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

2012

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

For calendar year 2012 or tax year beginning

, and ending

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

A Employer identification number

35-2036426

City or town, state, and ZIP code

MICHIGAN CITY, IN 46360

B Telephone number

219-873-1408

G Check all that apply:

Initial return       Initial return of a former public charity  
 Final return       Amended return  
 Address change       Name change

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 J Accounting method:  Cash  Accrual  
(from Part II, col. (c), line 16)  Other (specify) \_\_\_\_\_

► \$ 462,480. (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		761,636.		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		3,827.	3,827.	3,827.	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		-1,417.			
Gross sales price for all assets on line 6a	276,761.				
7 Capital gain net income (from Part IV, line 2)			0.	0.	
8 Net short-term capital gain					
9 Income modifications				3,608.	
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		764,046.	3,827.	3,827.	3,608.
13 Compensation of officers, directors, trustees, etc		0.	0.	0.	0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees	STMT 2	2,517.	0.	2,517.	
b Accounting fees	STMT 3	1,950.	0.	1,950.	
c Other professional fees	STMT 4	1,468.	0.	1,468.	
17 Interest					
18 Taxes					
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses	STMT 5	9,344.	0.	9,344.	
24 Total operating and administrative expenses. Add lines 13 through 23		15,279.	0.	15,279.	
25 Contributions, gifts, grants paid		749,994.		749,994.	
26 Total expenses and disbursements. Add lines 24 and 25		765,273.	0.	765,273.	755,741.
27 Subtract line 26 from line 12	OGDEN, UT	-1,227.			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			3,827.	3,827.	
c Adjusted net income (if negative, enter -0-)				3,608.	3,608.

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<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only	<b>Beginning of year</b>	<b>End of year</b>	
			<b>(a) Book Value</b>	<b>(b) Book Value</b>	<b>(c) Fair Market Value</b>
<b>Assets</b>	1 Cash - non-interest-bearing		245.		
	2 Savings and temporary cash investments		447,749.	459,907.	462,480.
	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				
	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)		447,994.	459,907.	462,480.
<b>Liabilities</b>	17 Accounts payable and accrued expenses				
	18 Grants payable		640,462.	649,994.	
	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)		640,462.	649,994.	
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/>	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted		1,026,137.	1,113,268.	
	25 Temporarily restricted		-1,218,605.	-1,303,355.	
	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		-192,468.	-190,087.	
	31 Total liabilities and net assets/fund balances		447,994.	459,907.	

**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	-192,468.
2 Enter amount from Part I, line 27a	2	-1,227.
3 Other increases not included in line 2 (itemize) ►	3	3,608.
4 Add lines 1, 2, and 3	4	-190,087.
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	-190,087.

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**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.)
<b>a</b> HARBOUR TRUST			P	VARIOUS	VARIOUS
<b>b</b> HARBOUR TRUST			P	VARIOUS	VARIOUS
<b>c</b>					
<b>d</b>					
<b>e</b>					
(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)		
<b>a</b> 231,761.		233,178.	-1,417.		
<b>b</b> 45,000.		45,000.	0.		
<b>c</b>					
<b>d</b>					
<b>e</b>					
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) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
<b>a</b>			-1,417.		
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
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	-1,417.	
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 the 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))
2011	747,494.	326,440.	2.289836
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

2 Total of line 1, column (d)

2 9.753662

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 1.950732

4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5

4 401,678.

5 Multiply line 4 by line 3

5 783,566.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 38.

7 Add lines 5 and 6

7 783,604.

8 Enter qualifying distributions from Part XII, line 4

8 755,741.

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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**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	
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-)	
3 Add lines 1 and 2	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	
6 Credits/Payments:	
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a 67.
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 67.
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.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax ►	11 Refunded ►

**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 <input type="checkbox"/> No <input type="checkbox"/>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? <i>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.</i>	1a <input checked="" type="checkbox"/> 1b <input checked="" type="checkbox"/>
c Did the foundation file Form 1120-POL for this year?	1c <input checked="" type="checkbox"/>
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? <i>If "Yes," attach a detailed description of the activities.</i>	2 <input checked="" type="checkbox"/>
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? <i>If "Yes," attach a conformed copy of the changes</i>	3 <input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year?	4a <input checked="" type="checkbox"/> 4b <input checked="" type="checkbox"/>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5 <input checked="" type="checkbox"/>
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?	N/A
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/>
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? <i>If "No," attach explanation</i>	8b <input checked="" type="checkbox"/>
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9 <input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10 <input checked="" type="checkbox"/> STMT 7

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**Part VII-A Statements Regarding Activities (continued)**

11		X
12		X
13	X	
14 The books are in care of ► <b>HARBOUR TRUST AND INVESTMENT</b> Telephone no. ► <b>219-877-3512</b> Located at ► <b>1024 N. KARWICK ROAD, MICHIGAN CITY, IN</b> ZIP+4 ► <b>46360</b>		
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 ► <b>15</b> N/A		
16 At any time during calendar year 2012, 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 ►		

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

	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 <b>any</b> 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	
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 2012?	1b	
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)):	1c X	
a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? If "Yes," list the years ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ►	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? If "Yes," did it have excess business holdings in 2012 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 2012.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2012?	N/A	
	3b	
	4a X	
	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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A	5b
Organizations relying on a current notice regarding disaster assistance check here	<input checked="" type="checkbox"/>			
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			6b
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			7b
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A	

**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 8		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 VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

**Total number of others receiving over \$50,000 for professional services**

►

**0****Part IX-A** **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

**Expenses**

<b>1</b>	<b>N/A</b>	
<b>2</b>		
<b>3</b>		
<b>4</b>		

**Part IX-B** **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

**Amount**

<b>1</b>	<b>N/A</b>	
<b>2</b>		
<b>3</b>		
<b>Total. Add lines 1 through 3</b>		<b>0.</b>

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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	407,601.
b Average of monthly cash balances	1b	194.
c Fair market value of all other assets	1c	
d <b>Total</b> (add lines 1a, b, and c)	1d	407,795.
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	407,795.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,117.
5 <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	401,678.
6 <b>Minimum investment return.</b> Enter 5% of line 5	6	20,084.

**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	20,084.
2a Tax on investment income for 2012 from Part VI, line 5	2a	77.
b Income tax for 2012. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	77.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	20,007.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	20,007.
6 Deduction from distributable amount (see instructions)	6	0.
7 <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	20,007.

**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	755,741.
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 <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	755,741.
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 <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	755,741.

**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.

Form 990-PF (2012)

223571  
12-05-12

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

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				20,007.
2 Undistributed income, if any, as of the end of 2012			0.	
a Enter amount for 2011 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007	770,628.			
b From 2008	101,499.			
c From 2009	711,888.			
d From 2010	778,604.			
e From 2011	731,252.			
f Total of lines 3a through e	3,093,871.			
4 Qualifying distributions for 2012 from Part XII, line 4: ► \$ 755,741.			0.	
a Applied to 2011, but not more than line 2a				
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 2012 distributable amount				20,007.
e Remaining amount distributed out of corpus	735,734.			
5 Excess distributions carryover applied to 2012 (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:	3,829,605.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5			0.	
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 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				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 2007 not applied on line 5 or line 7	770,628.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	3,058,977.			
10 Analysis of line 9:				
a Excess from 2008	101,499.			
b Excess from 2009	711,888.			
c Excess from 2010	778,604.			
d Excess from 2011	731,252.			
e Excess from 2012	735,734.			

**MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION**

Form 990-PF (2012)

35-2036426

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**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 2012, enter the date of the ruling				► <input type="checkbox"/>
b	Check box to indicate whether the foundation is a private operating foundation described in section				<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)
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 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 or e-mail 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.**

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

Form 990-PF (2012)

35-2036426 Page 11

**Part XV** Supplementary Information (continued)

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

Recipient	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
Name and address (home or business)				
<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>			► 3a	100,000.
<b>b Approved for future payment</b>				
THE MICHIAN CITY SOUL STEPPERS 1033 PROVIDENCE STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	THE ART OF STEPPING AGAIN	15,000.
AMERICAN RED CROSS LAPORTE COUNTY CHAPTER 113 WARREN RD. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	FIRE FAMILY ASSISTANCE	8,000.
BOYS & GIRLS CLUB OF MICHIGAN CITY 301 E. 8TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	PROJECT COOL SUMMER II	20,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3b 649,994.

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514	(e) Related or exempt function income
		(a) Business code	(b) Amount	(c) Exclu- sion code	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.		0.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,410.
(See worksheet in line 13 instructions to verify calculations.)					

## **Relationship of Activities to the Accomplishment of Exempt Purposes**



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

OMB No 1545-0047

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

**2012****Name of the organization****MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION****Employer identification number****35-2036426****Organization type (check one):****Filers of:**

Form 990 or 990-EZ

**Section:**  
 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) (2012)

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	<u>BLUE CHIP CASINO, INC.</u> <u>777 BLUE CHIP DRIVE</u> <u>MICHIGAN CITY, IN 46360</u>	\$ <u>761,636.</u>	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.)
		\$ _____	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
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

---

**Name of organization**

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

**Employer identification number**

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*

Use duplicate copies of Part III if additional space is needed

Page 10 of 10

(b) Purpose of gift | (c) Use

- 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  <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)
	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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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

# 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  
**AUGUST 15, 2013** to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year 2013 or

►  calendar year 2012 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>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>3a</b> <b>\$</b> <b>40.</b>
<b>c</b> <b>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>3b</b> <b>\$</b> <b>67.</b>
	<b>3c</b> <b>\$</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. 1-2013)

- 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 <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)
	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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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, 2013**.

5 For calendar year **2012**, 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**

8a 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.	8a	\$ <b>40.</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.	8b	\$ <b>67.</b>
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <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 ►

Title ►

Date ►

**8-12-13**

Form 8868 (Rev. 1-2013)

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part XV | Supplementary Information**

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

Recipient	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
CATHOLIC CHARITIES OF DIOCESE OF GARY 321 W. 11TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	WHEELCHAIR RAMPS, HOME SAFETY REPAIR	15,000.
CATHOLIC CHARITIES OF DIOCESE OF GARY 321 W. 11TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	CHILDREN'S VISION SCREENING	7,000.
CATHOLIC CHARITIES OF DIOCESE OF GARY 321 W. 11TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	FINANCIAL ASSISTANCE AND SELF-SUFFICIENCY WORKSHOP	7,000.
HEALTH AND HOSPITAL CORP OR MARION COUNTY 800 LINCOLNWAY, STE 200 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	MCAS 100% HEALTH INS FOR SCHOOL CHILDREN	8,000.
DUNEBROOK 7451 W. JOHNSON ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	NUTURING PARENTING	15,000.
ESSENCE RARE 203 GOLFVIEW ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	DEBUTANTE/MASTER BALL PREP PROGRAM	10,200.
HARMONY HOUSE/CASA OF LAPORTE COUNTY, INC. 1005 MICHIGAN AVE. LAPORTE, IN 46350	NONE	PUBLIC CHARITY	VOLUNTEER GUARDIAN AD LITEM PROGRAM	6,000.
HEALTHLINC 710 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	DENTAL EQUIPMENT FOR INCREASED CPACITY AND EFFICIENCY	20,000.
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.
<b>Total from continuation sheets</b>				<b>606,994.</b>

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part XV Supplementary Information**

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

Recipient	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	ELEMENTARY SCHOOL CLASSES	12,485.
LA PORTE COUNTY MEALS ON WHEELS 301 E. 8TH ST., SUITE 110 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	HEALTHIER SENIORS AT HOME	10,000.
LAPORTE COUNTY HABITAT FOR HUMANITY 346 HOLTON ROAD LAPORTE, IN 46350	NONE	PUBLIC CHARITY	EMPOWERMENT, EDUCATION AND ENRICHMENT	4,500.
LAPORTE COUNTY SYMPHONY ORCHESTRA P.O. BOX 563 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	MARCH 2014 CLASSICAL CONCERT	6,000.
LAPORTE COUNTY SYMPHONY ORCHESTRA P.O. BOX 563 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	SUMMER SYMPHONY AT WASHINGTON PARK	5,500.
HEALTHY COMMUNITIES OF LAPORTE COUNTY 119 TILDEN AVE. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SPECIAL READING NEEDS OF MCAS	15,000.
MCAS GRANT ACCEPTANCE FUND/ HOURS FOR HOURS 100 MANNY COURT MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SCHOOL-BASED MENTORING	12,000.
MCAS GRANT ACCEPTANCE FUND/ SAFE HARBOR 100 MANNY COURT MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	OUT OF SCHOOL TIME SUMMER CAMP	10,000.
MICHIANA HUMANE SOCIETY/SPCA 722 US HIGHWAY 212 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	CRITTER COMFORT	5,000.
MICHIANA MARINES DETACHMENT #1348 0334 N. FAIL ROAD LAPORTE, IN 46350	NONE	PUBLIC CHARITY	TOYS FOR TOTS 2013 CAMPAIGN	3,000.
<b>Total from continuation sheets</b>				

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	SAY YES TO SUCCESS	7,047.
MINORITY HEALTH COALITION 450 ST. JOHN ROAD, SUITE 109 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	BREAST CANCER AWARENESS	5,394.
NOTRE DAME CATHOLIC SCHOOL 1000 MOORE ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ND STEM - EDUCATING FOR THE FUTURE	8,000.
OPEN DOOR ADOLESCENT HEALTH CENTER, INC. ONE WOLF TRAIL MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ADOLESCENT HEALTH CENTER	25,000.
PARENTS & FRIENDS 2354 N. US HIGHWAY 35 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	AGING TRANSPORTATION, WHEELCHAIRS, COMMUNICATION DEVICES, SUPPLIES, ETC.	3,054.
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	20,000.
REINS OF LIFE, INC. 55200 QUINCE RD. SOUTH BEND, IN 46619	NONE	PUBLIC CHARITY	HORSE CARE	25,000.
SAMARITAN COUNSELING CENTERS, INC. 340 COMMERCE SQ. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	COUNSELING FOR MCAS ELEMENTARY SCHOOLS	15,000.
SHIRLEY HEINZE LAND TRUST, INC. 444 BARKER ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	PUBLIC ACCESS AND EDUCATION IMPROVEMENTS	10,000.
SOCIAL & LEARNING INSTITUTE FOR THE DISADVANTAGED 232 AUTUMN TRAIL MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	PHASE III OF BUILDING PROJECT	20,000.
<b>Total from continuation sheets</b>				

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)				
Recipient	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
ST. STANISLAUS KOSTKA SCHOOL 1506 WASHINGTON ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	LEARNING FOR THE 21ST CENTRY AND BEYOND	2,500.
THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	GIFT OF WARMTH 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	25,000.
THE STEPPING STONE SHELTER FOR WOMEN, INC. P.O. BOX 1045 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	RAPE RECOVERY VICTIM ADVOCACY PROGRAM	35,000.
YOUNG PEOPLES THEATRE COMPANY, INC. 2813 OAK ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	YOUTH ARTS	8,000.
YOUTH SERVICE BUREAU/BIG BROTHERS BIG SISTERS 228 W. FOURTH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	KIDS ON THE BLOCK	4,819.
YOUTH SERVICE BUREAU/BIG BROTHERS BIG SISTERS 228 W. FOURTH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	BBBS SCHOOL BUDDIES AT SPRINGFIELD ELEMENTARY	5,000.
CHALLENGER LEARNING CENTER OF NORTHWEST INDIANA 2300 173RD STREET HAMMOND, IN 46323	NONE	PUBLIC CHARITY	PLANTING STEM SEEDS THROUGH STIMULATION	8,000.
CHILDREN'S INTERNATIONAL SUMMER VILLAGES (CISV) P.O. BOX 462 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	APORTRAITS	3,500.
<b>Total from continuation sheets</b>				

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

35-2036426

**Part XV Supplementary Information**

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

Recipient	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
CITIZENS CONCERNED FOR THE HOMELESS 1005 W. 8TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	LIFE SKILLS DEVELOPMENT	15,000.
YOUTH SERVICE BUREAU/BIG BROTHERS BIG SISTERS 228 W. FOURTH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	TEEN COURT	20,000.
GUARDIAN RIDERS FOX PARK P.O. BOX 8711 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	FOX PARK/HONOR FLIGHT	6,000.
IMAGINATION STATION CHILD DEVELOPMENT CENTER 1200 E. COOLSPRING AVE. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	EMERGING TECHNOLOGY AND YOUNG CHILDREN	3,784.
IMAGINATION STATION CHILD DEVELOPMENT CENTER 1200 E. COOLSPRING AVE. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	FAMILY RESOURCE ROOM	2,967.
IMAGINATION STATION CHILD DEVELOPMENT CENTER 1200 E. COOLSPRING AVE. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SENSORY PROCESSING DISORDER INTERVENTION	1,800.
MARQUETTE CATHOLIC HS DRAMA DEPARTMENT 306 W. 10TH ST. MICHIGAN CITY, IN 46360	NONE	PRIVATE SCHOOL	NEW THEATRE CURTAINS	7,500.
MICHIANA RESOURCES, INC. 4315 E. MICHIGAN BLVD. MICHIGAN CITY, IN 46360	NONE	NOT FOR PROFIT	ENERGY SAVING BUILDING IMPROVMENTS	10,000.
MICHIGAN CITY CHAMBER MUSIC FESTIVAL P.O. BOX 894 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	2013 CONCERT SERIES AND CHILDREN'S PROGRAMS	7,000.
THE NORTHWEST INDIANA PADDLING ASSOCIATION (NWIPA) 109 WEST 700 NORTH VALPARAISO, IN 46385	NONE	PUBLIC CHARITY	TRAIL CREEK VOYAGEUR CANOE DAYS	10,000.
<b>Total from continuation sheets</b>				

MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION

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**Part XV Supplementary Information**

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

Recipient	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
PINE FINE ARTS MAGNET ELEMENTARY SCHOOL 1660 COUNTY LINE RD. MICHIGAN CITY, IN 46360	NONE	PRIVATE SCHOOL	ARTS SCULPTURE GARGEN	6,000.
PINE FINE ARTS MAGNET ELEMENTARY SCHOOL 1660 COUNTY LINE RD. MICHIGAN CITY, IN 46360	NONE	PRIVATE SCHOOL	TEACH CHILDREN TO GARDEN & THEN THEY WILL THRIVE	6,186.
PURDUE UNIVERSITY NORTH CENTRAL 1401 S. US. 421 WESTVILLE, IN 46391	NONE	PUBLIC COLLEGE	SINAI FORUM 2013-2014 SPONSORSHIP	5,000.
SAFE HARBOR NUTURING MINDS TUTORING 100 MANNY COURT MICHIGAN CITY, IN 46360-2043	NONE	PUBLIC CHARITY	WWW.MICHIGAN CITY ROBOTICS TEAM	7,000.
FOOTLIGHT PLAYERS 1705 FRANKLIN ST MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	NECESSARY THEATRE MECHANICALS	2,600.
MICHIGAN CITY HOUSING AUTHORITY 621 E. MICHIGAN BLVD. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	YOUTH SUMMIT/YOUTH LEADERSHIP COALITIONS	4,658.
<b>Total from continuation sheets</b>				

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

SOURCE	AMOUNT
INVESTMENT SAVINGS ACCOUNTS	3,827.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	3,827.

## 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.	2,517.	0.		2,517.
TO FM 990-PF, PG 1, LN 16A	2,517.	0.		2,517.

## 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	1,950.	0.		1,950.
TO FORM 990-PF, PG 1, LN 16B	1,950.	0.		1,950.

## 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	1,468.	0.		1,468.
TO FORM 990-PF, PG 1, LN 16C	1,468.	0.		1,468.

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	2,450.	0.		2,450.
BANK SERVICE CHARGE	25.	0.		25.
BANQUET EXPENSES	5,930.	0.		5,930.
ADVERTISING	532.	0.		532.
POSTAGE	139.	0.		139.
TO FORM 990-PF, PG 1, LN 23	9,344.	0.		9,344.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
DESCRIPTION	AMOUNT		
CONTRIBUTION RETURNED - INCOME MODIFICATION			3,608.
TOTAL TO FORM 990-PF, PART III, LINE 3			3,608.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	7
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 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROB WOREK 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR 1.00	0.	0.	0.
STEPHANIE OBERLIE 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR 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	DIRECTOR 1.00	0.	0.	0.
BENNIE EDWARDS 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	VICE PRESIDENT 1.00	0.	0.	0.
RUDY KOHN 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	PRESIDENT 1.00	0.	0.	0.
BRENDA TILLISON-DUSENBURG 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	TREASURER 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.

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?**

— %