

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

**2018**

Open to Public Inspection

For calendar year 2018 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 or province, country, and ZIP or foreign postal 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>\$ 297,856.</b>	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)
1 Contributions, gifts, grants, etc., received		724,344.		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		4,478.	4,478.		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		-400.			
b Gross sales price for all assets on line 6a	304,616.				
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications Gross sales less returns and allowances					
10a Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income		1,060.	0.		STATEMENT 2
12 Total. Add lines 1 through 11		729,482.	4,478.		
13 Compensation of officers, directors, trustees, etc		2,790.	0.		2,790.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees	STMT 3	8,700.	0.		8,700.
b Accounting fees	STMT 4	2,375.	0.		2,375.
c Other professional fees	STMT 5	1,422.	0.		1,422.
17 Interest					
18 Taxes					
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications		510.	0.		510.
23 Other expenses	STMT 6	4,422.	0.		4,422.
24 Total operating and administrative expenses. Add lines 13 through 23		20,219.	0.		20,219.
25 Contributions, gifts, grants paid		733,610.			739,100.
26 Total expenses and disbursements. Add lines 24 and 25		753,829.	0.		759,319.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		-24,347.			
b Net investment income (if negative, enter -0-)			4,478.		
c Adjusted net income (if negative, enter -0-)				N/A	

**MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION**

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	320,481.	298,090.	297,856.
	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 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	320,481.	298,090.	297,856.
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable	639,100.	633,610.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 <b>Total liabilities</b> (add lines 17 through 22)	639,100.	633,610.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	24 Unrestricted		0.	
	25 Temporarily restricted	-318,619.	-335,520.	
	26 Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	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 <b>Total net assets or fund balances</b>	-318,619.	-335,520.	
	31 <b>Total liabilities and net assets/fund balances</b>	320,481.	298,090.	

**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 -318,619.
2 Enter amount from Part I, line 27a	2 -24,347.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 7	3 7,446.
4 Add lines 1, 2, and 3	4 -335,520.
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 -335,520.

**MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION**
**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a <b>HARBOUR TRUST</b>	<b>P</b>	<b>VARIOUS</b>	<b>VARIOUS</b>
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a <b>304,616.</b>		<b>305,016.</b>	<b>-400.</b>
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			<b>-400.</b>
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	<b>-400.</b>
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	<b>N/A</b>

**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 doesn't 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))
2017	<b>792,488.</b>	<b>259,219.</b>	<b>3.057214</b>
2016	<b>749,481.</b>	<b>264,211.</b>	<b>2.836676</b>
2015	<b>776,817.</b>	<b>261,887.</b>	<b>2.966230</b>
2014	<b>942,903.</b>	<b>310,304.</b>	<b>3.038643</b>
2013	<b>649,994.</b>	<b>424,241.</b>	<b>1.532134</b>

2 Total of line 1, column (d)	2	<b>13.430897</b>
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	<b>2.686179</b>
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	<b>245,692.</b>
5 Multiply line 4 by line 3	5	<b>659,973.</b>
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	<b>45.</b>
7 Add lines 5 and 6	7	<b>660,018.</b>
8 Enter qualifying distributions from Part XII, line 4	8	<b>759,319.</b>

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.

**MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION**

3

35-2036426

**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)		1	45.
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			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		3	45.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		5	45.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 142.	7	142.
b Exempt foreign organizations - tax withheld at source	6b 0.	8	0.
c Tax paid with application for extension of time to file (Form 8868)	6c 0.	9	
d Backup withholding erroneously withheld	6d 0.	10	97.
7 Total credits and payments. Add lines 6a through 6d		11	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax <input checked="" type="checkbox"/> 97. Refunded <input type="checkbox"/>			

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input checked="" type="checkbox"/> IN		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

STMT 8

Form 990-PF (2018)

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

	Yes	No
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		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	X	
14 The books are in care of ► <u>HARBOUR TRUST AND INVESTMENT</u> Telephone no. ► <u>219-877-3512</u> Located at ► <u>1024 N. KARWICK ROAD, MICHIGAN CITY, IN</u> ZIP+4 ► <u>46360</u>		
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		
16 At any time during calendar year 2018, 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 FinCEN Form 114. If "Yes," enter the name of the foreign country ►		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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? (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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 2018?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? 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 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 2018 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 2018.)	<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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 2018?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X

Form 990-PF (2018)

**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 4945(d)(4)(A)? See instructions

☐ 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

X

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?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

☐ Yes ☒ No**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		2,790.	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

Form 990-PF (2018)

## 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."**

[illegible]

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

0

<b>Part IX-A</b>	<b>Summary of Direct Charitable Activities</b>
------------------	--

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

1	N/A	
2		
3		
4		

<b>Part IX-B</b>	<b>Summary of Program-Related Investments</b>
------------------	---

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

Amount

1	N/A	
2		
	All other program-related investments. See instructions.	
3		

**Total. Add lines 1 through 3**

0.

Form **990-PF** (2018)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a	Average monthly fair market value of securities	1a 0.
b	Average of monthly cash balances	1b 249,433.
c	Fair market value of all other assets	1c
d	<b>Total</b> (add lines 1a, b, and c)	1d 249,433.
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	3 249,433.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 3,741.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5 245,692.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6 12,285.

**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 12,285.
2a	Tax on investment income for 2018 from Part VI, line 5	2a 45.
b	Income tax for 2018. (This does not include the tax from Part VI)	2b
c	Add lines 2a and 2b	2c 45.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 12,240.
4	Recoveries of amounts treated as qualifying distributions	4 541.
5	Add lines 3 and 4	5 12,781.
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 12,781.

**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 759,319.
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	4 759,319.
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 45.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6 759,274.

**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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				12,781.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013	628,878.			
b From 2014	911,563.			
c From 2015	761,037.			
d From 2016	729,256.			
e From 2017	774,421.			
f Total of lines 3a through e	3,805,155.			
4 Qualifying distributions for 2018 from Part XII, line 4: ► \$ 759,319.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2018 distributable amount				12,781.
e Remaining amount distributed out of corpus	746,538.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,551,693.			
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 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	628,878.			
9 Excess distributions carryover to 2019 Subtract lines 7 and 8 from line 6a	3,922,815.			
10 Analysis of line 9:				
a Excess from 2014	911,563.			
b Excess from 2015	761,037.			
c Excess from 2016	729,256.			
d Excess from 2017	774,421.			
e Excess from 2018	746,538.			

N/A

☐ 4942(1)(3) or ☒ 4942(1)(5)

**(4) Gross investment income**

[illegible]

10361030 792278 MCENRICHMENT 2018.04030 MICHIGAN CITY COMMUNITY ENR MCENRIC1

**MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION**
**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	MICHIGAN CITY ZOO	100,000.
<b>Total</b>			<b>3a</b>	100,000.
<b>b Approved for future payment</b>				
CITIZENS CONCERNED FOR THE HOMELESS, INC. 1005 W. 8TH STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	HEALTHY EATING ACTIVE LIVING GARDENS OF MICHIGAN CITY	2,960.
ANTHONY ADAMS HOUSE 209 NORTH WOODLAND AVENUE MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SAVE OUR YOUTH	2,000.
ADVANCING CHRIST'S KINGDOM MINISTRIES 1407 E. MICHIGAN BLVD. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	MICHIGAN CITY FOOD BANK	5,000.
<b>Total</b>			<b>3b</b>	633,610.
<b>SEE CONTINUATION SHEET(S)</b>				

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Form **990-PF** (2018)

## Part XVII

### Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

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

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

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

May the IRS discuss this return with the preparer shown below? See instr

☒ Yes ☐ No

Signature of officer or trustee

Date \_\_\_\_\_

Title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ self-employed

PTIN
------

MARK T. ROWLEY

Firm's name ► **ROWLEY & COMPANY LLP**

Firm's address ► 409 WEST KIEFFER ROAD  
MICHIGAN CITY, IN 46360

Firm's EIN ▶ 35-1866709

Phone no. 219-874-1437

Form **990-PF** (2018)

**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
ARISE & SHINE BREAKFAST MINISTRY'S INC, NPO 717 E. 10TH STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	FEEDING OUR HUNGRY	5,000.
ARTS FOR LEARNING 1660 COUNTY LINE ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	DANCING THROUGH THE CURRICULUM	3,000.
BARKER MIDDLE SCHOOL 319 EAST BARKER ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	BRINGING THE WORLD TO BARKER	7,000.
BOYS & GIRLS CLUB OF MICHIGAN CITY 321 DETROIT STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SUMMER DAY CAMP PROGRAM 2019	35,000.
CITIZENS CONCERNED FOR THE HOMELESS, INC. 1005 W. 8TH STREET MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	KEYS TO HOPE COMMUNITY RESOURCE CENTER	18,000.
CITIZENS CONCERNED FOR THE HOMELESS, INC. 1005 W. 8TH STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SAND CASTLE SHELTER FOR HOMELESS FAMILIES PROGRAM	15,000.
CITIZENS CONCERNED FOR THE HOMELESS, INC. 1005 W. 8TH STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SAND CASTLE SHELTER START SMART	500.
CITIZENS CONCERNED FOR THE HOMELESS, INC. 1005 W. 8TH STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	GRACE LEARNING CENTER PROGRAM	6,000.
CITIZENS CONCERNED FOR THE HOMELESS, INC. 1005 W. 8TH STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	GRACE LEARNING CENTER HIGH SCHOOL EQUIVALENCY PROGRAM	2,500.
DUNEBROOK 7451 W. JOHNSON ROAD MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	COMMUNITY PARTNERS FOR CHILD SAFETY	20,000.
<b>Total from continuation sheets</b>				<b>623,650.</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
FOOTLIGHT PLAYERS, INC. 1705 FRANKLIN ST, MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	2019 YOUTH THEATRICAL WORKSHOP	1,500.
HARMONY HOUSE/CASA OF LAPORTE COUNTY, INC. 1005 MICHIGAN AVE. LAPORTE, IN 46350	NONE	PUBLIC CHARITY	COURT APPOINTED YOUTH ADVOCATE PROGRAM	12,000.
HEALTHLINC, INC. 710 FRANKLIN ST. SUITE 200 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ENGAGING EVERYONE: SERVING PEOPLE WITH OPIOID USE DISORDER	3,000.
IMAGINATION STATION 1200 E COOLSPRING AVE MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SUMMER CAMP ENRICHMENT - PARTNERSHIP WITH PALADIN	12,000.
INDIANA GUARDIANSHIP SERVICES, INC. 813 LINCOLNWAY, SUITE 401 LAPORTE, IN 46350	NONE	PUBLIC CHARITY	ADULT GUARDIANSHIP PROGRAM	15,000.
INTERFAITH COMMUNITY PADS, INC. 7871 WEST 400 NORTH MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ICPI'S WOMANS'S OVERNIGHT SHELTER	10,000.
INTERFAITH COMMUNITY PADS, INC. 7871 WEST 400 NORTH MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	ICPI'S MEN'S OVERNIGHT SHELTER	4,000.
LAPORTE COUNTY MEALS ON WHEELS 301 E. 8TH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	MORE THAN A MEAL	26,100.
LUBEZNIK CENTER FOR THE ARTS 101 W. 2ND ST #100 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SCHOOL LEARNING TOUR PROGRAM	3,000.
LUBEZNIK CENTER FOR THE ARTS 101 W. 2ND ST #100 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	LITERACY THROUGH THE ARTS	5,000.
<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
MCAS GRANT ACCEPTANCE FUND/ HOURS FOR OURS 408 CARROLL AVENUE MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SCHOOL BASED MENTORING PROGRAM	5,000.
MCAS SAFE HARBOR 100 MANNY COURT MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	MCAS SAFE HARBOR SUMMER S.T.E.A.M. CAMP	10,000.
MCAS SAFE HARBOR 100 MANNY COURT MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SAFE HARBOR AFTERSCHOOL MANUFACTURING ACADEMY (JOY SCHOOL).	5,000.
MICHIANA MARINES DETACHMENT #1348 PO BOX 8873 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	TOYS FOR TOTS 2019 CAMPAIGN	5,000.
NORTH CENTRAL COMMUNITY ACTION AGENCIES, INC 301 E. 8TH ST. #109 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SUMMER YOUTH EDUCATION/RECREATION PROGRAM	9,550.
NORTH CENTRAL COMMUNITY ACTION AGENCIES, INC 301 E. 8TH ST. #109 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	CHILDREN'S VISION SCREENING	8,000.
NORTH CENTRAL COMMUNITY ACTION AGENCIES, INC 301 E. 8TH ST. #109 MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	WHEELCHAIR RAMP/HOME SAFETY REPAIR	20,000.
OPEN DOOR COMMUNITY ALLIANCE, INC. P.O. BOX 9726 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	OPEN DOOR ADOLESCENT HEALTH CENTER	32,500.
OPEN DOOR COMMUNITY ALLIANCE, INC. P.O. BOX 9726 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	MEDICATION ASSISTANCE	15,000.
PALADIN, INC. 4315 E. MICHIGAN BLVD. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	TRANSPORTATION SERVICES FOR ELDERLY AND DISABLED	50,000.
<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
REINS OF LIFE, INC. 9375 W. 300 N. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	REINS OF LIFE HORSE PURCHASE	6,000.
REINS OF LIFE, INC. 9375 W. 300 N. SOUTH BEND, IN 46619	NONE	PUBLIC CHARITY	HORSE CARE FOR THERAPEUTIC ACTIVITIES	30,000.
SOUL STEPPERS DRILL TEAM, INC. 1033 PROVIDENCE ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	STEPPING INTO THE UNIVERSE	12,000.
STEPPING STONE SHELTER FOR WOMEN, INC. PO BOX 1045 MICHIGAN CITY, IN 46361	NONE	PUBLIC CHARITY	RAPE RECOVERY AND VICTIM ADVOCACY	60,000.
THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	GIFT OF WARMTH	40,000.
THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	WEEKEND BACKPACK PROGRAM	6,000.
THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	MEN'S SHELTER	36,000.
THE SALVATION ARMY 1201 FRANKLIN ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	FOOD PANTRY PROGRAM	25,000.
THE SOCIAL AND LEARNING INSTITUTE FOR THE DISADVANTAGED, INC. 201 E GARFIELD ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	SLI VEHICLE MATCH	10,000.
YOUTH SERVICE BUREAU/BIG BROTHERS BIG SISTERS 228 W. FOURTH ST. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	MICHIGAN CITY TEEN COURT	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 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
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	SCHOOL BUDDIES - SPRINGFIELD ELEMENTARY SCHOOL	2,500.
JUNIOR ACHIEVEMENT 613 FRANKLIN STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	BUILDING MICHIGAN CITY STUDENT'S FINANCIAL SUCCESS	2,500.
PINES FIRE DEPT. 1519 DELAWARE AVE. MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	AED'S TO PROTECT OUR CHILDREN	2,000.
MICHIGAN CITY CHAMBER MUSIC FESTIVAL 121 W. 9TH STREET MICHIGAN CITY, IN 46360	NONE	PUBLIC CHARITY	MICHIGAN CITY CHAMBER MUSIC FESTIVAL: PROGRAM FOR CHILDREN	3,000.
<b>Total from continuation sheets</b>				

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	\$ 724,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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

**MICHIGAN CITY COMMUNITY  
ENRICHMENT CORPORATION**

Employer identification number

**35-2036426**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info 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	

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT SAVINGS ACCOUNTS	4,478.	4,478.	
TOTAL TO PART I, LINE 3	4,478.	4,478.	

## FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REIMBURSED CHECK FEES	1,060.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,060.	0.	

## FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
JENNIFER KOETHE, ATTORNEY-AT-LAW	8,700.	0.		8,700.
TO FM 990-PF, PG 1, LN 16A	8,700.	0.		8,700.

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ROWLEY AND COMPANY, LLP	2,375.	0.		2,375.
TO FORM 990-PF, PG 1, LN 16B	2,375.	0.		2,375.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES	1,422.	0.		1,422.	
TO FORM 990-PF, PG 1, LN 16C	1,422.	0.		1,422.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE	315.	0.		315.	
OFFICE SUPPLIES	368.	0.		368.	
BANQUET EXPENSE	3,739.	0.		3,739.	
TO FORM 990-PF, PG 1, LN 23	4,422.	0.		4,422.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES			STATEMENT	7
DESCRIPTION	AMOUNT				
CONTRIBUTION RETURNED - INCOME MODIFICATION	7,446.				
TOTAL TO FORM 990-PF, PART III, LINE 3	7,446.				



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

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	9
-------------	---	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB	ACCOUNT
GEORGE KAZMIERCZAK 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR/VICE 1.00	PRESIDNET 0.	0.	0.	0.
CHRIS CARTER 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR 1.00	0.	0.	0.	0.
DAVID MCCRAY 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR 1.00	0.	0.	0.	0.
STEVE JANUS 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	SECRETARY/TREASURER 1.00	0.	0.	0.	0.
SUE WEBSTER 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR 1.00	2,790.	0.	0.	0.
JACK VANETTEN 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	DIRECTOR 1.00	0.	0.	0.	0.
RON MILLER 100 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360	PRESIDENT 1.00	0.	0.	0.	0.

JACK ELIA	VICE PRESIDENT			
100 EAST MICHIGAN BLVD	1.00	0.	0.	0.
MICHIGAN CITY, IN 46360				
JOANN LINQUIST	DIRECTOR			
100 EAST MICHIGAN BLVD	1.00	0.	0.	0.
MICHIGAN CITY, IN 46360				
BRET COX	DIRECTOR			
100 EAST MICHIGAN BLVD	1.00	0.	0.	0.
MICHIGAN CITY, IN 46360				
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>2,790.</u>	<u>0.</u>	<u>0.</u>

## Grant Narrative

### 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?*

**Your answer:**

### 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?*

**Your answer:**

### Purpose(s)

*What will this project or program accomplish?*

**Your answer:**

### 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.*

**Your answer:**

### 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?*

**Your answer:**