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

2011

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

For calendar year 2011 or tax year beginning

, and ending

Name of foundation <b>MICHIGAN CITY COMMUNITY ENRICHMENT CORPORATION</b>		A Employer identification number <b>35-2036426</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>100 EAST MICHIGAN BOULEVARD</b>	Room/suite	B Telephone number <b>219-873-1408</b>
City or town, state, and ZIP code <b>MICHIGAN CITY, IN 46360</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 448,349.</b> (Part I, column (d) must be on cash basis.)	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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)
Revenue	1 Contributions, gifts, grants, etc., received	733,966.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	4,032.	4,032.		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	17.			
	b Gross sales price for all assets on line 6a	535,000.			
	7 Capital gain net income (from Part IV, line 2)		17.		
	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					
12 Total. Add lines 1 through 11	738,015.	4,049.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	3,886.	0.		3,886.
	b Accounting fees STMT 3	1,855.	0.		1,855.
	c Other professional fees STMT 4	1,829.	0.		1,829.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	15.	0.		15.
	23 Other expenses STMT 5	9,579.	0.		9,579.
	24 Total operating and administrative expenses. Add lines 13 through 23	17,164.	0.		17,164.
	25 Contributions, gifts, grants paid	740,462.			730,370.
26 Total expenses and disbursements. Add lines 24 and 25	757,626.	0.		747,534.	
27 Subtract line 26 from line 12	-19,611.				
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)		4,049.			
c Adjusted net income (if negative, enter -0-)			N/A		

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**MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION**

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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing	305.	245.	245.
	2 Savings and temporary cash investments	457,208.	447,749.	448,104.
	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			
	10a Investments - U S and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
<b>Liabilities</b>	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)	457,513.	447,994.	448,349.
	17 Accounts payable and accrued expenses			
	18 Grants payable	630,370.	640,462.	
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)	630,370.	640,462.		
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> <b>X</b> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	964,252.	1,026,137.	
	25 Temporarily restricted	-1,137,109.	-1,218,605.	
	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	-172,857.	-192,468.	
31 Total liabilities and net assets/fund balances	457,513.	447,994.		

**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	-172,857.
2 Enter amount from Part I, line 27a	2	-19,611.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	-192,468.
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	-192,468.

**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 HARBOUR TRUST	P	VARIOUS	VARIOUS
b HARBOUR TRUST	P	VARIOUS	VARIOUS
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 500,000.		499,983.	17.
b 35,000.		35,000.	0.
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			17.
b			0.
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	17.
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	N/A

**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))
2010	794,016.	308,392.	2.574697
2009	732,002.	402,859.	1.817018
2008	116,797.	308,103.	.379084
2007	784,915.	291,462.	2.693027
2006	775,023.	396,018.	1.957040

2 Total of line 1, column (d)	2	9.420866
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	1.884173
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	326,440.
5 Multiply line 4 by line 3	5	615,069.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	40.
7 Add lines 5 and 6	7	615,109.
8 Enter qualifying distributions from Part XII, line 4	8	747,534.

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.

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ENRICHMENT CORPORATION

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**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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	40.
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	40.
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	40.
6 Credits/Payments			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a	107.	
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	107.	
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	67.	
11 Enter the amount of line 10 to be Credited to 2012 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

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?		Yes	No
1b 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
1c 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. \$ 0. (2) On foundation managers \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 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	2		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	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		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?	6		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.	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>IN</u>			
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	8b	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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X	

N/A

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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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	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			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ►	16	Yes	No X

**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 instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A	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 2011?	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <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 2011 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 2011.) 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 2011?	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 7		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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## 0

0.

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	331,136.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	275.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	331,411.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	331,411.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	4,971.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	326,440.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	16,322.

**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)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	16,322.
<b>2a</b>	Tax on investment income for 2011 from Part VI, line 5	<b>2a</b>	40.
<b>b</b>	Income tax for 2011 (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	40.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	16,282.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	16,282.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	16,282.

**Part XII** Qualifying Distributions (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	747,534.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	747,534.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	40.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	747,494.

**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

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
<b>1</b> Distributable amount for 2011 from Part XI, line 7				16,282.
<b>2</b> Undistributed income, if any, as of the end of 2011				
<b>a</b> Enter amount for 2010 only			0.	
<b>b</b> Total for prior years		0.		
<b>3</b> Excess distributions carryover, if any, to 2011				
<b>a</b> From 2006	755,611.			
<b>b</b> From 2007	770,628.			
<b>c</b> From 2008	101,499.			
<b>d</b> From 2009	711,888.			
<b>e</b> From 2010	778,604.			
<b>f</b> Total of lines 3a through e	3,118,230.			
<b>4</b> Qualifying distributions for 2011 from Part XII, line 4 ▶ \$	747,534.			
<b>a</b> Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2011 distributable amount				16,282.
<b>e</b> Remaining amount distributed out of corpus	731,252.			
<b>5</b> Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,849,482.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instr			0.	
<b>f</b> Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2006 not applied on line 5 or line 7	755,611.			
<b>9</b> Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	3,093,871.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2007	770,628.			
<b>b</b> Excess from 2008	101,499.			
<b>c</b> Excess from 2009	711,888.			
<b>d</b> Excess from 2010	778,604.			
<b>e</b> Excess from 2011	731,252.			

## N/A

►

☐ 4942(I)(3) or ☐ 4942(I)(5)

**(e) Total**

**(4) Gross investment income**

09160822 792278 MCENRICHMENT 2011.04010 MICHIGAN CITY COMMUNITY ENR MCENRIC2

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

Form 990-PF (2011)

35-2036426 Page 11

**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
<b>a Paid during the year</b>				
MICHIGAN CITY ZOO 115 LAKESHORE DRIVE MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ZOO IMPROVEMENTS	100,000.
<b>Total</b>			<b>3a</b>	100,000.
<b>b Approved for future payment</b>				
AMERICAN RED CROSS 113 WARREN RD. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	RECRUIT, TRAIN, AND RETAIN VOLUNTEERS	2,000.
BOYS & GIRLS CLUB OF MICHIGAN CITY 301 E. 8TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	PROJECT COOL SUMMER	20,000.
CATHOLIC CHARITIES OF DIOCESE OF GARY 321 W. 11TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	WHEELCHAIR RAMPS, MINOR HOME SAFETY REPAIR	15,000.
<b>Total</b>			<b>3b</b>	640,462.
<b>SEE CONTINUATION SHEET(S)</b>				

Form 990-PF (2011)

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations )

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

[illegible]

09160822 792278 MCENRICHMENT 2011.04010 MICHIGAN CITY COMMUNITY ENR MCENRIC2

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

**2011****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, total 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 total 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 Part I, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

Employer identification number

35-2036426

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE CHIP CASINO, INC.  777 BLUE CHIP DRIVE  MICHIGAN CITY, IN 46360	\$ 733,966.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

Employer identification number

35-2036426

**Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part III**

**Exclusively** religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
CHILD CARE CONSORTIUM, INC. 1200 E. COOLSPRING AVE. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	CLOSING THE TECHNOLOGY GAP	4,500.
COUNCIL ON AGING/PARENTS & FRIENDS, INC. 2354 N. US HIGHWAY 35 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	RESEDENTIAL LIVING PROGRAM	3,000.
COUNCIL ON AGING/PARENTS & FRIENDS, INC. 2354 N. US HIGHWAY 35 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	TRANSPORTATION PROGRAM	5,000.
DUNEBROOK 7451 W. JOHNSON ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	NUTURING PARENTING	15,000.
FESTIVAL PLAYERS GUILD P.O. BOX 157 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	WINTER ARTS PROGRAMMING	3,000.
HEALTHY COMMUNITIES OF LAPORTE CTY./EL PUENTE 800 LINCOLNWAY, STE 200 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	INTERPRETATION/RESOURC FOR HISPANIC RESIDENTS	5,000.
HEY U.G.L.Y., INC. 8057 N. 300 E. ROLLING PRAIRIE, IN 46371	NONE	PUBLIC CHARITY	STOP BULLYING TASK FORCE CURRICULUM AND PROGRAM	1,800.
INDIANA BLACK EXPO, INC., MICHIGAN CITY CHAPTER 107 JOHNSON ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	CITY-WIDE BACK TO SCHOOL RALLY	5,000.
INTERNATIONAL FRIENDSHIP GARDENS 2055 US HIGHWAY 12 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	EDUCATION PROGRAMS	4,500.
JACK & SHIRLEY LUBEZNIK CENTER FOR THE ARTS 101 W. 2ND ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ENGAGING STUDENTS IN SCIENCE, ECOLOGY & LANGUAGE ARTS	15,000.
Total from continuation sheets				603,462.

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
JUNIOR ACHIEVEMENT SERVING LAPORTE COUNTY 613 FRANKLIN SQ. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	BARKER MIDDLE SCHOOL PROGRAM	1,550.
LAPORTE COUNTY SYMPHONY ORCHESTRA P.O. BOX 563 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	SUMMER SYMPHONY AT WASHINGTON PARK	5,500.
LAPORTE COUNTY SYMPHONY ORCHESTRA P.O. BOX 563 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	CLASSIC CONCERT	6,000.
LAPORTE COUNTY HABITAT FOR HUMANITY 346 HOLTON ROAD LAPORTE, IN 46350	NONE	PUBLIC CHARITY	IMPROVEMENT & EQUIP MICHIGAN CITY WAREHOUSE	10,000.
MCAS GRANT ACCEPTANCE FUND/ HOURS FOR HOURS 100 MANNY COURT MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	HOURS FOR HOURS BLDG COMMUNITY & CHARACTER	12,000.
MCAS GRANT ACCEPTANCE FUND/ SAFE HARBOR 100 MANNY COURT MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	MICHIGAN CITY ROBOTICS TEAM	7,000.
MICHIANA MARINES DETACHMENT #1348 0334 N. FAIL ROAD LAPORTE, IN 46350	NONE	PUBLIC CHARITY	TOYS FOR TOTS 2012 CAMPAIGN	3,000.
MCAS GRANT ACCEPTANCE FUND/ SAFE HARBOR 100 MANNY COURT MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SUMMER CAMP	10,000.
MUSIC BOOSTERS OF MCAS P.O. BOX 9311 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	MUSIC IN OUR SCHOOLS	5,000.
MINORITY HEALTH COALITION 450 ST. JOHN ROAD, SUITE 109 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SAY YES TO SUCCESS	6,000.
Total from continuation sheets				

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
MINORITY HEALTH COALITION 450 ST. JOHN ROAD, SUITE 109 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	BREAST CANCER AWARENESS	3,000.
INTERNATIONAL FRIENDSHIP GARDENS 2055 US HIGHWAY 12 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	PEACE ROSE MILITARY GARDEN	1,500.
OPEN DOOR ADOLESCENT HEALTH CENTER, INC. ONE WOLF TRAIL MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ADOLESCENT HEALTH CENTER	20,000.
OPEN DOOR HEALTH CENTER, INC. 710 FRANKLIN ST. #105 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ACCESS TO HEALTH CARE FOR THE UNINSURED	15,000.
PARENTS & FRIENDS 2354 N. US HIGHWAY 35 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	COMMUNITY LIVING PROGRAM	3,000.
PARENTS COUNCIL FOR CHILDREN W/SPECIAL NEEDS OF LAPORTE COUNTY, INC. 3200 S. CLEVELAND AVE. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	BARKER WOODS ENRICHMENT CENTER	14,500.
REINS OF LIFE, INC. 55200 QUINCE RD. SOUTH BEND, IN 46619	NONE	PUBLIC CHARITY	THERAPEUTIC RIDING PROGRAM	25,000.
BOY SCOUTS OF AMERICA FOR ST. JOHN'S UCC 101 ST. JOHN ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	GAZEBO FOR BOY SCOUT EAGLE PROJECT	500.
LA PORTE COUNTY MEALS ON WHEELS 301 E. 8TH ST., SUITE 110 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	PACK & GROW	3,100.
SAND CASTLE SHELTER FOR HOMELESS FAMILIES 1005 W. 8TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SUPPORTING SELF SUFFICIENCY	18,000.
Total from continuation sheets				

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
SOCIAL & LEARNING INSTITUTE FOR THE DISADVANTAGED 232 AUTUMN TRAIL MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ACCESSIBLE BATHROOM - STATE REQUIREMENT	15,000.
SOUTH SHORE ART ASSOCIATION P.O. BOX 887 BEVERLY SHORES, IN 46301	NONE	PUBLIC CHARITY	PERSPECTIVES FROM EXTRAORDINARY YOUNG ADULTS	5,000.
DELIVERANCE & VICTORY OUTREACH MINISTRIES, INC. 501 N. WOODLAND AVE. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	THE "BEST IN ME" AFTERSCHOOL PROGRAM	4,000.
ST. STANISLAUS KOSTKA SCHOOL 1506 WASHINGTON ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	TECHNOLOGY ENHANCES GREY MATTER	3,000.
AMERICAN RED CROSS LAPORTE COUNTY CHAPTER 113 WARREN RD. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	FIRE FAMILY ASSISTANCE	5,000.
THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	GIFT OF WARMTH MATCHING UTILITY PROGRAM	60,000.
THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	OVERNIGHT SHELTER & RESCUE PROGRAM FOR HOMELESS MEN	20,000.
THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	STUFF-A-SHELF/FILL A FREEZER FOOD PANTRY	15,000.
THE STEPPING STONE SHELTER FOR WOMEN, INC. P.O. BOX 1045 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	RAPE RECOVERY ADVOCACY PROGRAM	35,000.
HEALTHLINC 710 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	DENTAL EQUIPMENT REJUVENATION	16,000.
Total from continuation sheets				

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part XV Supplementary Information**

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
TRINITY COMMUNITY CHILDREN'S CHOIR 1131 SPRING ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ENROLLMENT INCREASE AND SUMMER INSTITUTE	2,000.
NORTH CENTRAL COMMUNITY ACTION AGENCIES, INC. 301 E. 8TH ST., SUITE 109 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SUMMER YOUTH EDUCATION/RECREATION PROGRAM	5,000.
COVERING KIDS & FAMILIES OF LAPORTE COUNTY 800 LINCOLNWAY, STE 200 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	MCAS 100% CAMPAIGN/HEALTH INS FOR SCHOOL CHILDREN	5,500.
YOUTH SERVICE BUREAU/BIG BROTHERS BIG SISTERS 228 W. FOURTH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	KIDS ON THE BLOCK	5,000.
YOUTH SERVICE BUREAU/BIG BROTHERS BIG SISTERS 228 W. FOURTH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	TEEN COURT	20,000.
COUNCIL ON AGING/PARENTS & FRIENDS, INC. 2354 N. US HIGHWAY 35 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ESCORT PROGRAM	5,972.
SAVE THE DUNES 444 BARKER ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	LEAVE NO CHILD INSIDE PROGRAM IV	6,000.
HARMONY HOUSE/CASA OF LAPORTE COUNTY, INC. 1005 MICHIGAN AVE. LAPORTE, IN 46350	NONE	PUBLIC CHARITY	SUPERVISED VISITATION & MONITORED EXCHANGE SITE	6,240.
SHIRLEY HEINZE LAND TRUST, INC. 444 BARKER ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	PUBLIC ACCESS/AMBLER FLATWOODS NATURE PRESERVE	10,000.
ESSENCE RARE 203 GOLFVIEW ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	DEBUTANTE/MASTER BALL PREP PROGRAM	12,800.
Total from continuation sheets				

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
MICHIANA HUMANE SOCIETY/SPCA 722 US HIGHWAY 212 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	A ROOF OVER OUR HEADS	18,000.
IVY TECH FOUNDATION 3100 IVY TECH DR. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	PEJIC CAMPUS REPURPOSING PROJECT	25,000.
CATHOLIC CHARITIES OF DIOCESE OF GARY 321 W. 11TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	CHILDREN'S VISION SCREENING	7,000.
YOUNG PEOPLES THEATRE COMPANY, INC. 2813 OAK ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	DEVELOPING PERFORMANCE SKILLS IS DEVELOPING LIFE SKILLS	7,500.
NOTRE DAME CATHOLIC SCHOOL 1000 MOORE ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SMART KIDS/DIFFERENTIATED INSTR FOR DIVERSE LEARNERS	8,000.
CATHOLIC CHARITIES OF DIOCESE OF GARY 321 W. 11TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	HOMELESSNESS PREVENTION, SELF-SUFFICIENCY WORKSHOP	10,000.
LASALLE COUNCIL, BOY SCOUTS OF AMERICA 3714 W. S.R. 2 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	MICHIGAN CITY AFTER SCHOOL SCOUTING	10,000.
JUNIOR ACHIEVEMENT SERVING LAPORTE COUNTY 613 FRANKLIN SQ. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ELEMENTARY SCHOOL CLASSES	10,000.
LITERACY COUNCIL OF HEALTHY COMMUNITIES 119 TILDEN AVE. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	LITERACY FOR ELEMENTARY CHILDREN	10,000.
SAMARITAN COUNSELING CENTERS, INC. 340 COMMERCE SQ. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	COUNSELING FOR MCAS PRE-K TO 8TH GRADE AT RISK	10,000.
Total from continuation sheets				

**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](http://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?**

\_\_\_\_\_ %

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

## SOURCE

AMOUNT

INVESTMENT SAVINGS ACCOUNTS

4,032.

TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A

4,032.

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ESPAR & ASSOCIATES, P.C.	3,886.	0.		3,886.
TO FM 990-PF, PG 1, LN 16A	3,886.	0.		3,886.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ROWLEY, BUSHUE & CO., LLP	1,855.	0.		1,855.
TO FORM 990-PF, PG 1, LN 16B	1,855.	0.		1,855.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	1,829.	0.		1,829.
TO FORM 990-PF, PG 1, LN 16C	1,829.	0.		1,829.

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE	268.	0.		268.	
CONTRACT LABOR	2,286.	0.		2,286.	
BANK SERVICE CHARGE	60.	0.		60.	
BANQUET EXPENSES	6,958.	0.		6,958.	
FILING CHARGES	7.	0.		7.	
TO FORM 990-PF, PG 1, LN 23	9,579.	0.		9,579.	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	6
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NAME OF CONTRIBUTOR	ADDRESS
BLUE CHIP CASINO, INC.	777 BLUE CHIP DRIVE, MICHIGAN CITY, IN 46360

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
ROB WOREK 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	PRESIDENT 1.00	0.	0. 0.
STEPHANIE OBERLIE 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.
CHARLES SHEERIN 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR 1.00	0.	0. 0.
PEGGY THOMAS 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	VICE PRESIDENT 1.00	0.	0. 0.
BENNIE EDWARDS 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR 1.00	0.	0. 0.
RUDY KOHN 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.
KATHLEEN SENDERAK 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR 1.00	0.	0. 0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0. 0.

# 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.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**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.

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>MICHIGAN CITY COMMUNITY ENRICHMENT CORPORATION</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>35-2036426</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 EAST MICHIGAN BOULEVARD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MICHIGAN CITY, IN 46360</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**HARBOR 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 is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2011** or  
► ☐ tax year beginning , and ending .

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	<b>10.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>117.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**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. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions <b>MICHIGAN CITY COMMUNITY ENRICHMENT CORPORATION</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>35-2036426</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 EAST MICHIGAN BOULEVARD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MICHIGAN CITY, IN 46360</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**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 is for.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

**5** For calendar year **2011**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

**7** State in detail why you need the extension

**ADDITIONAL TIME IS RESPECTFULLY REQUESTED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE INCOME TAX RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$	<b>10.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>117.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ **[Signature]** Title ☒ **CPA** Date ☒ **8-13-12**

Form 8868 (Rev. 1-2012)