and 25

785,219.

0.

108,961.

27 Subtract line 26 from line 12

30,183.

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

1,456.

c Adjusted net income (if negative, enter -0-)

N/A

| Part II Balance Sheets | | Beginning of year | | End of year | |
|---|--|-------------------|----------------|-----------------------|--|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| Assets | 1 Cash - non-interest-bearing | 425. | 365. | 365. | |
| | 2 Savings and temporary cash investments | 561,108. | 643,549. | 642,937. | |
| | 3 Accounts receivable | | | | |
| | Less allowance for doubtful accounts | | | | |
| | 4 Pledges receivable | | | | |
| | Less allowance for doubtful accounts | | | | |
| | 5 Grants receivable | | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | | |
| | 7 Other notes and loans receivable | | | | |
| | Less allowance for doubtful accounts | | | | |
| | 8 Inventories for sale or use | | | | |
| | 9 Prepaid expenses and deferred charges | 865. | | | |
| | 10a Investments - U S and state government obligations | | | | |
| | b Investments - corporate stock | | | | |
| | c Investments - corporate bonds | | | | |
| Liabilities | 11 Investments - land, buildings and equipment basis | | | | |
| | Less accumulated depreciation | | | | |
| | 12 Investments - mortgage loans | | | | |
| | 13 Investments - other | | | | |
| | 14 Land, buildings, and equipment basis | | | | |
| | Less accumulated depreciation | | | | |
| | 15 Other assets (describe) | | | | |
| | 16 Total assets (to be completed by all filers) | 562,398. | 643,914. | 643,302. | |
| | 17 Accounts payable and accrued expenses | | | | |
| | 18 Grants payable | 630,041. | 676,258. | | |
| Net Assets or Fund Balances | 19 Deferred revenue | | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | | |
| | 21 Mortgages and other notes payable | | | | |
| | 22 Other liabilities (describe) | | | | |
| | 23 Total liabilities (add lines 17 through 22) | 630,041. | 676,258. | | |
| Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31 | 24 Unrestricted | 832,861. | 905,472. | | |
| | 25 Temporarily restricted | -900,504. | -937,816. | | |
| | 26 Permanently restricted | | | | |
| | Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31. | | | | |
| | 27 Capital stock, trust principal, or current funds | | | | |
| | 28 Paid-in or capital surplus, or land, bldg, and equipment fund | | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | | |
| | 30 Total net assets or fund balances | -67,643. | -32,344. | | |
| 31 Total liabilities and net assets/fund balances | 562,398. | 643,914. | | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|---|----------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | -67,643. |
| 2 Enter amount from Part I, line 27a | 2 | 30,183. |
| 3 Other increases not included in line 2 (itemize) UNREALIZED GAIN | 3 | 5,116. |
| 4 Add lines 1, 2, and 3 | 4 | -32,344. |
| 5 Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | -32,344. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| 1a | | | |
| b NONE | | | |
| c | | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|---|--------------------------------------|---|--|
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---|---|---|--|
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8 | { } | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|---|---------------------------------------|---|--|
| 2008 | 116,797. | 308,103. | .379084 |
| 2007 | 784,915. | 291,462. | 2.693027 |
| 2006 | 775,023. | 396,018. | 1.957040 |
| 2005 | 715,041. | 276,800. | 2.583241 |
| 2004 | 758,684. | 287,655. | 2.637479 |

| | | |
|--|---|-----------|
| 2 Total of line 1, column (d) | 2 | 10.249871 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 2.049974 |
| 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 | 4 | 402,859. |
| 5 Multiply line 4 by line 3 | 5 | 825,850. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 15. |
| 7 Add lines 5 and 6 | 7 | 825,865. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 108,961. |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | | |
|----|---|----|------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 29. |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 0. |
| 3 | Add lines 1 and 2 | 3 | 29. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 29. |
| 6 | Credits/Payments | | |
| a | 2009 estimated tax payments and 2008 overpayment credited to 2009 | 6a | 140. |
| b | Exempt foreign organizations - tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 140. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 111. |
| 11 | Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | 0. |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | X |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IN | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | X | |

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Part VII-A Statements Regarding Activities (continued)

| | | | | |
|----|---|----|---|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A | 13 | X | |
| 14 | The books are in care of ► HARBOUR TRUST AND INVESTMENT Telephone no ► 219-877-3512 Located at ► 1024 N. KARWICK ROAD, MICHIGAN CITY, IN ZIP+4 ► 46360 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A | | | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
|---|---|-----|----|
| 1a | During the year did the foundation (either directly or indirectly) | | |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) | Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A <input type="checkbox"/> | 1b | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? | 1c | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | |
| a | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) N/A | 2b | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) N/A | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | X |

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6b**

If "Yes" to 6b, file Form 8870

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 9 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000

0

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|--|----|----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 408,994. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 408,994. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 408,994. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 6,135. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 402,859. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 20,143. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|----|--|----|---------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 20,143. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | 2a | 29. |
| b | Income tax for 2009 (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 29. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 20,114. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 20,114. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 20,114. |

Part XII Qualifying Distributions (see instructions)

| | | | |
|---|---|----|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 108,961. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 108,961. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 108,961. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2009 from Part XI, line 7 | | | | 20,114. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years | | 0. | | |
| 3 Excess distributions carryover, if any, to 2009 | | | | |
| a From 2004 | 744,449. | | | |
| b From 2005 | 701,439. | | | |
| c From 2006 | 755,611. | | | |
| d From 2007 | 770,628. | | | |
| e From 2008 | 101,499. | | | |
| f Total of lines 3a through e | 3,073,626. | | | |
| 4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ | 108,961. | | | |
| a Applied to 2008, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2009 distributable amount | | | | 20,114. |
| e Remaining amount distributed out of corpus | 88,847. | | | |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below. | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 3,162,473. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 | 744,449. | | | |
| 9 Excess distributions carryover to 2010 Subtract lines 7 and 8 from line 6a | 2,418,024. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2005 | 701,439. | | | |
| b Excess from 2006 | 755,611. | | | |
| c Excess from 2007 | 770,628. | | | |
| d Excess from 2008 | 101,499. | | | |
| e Excess from 2009 | 88,847. | | | |

**MICHIGAN CITY COMMUNITY
ENRICHMENT CORPORATION**

Form 990-PF (2009)

35-2036426 Page 10

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a "Assets" alternative test - enter | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

MICHIGAN CITY COMMUNITY ENRICHMENT CORPORATION
100 E. MICHIGAN BLVD., MICHIGAN CITY, IN 46360

b The form in which applications should be submitted and information and materials they should include

SEE EXAMPLE OF GRANT APPLICATION ATTACHED

c Any submission deadlines

TO BE DETERMINED ON AN ANNUAL BASIS

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

APPLICANT MUST BE CONSIDERED A CHARITABLE ORGANIZATION UNDER SEC. 501(C)(3) AS DEFINED BY THE INTERNAL REVENUE SERVICE.

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|-----------------|
| <p><i>a Paid during the year</i></p> <p>MICHIGAN CITY ZOO 115 LAKESHORE DRIVE MICHIGAN CITY, IN 46360</p> | NONE | PUBLIC CHARITY | ZOO IMPROVEMENTS | 100,000. |
| Total | | | 3a | 100,000. |
| <i>b Approved for future payment</i> | | | | |
| Total SEE STATEMENT 10 | | | 3b | 676,258. |

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | Yes | No |
|---|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

| b If "Yes," complete the following schedule | | |
|---|--------------------------|---------------------------------|
| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

| | | | | |
|--------------------------|---|----------------|---|-------------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer or trustee <i>Stephanie K. Glusker</i> | | Date 8/15/2010 | Title TREASURER |
| Paid Preparer's Use Only | Preparer's signature <i>John B...</i> | Date 8-4-10 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number |
| | Firm's name (or yours if self-employed), address, and ZIP code ROWLEY, BUSHUE & COMPANY LLP 409 WEST KIEFFER ROAD MICHIGAN CITY, IN 46360 | | | EIN Phone no 219-874-1437 |

Form **990-PF** (2009)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

MICHIGAN CITY COMMUNITY
ENRICHMENT CORPORATION

Employer identification number

35-2036426

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)() (enter number) organization

☐

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐

527 political organization

Form 990-PF

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

☒

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II

☐

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III

☐

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.



\$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
 MICHIGAN CITY COMMUNITY
 ENRICHMENT CORPORATION

Employer identification number

35-2036426

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|---|
| 1 | BLUE CHIP CASINO, INC. 2 EASY STREET MICHIGAN CITY, IN 46360 | \$ 813,883. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE | AMOUNT |
|--|--------|
| INVESTMENT SAVINGS ACCOUNTS | 1,456. |
| TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A | 1,456. |

FORM 990-PF OTHER INCOME STATEMENT 2

| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| FEDERAL REFUND | 63. | 0. | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 63. | 0. | |

FORM 990-PF LEGAL FEES STATEMENT 3

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ESPAR & ASSOCIATES, P.C. | 3,659. | 0. | | 3,659. |
| TO FM 990-PF, PG 1, LN 16A | 3,659. | 0. | | 3,659. |

FORM 990-PF ACCOUNTING FEES STATEMENT 4

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ROWLEY, BUSHUE & CO., LLP | 1,715. | 0. | | 1,715. |
| TO FORM 990-PF, PG 1, LN 16B | 1,715. | 0. | | 1,715. |

| FORM 990-PF | OTHER PROFESSIONAL FEES | | | STATEMENT | 5 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| INVESTMENT FEES | 1,630. | 0. | | 1,630. | |
| TO FORM 990-PF, PG 1, LN 16C | 1,630. | 0. | | 1,630. | |

| FORM 990-PF | TAXES | | | STATEMENT | 6 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| TAXES | 150. | 0. | | 150. | |
| TO FORM 990-PF, PG 1, LN 18 | 150. | 0. | | 150. | |

| FORM 990-PF | OTHER EXPENSES | | | STATEMENT | 7 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| INSURANCE | 268. | 0. | | 268. | |
| CONTRACT LABOR | 1,458. | 0. | | 1,458. | |
| MISCELLANEOUS | 21. | 0. | | 21. | |
| BANK SERVICE CHARGE | 60. | 0. | | 60. | |
| TO FORM 990-PF, PG 1, LN 23 | 1,807. | 0. | | 1,807. | |

| | | | |
|-------------|---|-----------|---|
| FORM 990-PF | LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10 | STATEMENT | 8 |
|-------------|---|-----------|---|

| | |
|------------------------|--|
| NAME OF CONTRIBUTOR | ADDRESS |
| BLUE CHIP CASINO, INC. | 2 EASY STREET, MICHIGAN CITY, IN 46360 |

| | | | |
|-------------|---|-----------|---|
| FORM 990-PF | PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS | STATEMENT | 9 |
|-------------|---|-----------|---|

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN | EXPENSE CONTRIB | ACCOUNT |
|--|--------------------------|-------------------|----------------------|--------------------|---------|
| BOB WOREK 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360 | VICE PRESIDENT 1.00 | 0. | 0. | 0. | |
| STEPHANIE ADAMS 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360 | TREASURER 1.00 | 0. | 0. | 0. | |
| FREDDI VALDEZ 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360 | DIRECTOR 1.00 | 0. | 0. | 0. | |
| JIM KINTZELE 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360 | PRESIDENT 1.00 | 0. | 0. | 0. | |
| PEGGY THOMAS 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360 | DIRECTOR 1.00 | 0. | 0. | 0. | |
| HASSAN DABAGIA 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360 | DIRECTOR 1.00 | 0. | 0. | 0. | |
| ROBERT LEE 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360 | DIRECTOR 1.00 | 0. | 0. | 0. | |
| BRENDA TILLISON-DUSENBURG 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360 | DIRECTOR 1.00 | 0. | 0. | 0. | |

| | | | | |
|--|----------|----|----|----|
| FAYE MOORE | DIRECTOR | | | |
| 100 EAST MICHIGAN BLVD | 1.00 | 0. | 0. | 0. |
| MICHIGAN CITY, IN 46360 | | | | |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 0. | 0. | 0. |

| | | |
|-------------|---|--------------|
| FORM 990-PF | GRANTS AND CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT | STATEMENT 10 |
|-------------|---|--------------|

| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
|--|--|---------------------|---------|
| AMERICAN RED CROSS 113 WARREN RD. MICHIGAN CITY, IN 46360 | NONE COMMUNICATION SYSTEM UPGRADE | PUBLIC CHARITY | 2,500. |
| BABY TALK 817 LAFAYETTE ST MICHIGAN CITY, IN 46360 | NONE MCAS BABYTALK PROGRAM | PUBLIC CHARITY | 3,000. |
| BOYS & GIRLS CLUB OF MICHIGAN CITY 301 E. 8TH ST. MICHIGAN CITY, IN 46360 | NONE SUMMER PROGRAM | PUBLIC CHARITY | 20,000. |
| CATHOLIC CHARITIES OF DIOCESE OF GARY 321 W. 11TH ST. MICHIGAN CITY, IN 46360 | NONE HOUSING ASSISTANCE & SELF-SUFFICIENCY EDUC. | PUBLIC CHARITY | 10,000. |
| CHALLENGER LEARNING CENTER OF NW INDIANA 2300 173RD ST. HAMMOND, IN 46323 | NONE SIMULATED MISSIONS | PUBLIC CHARITY | 8,000. |
| CHILD CARE CONSORTIUM, INC. 1200 E. COOLSPRING AVE. MICHIGAN CITY, IN 46360 | NONE GREENING THE IMAGINATION | PUBLIC CHARITY | 10,000. |
| CISV P.O. BOX 462 MICHIGAN CITY, IN 46361 | NONE LAPORTRAIT ETHNIC VILLAGE | PUBLIC CHARITY | 7,000. |

| | | | |
|---|--|-------------------|---------|
| FIRST UNITED METHODIST CHURCH 7745 W. HAPPY LANDING LANE MICHIGAN CITY, IN 46360 | NONE SOUP KITCHEN UPGRADE | PUBLIC CHARITY | 15,000. |
| GUIDING OUR DESCENDENTS, INC. P.O. BOX 991 MICHIGAN CITY, IN 46361 | NONE YOUTH FOR YOUTH AFTER SCHOOL PROJECT | PUBLIC CHARITY | 5,000. |
| HARMONY HOUSE/CASA PROGRAM 1005 MICHIGAN AVE. LAPORTE, IN 46350 | NONE SUPERVISED VISITATION PROGRAM | PUBLIC CHARITY | 20,000. |
| HEY U.G.L.Y., INC. 8057 N. 300 E. ROLLING PRAIRIE, IN 46371 | NONE THANK YOU BODY I PROMISE TO KEEP YOU HEALTHY | PUBLIC CHARITY | 3,000. |
| INTERNATIONAL FRIENDSHIP GARDENS 2055 US HWY 12 MICHIGAN CITY, IN 46360 | NONE HANDICAPPED ACCESS BRIDGE & EDUC. ACTIVITIES | PUBLIC CHARITY | 15,000. |
| JACK & SHIRLEY LUBEZNIK CENTER FOR THE ARTS 101 W. 2ND ST. MICHIGAN CITY, IN 46360 | NONE FOCUS ON YOUTH | PUBLIC CHARITY | 10,000. |
| JUNIOR ACHIEVEMENT SERVING MICHIGAN CITY 1339 N. JONATHAN CT. LAPORTE, IN 46350 | NONE ELEMENTARY SCHOOL CLASSES | PUBLIC CHARITY | 12,500. |
| MICHIANA RESOURCES, INC. 4315 E. MICHIGAN BLVD. MICHIGAN CITY, IN 46360 | NONE WORK SERVICES EQUIPMENT | PUBLIC CHARITY | 23,661. |
| MICHIGAN CITY SOUL STEPPERS 1033 PROVIDENCE ST. MICHIGAN CITY, IN 46360 | NONE THE ART OF STEPPING AGAIN | PUBLIC CHARITY | 20,000. |
| OPEN DOOR ADOLESCENT HEALTH CENTER, INC. 710 FRANKLIN MICHIGAN CITY, IN 46360 | NONE ADOLESCENT HEALTH CENTER | PUBLIC CHARITY | 30,000. |

| | | | |
|--|---|-------------------|---------|
| OPEN DOOR HEALTH CENTER, INC. 710 FRANKLIN MICHIGAN CITY, IN 46360 | NONE CONTINUATION OF CARE PROGRAM | PUBLIC CHARITY | 20,000. |
| PARENTS & FRIENDS 2354 N. US HIGHWAY 35 LAPORTE, IN 46350 | NONE RESIDENTIAL LIVING | PUBLIC CHARITY | 5,000. |
| PARENTS COUNCIL FOR CHILDREN W/SPECIAL NEEDS OF LAPORTE COUNTY, INC. - 3200 S. CLEVELAND AVE. MICHIGAN CITY, IN 46360 | NONE BARKER WOODS ENRICHMENT CENTER | PUBLIC CHARITY | 30,000. |
| RSVP/CATHOLIC CHARITIES 321 W. 11TH ST. MICHIGAN CITY, IN 46360 | NONE CHILDREN'S VISION SCREENING | PUBLIC CHARITY | 7,000. |
| SAMARITAN COUNSELING CENTERS, INC. 340 COMMERCE SQUARE MICHIGAN CITY, IN 46360 | NONE FEE SUBSIDY & PUBLIC EDUCATION PROGRAM | PUBLIC CHARITY | 5,000. |
| SAVE THE DUNES CONSERVATION FUND 444 BARKER ROAD MICHIGAN CITY, IN 46360 | NONE LEAVE NO CHILD INSIDE PROGRAM III | PUBLIC CHARITY | 10,000. |
| SINAI FORUM PRESENTED BY PNC 600 VALE PARK RD. VALPARAISO, IN 46383 | NONE SEASON SPONSORSHIP | PUBLIC CHARITY | 5,000. |
| SMOOTH JAZZ AT SOUTH SHORE, INC. P.O. BOX 9396 MICHIGAN CITY, IN 46361 | NONE SMOOTH JAZZ AT SOUTH SHORE | PUBLIC CHARITY | 30,000. |
| ST. STANISLAUS KOSTKA SCHOOL 1506 WASHINGTON ST. MICHIGAN CITY, IN 46360 | NONE EVERY STUDENT COUNTS-PHASE V | PUBLIC CHARITY | 12,800. |
| THE HOING AUTHORITY OF MICHIGAN CITY 621 E. MICHIGAN BLVD. MICHIGAN CITY, IN 46360 | NONE BOARD CHAIRPERSON | PUBLIC CHARITY | 3,000. |

| | | | |
|--|---|-------------------|---------|
| THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360 | NONE STUFF-A-SHELF/FILL A FREEZER FOOD PANTRY | PUBLIC CHARITY | 10,000. |
| THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360 | NONE OVERNIGHT SHELTER & RESCUE PROGRAM FOR HOMELESS MEN | PUBLIC CHARITY | 20,000. |
| THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360 | NONE GIFT OF WARMTH MATCHING UTILITY PROGRAM | PUBLIC CHARITY | 30,000. |
| THE STEPPING STONE SHELTER FOR WOMEN, INC. P.O. BOX 1045 MICHIGAN CITY, IN 46361 | NONE RAPE RECOVERY ADVOCACY PROGRAM | PUBLIC CHARITY | 40,000. |
| THE WALL GANG 942 GREEN ST. MICHIGAN CITY, IN 46360 | NONE COMPLETION OF PHASE I WEST SIDE PICNIC SHELTER | PUBLIC CHARITY | 20,000. |
| YOUTH SERVICE BUREAU/BIG BROTHERS BIG SISTERS 228 W. FOURTH ST. MICHIGAN CITY, IN 46360 | NONE KIDS ON THE BLOCK | PUBLIC CHARITY | 5,100. |
| YOUTH SERVICE BUREAU/BIG BROTHERS BIG SISTERS 228 W. FOURTH ST. MICHIGAN CITY, IN 46360 | NONE MICHIGAN CITY TEEN COURT | PUBLIC CHARITY | 20,000. |
| ST. PAUL LUTHERAN SCHOOL PTL ORGANIZATION 818 FRANKLIN SQ. MICHIGAN CITY, IN 46360 | NONE REPLACE COMPUTERS IN LAB | PUBLIC CHARITY | 5,000. |
| CITIZENS CONCERNED FOR THE HOMELESS 1005 W 8TH ST. MICHIGAN CITY, IN 46360 | NONE SAND CASTLE SHELTER FOR CHILDREN AND FAMILIES | PUBLIC CHARITY | 22,000. |
| YOUNG PEOPLE'S THEATRE COMPANY, INC. 2813 OAK ST. MICHIGAN CITY, IN 46360 | NONE 2010 PLAY - PETER PAN | PUBLIC CHARITY | 7,500. |

| | | | |
|--|--|-------------------|---------|
| LAPORTE COUNTY HABITAT FOR HUMANITY 809 JEFFERSON AVE. LAPORTE, IN 46350 | NONE MICHIGAN CITY 2010 HOMES | PUBLIC CHARITY | 20,000. |
| MICHIGAN CITY PIRANHA SWIM TEAM 133 WINTERGREEN MICHIGAN CITY, IN 46360 | NONE SCHOLARSHIP FUNDING AND EQUIP ENHANCEMENT | PUBLIC CHARITY | 11,997. |
| DUNEBROOK 7451 W. JOHNSON ROAD MICHIGAN CITY, IN 46360 | NONE BODY SAFETY/CHILD MOLESTATION PREVENTION PROGRAM | PUBLIC CHARITY | 4,300. |
| FESTIVAL PLAYERS GUILD 301 WALKER ST MICHIGAN CITY, IN 46360 | NONE WINTER ARTS PROGRAMMING | PUBLIC CHARITY | 5,500. |
| GRANT ACCEPTANCE FUND D/B/A EVEN START 817 LAFAYETTE ST MICHIGAN CITY, IN 46360 | NONE MCAS FAMILY LEARNING CENTER/TEEN PROGRAM | PUBLIC CHARITY | 10,000. |
| RSVP/CATHOLIC CHARITIES 321 W. 11TH ST. MICHIGAN CITY, IN 46360 | NONE WHEELCHAIR RAMPS/ MINOR HOME SAFETY REPAIR | PUBLIC CHARITY | 10,000. |
| TRINITY COMMUNITY PANTRY 1103 N. ROESKE TRAIL MICHIGAN CITY, IN 46360 | NONE EMERGENCY FOOD COLD STORAGE SUPPORT | PUBLIC CHARITY | 7,500. |
| MINORITY HEALTH COALITION 450 ST. JOHN ROAD, SUITE 452 MICHIGAN CITY, IN 46360 | NONE SAY YES TO SUCCESS | PUBLIC CHARITY | 7,500. |
| DUNEBROOK 7451 W. JOHNSON ROAD MICHIGAN CITY, IN 46360 | NONE NUTURING PARENTING | PUBLIC CHARITY | 12,000. |
| GOODWILL INDUSTRIES OF MICHIANA, INC. 1805 WESTERN AVENUE SOUTH BEND, IN 46619 | NONE BETTER ODDS FOR SELF SUFFICIENCY (BOSS) | PUBLIC CHARITY | 4,000. |

| | | | |
|--|--|-------------------|----------|
| MCAS GRANT ACCEPTANCE FUND/ HOURS FOR HOURS 817 LAFAYETTE ST MICHIGAN CITY, IN 46360 | NONE SAFE HARBOR SUMMER CAMP | PUBLIC CHARITY | 15,000. |
| MCAS GRANT ACCEPTANCE FUND/ HOURS FOR HOURS 817 LAFAYETTE ST MICHIGAN CITY, IN 46360 | NONE ELEM SCHOOL DATA ANALYSIS/MENTORING ACTIVITIES | PUBLIC CHARITY | 6,000. |
| YOUTH SERVICE BUREAU/BIG BROTHERS BIG SISTERS 228 W. FOURTH ST. MICHIGAN CITY, IN 46360 | NONE BIG BROTHERS/BIG SISTERS SCHOOL BUDDIES | PUBLIC CHARITY | 5,000. |
| CITIZENS CONCERNED FOR THE HOMELESS (CCH) 1005 W. 8TH ST. MICHIGAN CITY, IN 46360 | NONE LITERACY FOR ELEMENTARY SCHOOL CHILDREN | PUBLIC CHARITY | 10,000. |
| LAPORTE COUNTY COALITION OF YOUTH SERVING AGENCIES 817 LAFAYETTE ST MICHIGAN CITY, IN 46360 | NONE FAMILY CULTURAL TOURS | PUBLIC CHARITY | 6,400. |
| MICHIGAN CITY CHAMBER MUSIC FESTIVAL 1131 SPRING ST MICHIGAN CITY, IN 46360 | NONE 2010 ANNUAL CHAMBER CONCERT SERIES | PUBLIC CHARITY | 5,000. |
| PARENTS & FRIENDS 2354 N. US HIGHWAY 35 LAPORTE, IN 46350 | NONE COMMUNITY BASED SERVICES | PUBLIC CHARITY | 4,000. |
| PARENTS & FRIENDS 2354 N. US HIGHWAY 35 LAPORTE, IN 46350 | NONE ESCORT PROGRAM | PUBLIC CHARITY | 10,000. |
| TOTAL TO FORM 990-PF, PART XV, LINE 3B | | | 676,258. |

MICHIGAN CITY COMMUNITY ENRICHMENT CORPORATION
100 E. MICHIGAN BLVD.
MICHIGAN CITY, IN 46360
219-873-1408, X382

GRANT REQUEST COVER PAGE

Name of Organization: _____
Organization Address: _____
Organization Phone: _____ Organization Fax: _____
Organization Email Address: _____

Name of Contact Person: _____
Contact Person Title: _____
Contact Person Address: _____
Contact Person Phone: _____ Contact Person Fax: _____
Contact Person Email Address: _____

President of the Organization's Board: _____

Project Title: _____

Federal ID#: _____ Amount Requested: _____

Summary of your Request:

Do Not Write Below This Line. For Michigan City Community Enrichment Corporation Use Only.

FOR CORPORATE USE ONLY

| | | |
|---------------------|-----------------------|----------------|
| Date Received _____ | Approved _____ | Declined _____ |
| Proposal # _____ | Date Acted Upon _____ | |
| Category _____ | Program _____ | Capital _____ |

GRANT REQUEST CONTAINS:

____ Grant Request Cover Page
____ Grant Request Narrative
____ Project/Program Budget
____ Federal ID #
____ Past Year's Financial Statement
____ Current Financial Statement
____ IRS Determination Letter
____ Evidence of Board Approval
____ Statement from Officer
____ Name/Address of Board Members

GUIDELINES FOR GRANT APPLICATIONS

MCCEC Will Favor Projects Which:

Are not adequately being serviced by existing community resources.

Propose practical approaches to solution of current community problems.

Constructively addresses diversity.

Promote volunteer involvement in addressing community problems.

Enhances coordination of services by different organizations.

Provided leverage for generating additional matching funds and community resources.

Are likely to make a clear difference in the quality of life of a substantial number of people.

Enhances the opportunity for learning and development

Specific Guidelines:

Enhances programs that directly benefit the children of the Michigan City Community. Grants will be made only to those non-profit organizations and programs operating in Michigan City, Indiana as defined by the boundaries of the Michigan City Area School district. Grants will be made for a wide variety of programs and purposes benefiting the citizens of Michigan City.

Grants will be made for only one (1) year.

No grants will be made to endowment campaigns or for previously incurred debts.

No grants will be made to churches for sectarian religious programs.

No grants will be made for operating budgets.

No grants for basic municipal or educational functions and services.

No grants will be made to provide long-term funding. No grants will be made for post-event or after-the-fact situations.

Grants will be awarded only after signing a written contract enforceable by the Michigan City Community Enrichment Corporation.

The Michigan City Community Enrichment Corporation has the right, at any time, to conduct an impromptu on-site inspection of equipment, to request receipts, documents, or proof of billing statements for any equipment purchased by said Grant.

INFORMATION REQUIRED

1. Description of the Project:

- a. The program or specific need you wish to address.
- b. Its significance to the community and its particular benefit to those living in the geographic area comprising the Michigan City Area School District.
- c. The names and qualifications of those persons who will carry it out.
- d. A statement describing how the project's success will be measured.
- e. If the grant is for equipment, where will it be housed or located.

2. Budget:

- a. Complete budget for the project.
- b. How you propose to fund it.
- c. The exact amount you are requesting from the Michigan City Community Enrichment Corporation.
- d. The names of other funding sources, which you are applying for assistance.
- e. Potential sources of matching funds.

3. Description of Applicant/Organization:

- a. The names, address, telephone, and fax number of the contact person.
- b. A list of your officers and board members.
- c. A copy of the IRS letter designating your organization as 501(c)(3) Federal Income Tax Exempt.
- d. Statement from an Officer stating the exemption is still in force.
- e. **CURRENT AND MOST RECENT FISCAL YEAR-END FINANCIAL STATEMENTS AND YEAR-END REVIEW.**
- f. Any descriptive brochures or promotional literature.

4. Who Will Benefit?

Describe who will be served. Include expected number, geographic location, and specifics of those targeted.

PLEASE ATTACH ONE ORIGINAL AND NINE COPIES OF YOUR APPLICATION AND SUBMIT IT TO THE CITY ATTORNEY'S OFFICE NO LATER THAN JULY 2, 2007. YOU MAY MAIL THE COPIES TO OUR ADDRESS LISTED BELOW. NO GRANTS POST-MARKED AFTER JULY 2, 2007 WILL BE ACCEPTED.

Applications may be downloaded at www.emichigancity.com.

**Michigan City Community Enrichment Corporation
100 E. Michigan Blvd.
Michigan City, IN 46360
(219) 873-1408, x382**

GRANT REQUEST WORKSHEET

The following five (5) issues should be addressed in your grant application on no more than two pages if possible:

1. Organization(s).

What is the purpose of your organization(s) and whom do you serve? What are the qualifications of the key staff or volunteers involved in this project or program? What evidence can you give of the ability of your organization or collaborative efforts to implement this project?

2. Need(s).

What is (are) the need(s) for the project or program in Michigan City? Are there other groups working on this need? If so, what will you do that is better or different? How will you coordinate with existing efforts?

3. Purpose(s).

What will this project or program accomplish?

4. Evaluation.

How will the grant, if made, be evaluated? How will you and the Corporation know whether the purpose has been met? If your organization received a grant from us previously, describe how the funds were spent and the benefits derived from your program and our grant proceeds.

5. Impact(s).

Describe the effect of this project on the organization(s), clients, and the community or targeted issue? How visible will the project or program be?

REQUESTS WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING:

- a. A completed GRANT REQUEST COVER PAGE must be the first page visible.
- b. A completed GRANT NARRATIVE of 2 pages addressing the above issues 1-5.
- c. A completed budget for the project (see BUDGET GUIDE).
- d. A list of the Board of Directors, addresses, and principal occupations.
- e. **MOST RECENT YEAR-END STATEMENT OR FINANCIAL AUDIT OR REVIEW.**
- f. **CURRENT FINANCIAL STATEMENT OF THE ORGANIZATION.**
- g. Copy of IRS determination letter for tax-exempt status. If none, explain.
- h. Evidence that this request has the approval of your Board of Directors.
- i. Statement from an officer stating that your exemption is still in force.
- j. Please list if you have applied for or will be receiving any other funding.
- k. Please provide the description of the population served, including total number.
- l. The one (1) original, plus the nine (9) copies.

**MICHIGAN CITY COMMUNITY ENRICHMENT CORPORATION
100 E. MICHIGAN BLVD.
MICHIGAN CITY, IN 46360
219-873-1408, X382**

BUDGET GUIDE

Please describe in as much detail as possible, the budget for your project or program.
Use additional sheet(s) of paper if necessary.

REVENUE: (Label sources as Potential (p); Actual (a); or In-kind (I))

Source

Amount

TOTAL _____

EXPENSES

Item

Amount

TOTAL _____

Supplemental information from requesting organization required:

**What percentage of the Board of Directors contributed any amount of dollars to
their organization in the most recent fiscal year?**

_____ %

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► 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 and click on e-file for Charities & Nonprofits

| | | |
|--|---|---|
| Type or print File by the due date for filing your return. See instructions | Name of Exempt Organization MICHIGAN CITY COMMUNITY ENRICHMENT CORPORATION | Employer identification number 35-2036426 |
| | Number, street, and room or suite no. If a P.O. box, see instructions 100 EAST MICHIGAN BOULEVARD | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions MICHIGAN CITY, IN 46360 | |

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

HARBOUR TRUST AND INVESTMENT

- The books are in the care of ► **1024 N. KARWICK ROAD - MICHIGAN CITY, IN 46360**

Telephone No ► **219-877-3512**

FAX No ►

- 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 **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

► ☒ calendar year **2009** or► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ 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 | \$ | 110. |
| 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 | \$ | 140. |
| 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 | \$ | 0. |

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form 8868 (Rev. 4-2009)