

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2001**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2001 calendar year, or tax year beginning **OCTOBER 01**, 2001, and ending **SEPTEMBER 30**, 2002

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

IB13947 \*\*\*\*\*AUTO\*\*3-DIGIT 497  
 MACKINAC ASSOCIATES P 14 I  
 PO BOX 567 R  
 MACKINAW CITY MI 49701-0567 B 166 S

**D** Employer identification number

38-2328863

**E** Telephone number

(231) 436-4100

**F** Accounting method:  Cash  Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit GEN ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**G** Web site ▶

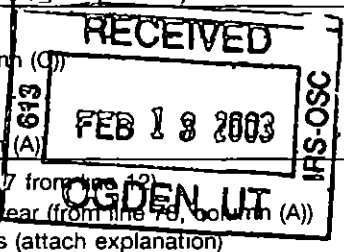
**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **199,940.70**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1a	168,025.50	Expenses
	a	Direct public support	1b		
	b	Indirect public support	1c		
	c	Government contributions (grants)	1d	168,025.50	
	d	<b>Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ <u>168,025.50</u> )	2		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	3	15,530.00	
	3	Membership dues and assessments	4	3,775.55	
	4	Interest on savings and temporary cash investments	5	(7,808.35)	
	5	Dividends and interest from securities	6a		
	6a	Gross rents	6b		
	b	Less rental expenses	6c		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	7		
7	Other investment income (describe ▶ )	8a			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a		8b	
c	Gain or (loss) (attach schedule)	8c		8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		8d	
9	Special events and activities (attach schedule)	9a	20,418.00	9b	23,492.60
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	20,418.00	9b	23,492.60
b	Less direct expenses other than fundraising expenses	9c		9c	(3,074.60)
c	Net income or (loss) from special events (subtract line 9b from line 9a)	10a		10a	
10a	Gross sales of inventory, less returns and allowances	10a		10b	
b	Less cost of goods sold	10b		10c	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		10c	
11	Other revenue (from Part VII, line 103)	11		11	
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	176,448.10	12	176,448.10
13	Program services (from line 44, column (B))	13	217,222.77	13	217,222.77
14	Management and general (from line 44, column (C))	14	17,064.45	14	17,064.45
15	Fundraising (from line 44, column (D))	15	1,265.13	15	1,265.13
16	Payments to affiliates (attach schedule)	16		16	
17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	235,552.35	17	235,552.35
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	(59,104.25)	18	(59,104.25)
19	Net assets or fund balances at beginning of year (from line 7b, column (A))	19	211,361.40	19	211,361.40
20	Other changes in net assets or fund balances (attach explanation)	20		20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	152,257.15	21	152,257.15



FEB 25 03

FILMED Net Assets

222

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	195,803.79	195,803.79		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	14,078.24	1,407.82	11,966.50	703.92
34	Telephone				
35	Postage and shipping	5,612.10	897.94	4,152.95	561.21
36	Occupancy				
37	Equipment rental and maintenance	945.00		945.00	
38	Printing and publications	19,113.22	19,223.22		
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) a				
	b				
	c				
	d				
	e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	235,552.35	217,222.77	17,064.45	1,265.13

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)**

What is the organization's primary exempt purpose? **PRESERVE/INTERPRET HISTORY OF STRAITS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a	North blockhouse exhibit is the newest exhibit at Fort Mackinac. This period setting depicts American Soldiers preparing for battle at the outbreak of the War of 1812. 225,000 visitors annually. (Grants and allocations \$ 67,000.00)				
b	Support staffing provides education and services to 3,000+ memberships and information to thousands of public visitors. Brochures, flyers... and personal correspondence are generated. (Grants and allocations \$ 43,608.22)				
c	Education Outreach brochure and support. 12,000 Michigan students are provided with in-classroom programs interpreting history and natural history of the straits region. (Grants and allocations \$ 25,500.00)				
d	French translation project includes translation of Straits area french language historical documents. One book has been published and plans for a second publication to be released 2003-04. (Grants and allocations \$ 35,500.00)				
e	Other program services (attach schedule) (Grants and allocations \$ 46,308.79)				
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				217,222.77

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

<b>Note</b>		<b>(A)</b>		<b>(B)</b>	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing		397.29	<b>45</b>	396.96
	<b>46</b> Savings and temporary cash investments		170,513.09	<b>46</b>	69,547.56
	<b>47a</b> Accounts receivable	<b>47a</b> 3,572.19			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	1,464.12	<b>47c</b>	3,572.19
	<b>48a</b> Pledges receivable	<b>48a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges			<b>53</b>	
	<b>54</b> Investments—securities (attach schedule) <span style="float: right;">▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV</span>		64,001.85	<b>54</b>	78,740.42
	<b>55a</b> Investments—land, buildings, and equipment basis	<b>55a</b>			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
	<b>56</b> Investments—other (attach schedule)			<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>		<b>57c</b>	
	<b>58</b> Other assets (describe ▶ _____ )			<b>58</b>	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		236,376.35	<b>59</b>	152,257.15	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		25,104.14	<b>60</b>	
	<b>61</b> Grants payable			<b>61</b>	
	<b>62</b> Deferred revenue			<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)			<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ _____ )			<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65)		25,104.14	<b>66</b>		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted		91,554.81	<b>67</b>	113,752.33
	<b>68</b> Temporarily restricted		7,689.29	<b>68</b>	7,931.36
	<b>69</b> Permanently restricted		112,117.36	<b>69</b>	130,573.46
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		211,361.40	<b>73</b>	152,257.15	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		236,376.35	<b>74</b>	152,257.15	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 26)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

**a** Total revenue, gains, and other support per audited financial statements ▶ **a**

**b** Amounts included on line **a** but not on line 12, Form 990

(1) Net unrealized gains on investments \$ \_\_\_\_\_

(2) Donated services and use of facilities \$ \_\_\_\_\_

(3) Recoveries of prior year grants \$ \_\_\_\_\_

(4) Other (specify) \_\_\_\_\_

\$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ **b**

**c** Line **a** minus line **b** ▶ **c**

**d** Amounts included on line 12, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 \$ \_\_\_\_\_

(2) Other (specify) \_\_\_\_\_

\$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ **d**

**e** Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶ **e**

**a** Total expenses and losses per audited financial statements ▶ **a**

**b** Amounts included on line **a** but not on line 17, Form 990

(1) Donated services and use of facilities \$ \_\_\_\_\_

(2) Prior year adjustments reported on line 20, Form 990 \$ \_\_\_\_\_

(3) Losses reported on line 20, Form 990 \$ \_\_\_\_\_

(4) Other (specify) \_\_\_\_\_

\$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ **b**

**c** Line **a** minus line **b** ▶ **c**

**d** Amounts included on line 17, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 \$ \_\_\_\_\_

(2) Other (specify) \_\_\_\_\_

\$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ **d**

**e** Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶ **e**

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26)

(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 & deferred compensation	(E) Expense account and other allowances
Marta Olson 9808 Beachview, Jerome, MI 49249	President 5	-0-	-0-	-0-
Gregory Cheeseman 325 Graham Avenue, St. Ignace, MI 49781	Vice President 2	-0-	-0-	-0-
Peter Marabell PO Box 780 Mackinac Isl, MI 49757	Secretary/Treasurer 2	-0-	-0-	-0-
Penny Barr 17 Masterto Rd Bronxville NY 10708	Trustee 2	-0-	-0-	-0-
Ollie Boynton 1007 State St St. Ignace MI 49781	Trustee 2	-0-	-0-	-0-
Joe Brandonisia 961 Nampa Ct. Troy, MI 48084	Trustee 2	-0-	-0-	-0-
Nancy Campbell 306 N huron Mackinaw City MI 49701	Trustee 2	-0-	-0-	-0-
Wendy Caulkins 8999 Canal Dr. Cheboygan MI 49721	Trustee 2	-0-	-0-	-0-
Todd Harburn 4060 Leeward Dr. Okemos, MI 48864	Trustee 2	-0-	-0-	-0-
Alice Myron 3130 Monticello Dr Port Huron MI	Trustee 2	-0-	-0-	-0-

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see Specific Instructions on page 27

<b>Part VI Other Information (See Specific Instructions on page 27)</b>		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		x
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		x
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		x
<b>78b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		x
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		x
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		x
<b>81a</b>	Enter direct or indirect political expenditures See line 81 instructions <b>81a</b>   _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
<b>81b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		x
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		x
<b>82b</b>	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <b>82b</b>   _____		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		x
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		x
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		x
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?		
<b>85a</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>85b</b>			
<b>85c</b>	Dues, assessments, and similar amounts from members		
<b>85d</b>	Section 162(e) lobbying and political expenditures		
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>86</b>	<b>501(c)(7) orgs</b> Enter a Initiation fees and capital contributions included on line 12 <b>86a</b>   _____		
<b>86b</b>	b Gross receipts, included on line 12, for public use of club facilities <b>86b</b>   _____		
<b>87</b>	<b>501(c)(12) orgs</b> Enter a Gross income from members or shareholders <b>87a</b>   _____		
<b>87b</b>	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87b</b>   _____		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		x
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911   _____, section 4912   _____, section 4955   _____		
<b>89b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		x
<b>89c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>89c</b>   _____		-0-
<b>89d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <b>89d</b>   _____		-0-
<b>90a</b>	List the states with which a copy of this return is filed <b>90a</b>   _____		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2001 (See instructions) <b>90b</b>   _____		-0-
<b>91</b>	The books are in care of   Lana Cotton Telephone no   231 1436-4100 Located at   207 W. Sinclair Ave., Mackinaw City MI ZIP + 4   49701-0873		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b>   _____		

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**

Note: 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) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))					
<b>105</b> Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)**


(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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, the information reported thereon is true and correct. I am a director of the organization.

  
 Date 2-07-03  
 DIRECTOR

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

**Supplementary Information—(See separate instructions.)**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Mackinac Associates

Employer identification number

38 2328863

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are 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 & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part III** **Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV** **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000 FY01	(b) 1999 FY00	(c) 1998 FY99	(d) 1997 FY98	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	\$148,564	\$129,880	\$196,335	\$113,464	\$588,243
16 Membership fees received	14,609	13,421	12,572	55,410	96,012
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,559	6,564	28,571	10,751	47,445
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	164,732	149,865	237,478	179,625	731,700
24 Line 23 minus line 17	164,732	149,865	237,478	179,625	731,700
25 Enter 1% of line 23	1,647	1,498	2,374	1,796	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts		▶	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		▶	26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		▶	26d	
e Public support (line 26c minus line 26d total)		▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	%

27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year

(2000) 17,030 (1999) 9,103 (1998) 8,762 (1997) 7,228

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_

c Add Amounts from column (e) for lines 15 588,243 16 96,012 17 -0- 20 -0- 21 -0-		▶	27c	684,255
d Add Line 27a total _____ and line 27b total _____		▶	27d	32,123
e Public support (line 27c total minus line 27d total)		▶	27e	652,132
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ [27f] 731,700		▶	27f	731,700
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27g	89.1 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	27h	6.5 %

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ..... ..... .....		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000                                      20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000              \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000              \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000              \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000                                      \$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b>	Lobbying nontaxable amount				
<b>46</b>	Lobbying ceiling amount (150% of line 45(e))				
<b>47</b>	Total lobbying expenditures				
<b>48</b>	Grassroots nontaxable amount				
<b>49</b>	Grassroots ceiling amount (150% of line 48(e))				
<b>50</b>	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



MACKINAC ASSOCIATES  
FORM 990-2001  
38-2328863

Part III

Program Service	Grant
Admission Scholarship	\$338 31
Mill Creek Naturalist	\$5,625 00
Collections Intern	\$3,750 00
St Anne Research	\$1,550 00
Adult Uniform Costumes	\$1,790 91
British Officer Sign	\$2,595 62
Paddle with Voyagers Program	\$10,658 95
Archeaology Treasures Publication	<u>\$20,000 00</u>
	\$46,308 79

PART V , continued

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans	(E) Expense account and other allow
Glen Young 888 Evergreen Ct Petoskey, MI 49770	TRUSTEE 2	0	0	0

SCHEDULE A

OFFICERS AND DIRECTORS

	2000	1999	1998	1997	1996
ROBERT BENJAMIN	\$390 00	\$315 00	\$ 250 00	\$ 370 00	\$ 350 00
OLIVER BOYNTON	\$220 00	\$430 00	\$ 120 00	\$ 70 00	\$ 70 00
NANCY CAMPBELL	\$550 00	\$450 00	\$ 450 00	\$ 300 00	\$ 250 00
WENDY CAULKINS	\$1,605 00	\$1,508 00	\$ 1,642 00	\$ 1,698 00	\$ 1,600 00
GREG CHEESEMAN	\$350 00	\$480 00	\$ 325 00	\$ 445 00	\$ 225 00
TODD HARBURN	\$100 00	\$300 00	\$ 100 00	\$ 100 00	\$ 95 00
ALICE MYRON	\$225 00	\$250 00	\$ 400 00	\$ 620 00	\$ 250 00
MARTA OLSON	\$450 00	\$810 00	\$ 625 00	\$ 925 00	\$ 70 00
RAY ROTH			\$ 120 00	\$ 120 00	\$ 70 00
LORNA STRAUS	\$1,380 00	\$1,600 00	\$ 960 00	\$ 700 00	\$ 1,250 00
CLAYTON TIMMONS	\$11,500 00	\$2,500 00	\$ 3,770 00	\$ 2,500 00	\$ 1,700 00
PETER MARABELL	\$260 00	\$460 00			
	\$17,030 00	\$9,103 00	\$ 8,762 00	\$ 7,848 00	\$ 5,930 00

# Mackinac Associates

## Balance Sheet

9/30/02

### ASSETS

#### UNRESTRICTED ASSETS

Cash - Checking	396 96
Cash - Savings	5,745 18
Stocks	4,038 00
Accounts Receivable	3,572 19

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TOTAL UNRESTRICTED ASSETS	13,752 33
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#### RESTRICTED ASSETS

##### TEMPORARILY RESTRICTED

Education Endowment (B)	5,889 82
Education Endowment (B) Savings	2,041 54

##### PERMANENTLY RESTRICTED

Education Endowment (D)	59,446 48
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TOTAL RESTRICTED ASSETS	138,504 82
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TOTAL ASSETS	152,257 15
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### LIABILITIES & EQUITY

Accounts Payable	700 00
Retained Earnings	210,661 40

NET CHANGE FOR THE PERIOD	(59,104 25)
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TOTAL LIABILITIES AND FUND BALANCE	(152,257 15)
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# Mackinac Associates

## FINANCIAL STATEMENT

9/30/02

PAGE 1

	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
<b>INCOME</b>							
<b>Membership Income</b>							
Friend Memberships	1,045 00	1,995 00	(950 00)	10,712 00	15,125 00	(4,413 00)	15,125 00
Mackinac Hentage Memberships	7,060 00	6,200 00	860 00	32,893 50	20,000 00	12,893 50	20,000 00
Voyager Memberships	1,950 00	6,255 00	(4,305 00)	21,825 00	33,750 00	(11,925 00)	33,750 00
Sentinel Memberships	300 00	375 00	(75 00)	14,030 00	16 650 00	(2,620 00)	16,650 00
Explorer Memberships	350 00	0 00	350 00	3,500 00	3,500 00	0 00	3,500 00
Commandants Circle Memb	1,000 00	2,000 00	(1,000 00)	8,000 00	12,000 00	(4,000 00)	12,000 00
Steward Memberships	0 00	0 00	0 00	3,000 00	4,000 00	(1,000 00)	4,000 00
Guardian Membership	0 00	0 00	0 00	2,530 00	2,500 00	30 00	2,500 00
<b>TOTAL MEMBERSHIP INCOME</b>	<b>11,705 00</b>	<b>16,825 00</b>	<b>(5,120 00)</b>	<b>96,490 50</b>	<b>107,525 00</b>	<b>(11,034 50)</b>	<b>107,525 00</b>
<b>Other Operating Income</b>							
Interest Income	45 87	550 00	(504 13)	2,076 54	2,200 00	(123 46)	2,200 00
Special Events Revenue	0 00	0 00	0 00	195 00	0 00	195 00	0 00
GMW Celeb - Dinner	0 00	0 00	0 00	11,195 00	10,500 00	695 00	10 500 00
Annual Meeting	0 00	750 00	(750 00)	1,050 00	750 00	300 00	750 00
Detroit/Mackinac Event Income	0 00	0 00	0 00	7,878 00	13,000 00	(5,122 00)	13,000 00
Detroit/Mackinac Sponsors	0 00	0 00	0 00	100 00	0 00	100 00	0 00
Special Events Contrib	0 00	0 00	0 00	185 00	0 00	185 00	0 00
Contributions - General	0 00	0 00	0 00	27,035 00	22,500 00	4,535 00	22,500 00
GMW Celeb - Contrib	0 00	0 00	0 00	1,710 00	1,500 00	210 00	1,500 00
Contributions - Annual Appeal Projects	0 00	0 00	0 00	21,810 00	6,000 00	15,810 00	6,000 00
Contributions - Lighthouse Restoration	100 00	0 00	100 00	3,900 00	0 00	3,900 00	0 00
Contributions - Beaumont Exhibit	0 00	0 00	0 00	5,000 00	5,000 00	0 00	5,000 00
Grant Income	0 00	0 00	0 00	1,670 00	0 00	1,670 00	0 00
Grant-French Trans	0 00	0 00	0 00	25,000 00	25,000 00	0 00	25,000 00
<b>TOTAL OTHER OPERATING INCOME</b>	<b>145 87</b>	<b>1,300 00</b>	<b>(1,154 13)</b>	<b>108,804 54</b>	<b>86,450 00</b>	<b>22,354 54</b>	<b>86,450 00</b>
<b>TOTAL OPERATING INCOME</b>	<b>11,850 87</b>	<b>18,125 00</b>	<b>(6,274 13)</b>	<b>205,295 04</b>	<b>193,975 00</b>	<b>11,320 04</b>	<b>193,975 00</b>

# Mackinac Associates

## FINANCIAL STATEMENT

9/30/02

PAGE 2

	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
<b>EXPENSES</b>							
<b>Management &amp; General</b>							
Administrative Expenses	1,023 27	0 00	1,023 27	1,033 60	0 00	1,033 60	0 00
General Postage	0 00	0 00	0 00	359 00	2,500 00	(2,141 00)	2,500 00
Annual Appeal	0 00	0 00	0 00	4,802 07	5,750 00	(947 93)	5,750 00
Membership Appeal	0 00	0 00	0 00	949 95	0 00	949 95	0 00
Employee Incentive Program	0 00	0 00	0 00	350 00	350 00	0 00	350 00
Community Events	0 00	0 00	0 00	186 57	450 00	(263 43)	450 00
Equipment	0 00	0 00	0 00	1,461 47	2,400 00	(938 53)	2,400 00
Membership Software	0 00	0 00	0 00	945 00	1,000 00	(55 00)	1,000 00
Membership Benefits	362 03	0 00	362 03	1,650 44	0 00	1,650 44	0 00
Other Membership Expenses	0 00	0 00	0 00	1,057 80	3,400 00	(2,342 20)	3,400 00
Software Maintenance	0 00	0 00	0 00	0 00	800 00	(800 00)	800 00
Postage - General	0 00	1,000 00	(1,000 00)	5,253 10	6,950 00	(1,696 90)	6,950 00
Supplies	44 72	0 00	44 72	50 30	0 00	50 30	0 00
Letterhead Stationery	0 00	0 00	0 00	484 50	750 00	(265 50)	750 00
Letterhead Envelopes	0 00	0 00	0 00	1,098 35	2,000 00	(901 65)	2,000 00
Labels, Gift Cert , Misc	16 00	0 00	16 00	16 00	500 00	(484 00)	500 00
Laser Membership Cards	0 00	1,000 00	(1,000 00)	937 19	2,000 00	(1,062 81)	2,000 00
Brochure Reprint	1,725 00	0 00	1,725 00	5,038 50	7,000 00	(1,961 50)	7,000 00
Post Cards & Event Tent	0 00	0 00	0 00	0 00	1,000 00	(1,000 00)	1,000 00
<b>Total Mgmt &amp; General</b>	<b>3,171 02</b>	<b>2,000 00</b>	<b>1,171 02</b>	<b>25,673 84</b>	<b>36,850 00</b>	<b>(11,176 16)</b>	<b>36,850 00</b>
<b>Special Events</b>							
- Invitations/Postage	0 00	0 00	0 00	1,506 95	1,500 00	6 95	1,500 00
- Food/Beverages/Facilities	0 00	0 00	0 00	6,914 80	7,500 00	(585 20)	7,500 00
Red, White & Blue Event	0 00	0 00	0 00	0 00	1 800 00	(1,800 00)	1,800 00
- Invitations Printed	0 00	0 00	0 00	642 80	0 00	642 80	0 00
- Food/Dray	0 00	0 00	0 00	1,856 40	0 00	1,856 40	0 00
Other - Pre/Post Events	0 00	0 00	0 00	27 46	3,000 00	(2,972 54)	3,000 00
<b>Total Special Events</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>10,948 41</b>	<b>13,800 00</b>	<b>(2,851 59)</b>	<b>13 800 00</b>

# Mackinac Associates

## FINANCIAL STATEMENT

9/30/02

PAGE 3

	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
<b>Program Services</b>							
Admissions Scholarships	0 00	0 00	0 00	338 31	500 00	(161 69)	500 00
Volunteer Recognition	0 00	200 00	(200 00)	0 00	200 00	(200 00)	200 00
Curiosities Newsletter	2,030 97	1,500 00	530 97	11,574 72	17,800 00	(6,225 28)	17,800 00
Support Staffing	0 00	10,920 00	(10,920 00)	24,495 00	24,495 00	0 00	24,495 00
- Invitations/Program	0 00	0 00	0 00	1,358 80	1,000 00	358 80	1,000 00
- Dinner Expense	0 00	0 00	0 00	9,849 00	9,500 00	349 00	9,500 00
- Invitations Printed	0 00	0 00	0 00	127 80	500 00	(372 20)	500 00
- Postage	0 00	0 00	0 00	0 00	150 00	(150 00)	150 00
- Dinner	0 00	0 00	0 00	1,208 59	1,000 00	208 59	1,000 00
Education Outreach Brochure	0 00	0 00	0 00	2,500 00	2,500 00	0 00	2,500 00
Education Outreach Support	23,000 00	11,500 00	11,500 00	23,000 00	23,000 00	0 00	23,000 00
<b>Total Program Services</b>	<b>25,030 97</b>	<b>24,120 00</b>	<b>910 97</b>	<b>74,452 22</b>	<b>80,645 00</b>	<b>(6,192 78)</b>	<b>80,645 00</b>
<b>Special Projects</b>							
Mill Creek Naturalist	0 00	5,625 00	(5,625 00)	5,625 00	5,625 00	0 00	5,625 00
French Translation Project	10,000 00	0 00	10,000 00	10,000 00	0 00	10,000 00	0 00
Collections Intern	0 00	3,750 00	(3,750 00)	3,750 00	3,750 00	0 00	3,750 00
St Anne Research Project	0 00	1,550 00	(1,550 00)	1,550 00	1,550 00	0 00	1,550 00
Adult Uniform Costumes	1,200 00	1,800 00	(600 00)	1,790 91	1,800 00	(9 09)	1,800 00
British Officer Sign	0 00	2,750 00	(2,750 00)	2,595 62	2,750 00	(154 38)	2,750 00
Archaeology Treasures Book	20,000 00	20,000 00	0 00	20,000 00	20,000 00	0 00	20,000 00
Paddle with the Voyagers Program	3,000 00	14,000 00	(11,000 00)	10,658 95	14,000 00	(3,341 05)	14,000 00
North Blockhouse Exhibit	0 00	0 00	0 00	67,000 00	67,000 00	0 00	67,000 00
French Translation Proj	0 00	0 00	0 00	25,000 00	0 00	25,000 00	0 00
<b>Total Special Projects</b>	<b>34,200 00</b>	<b>49,475 00</b>	<b>(15,275 00)</b>	<b>147,970 48</b>	<b>116,475 00</b>	<b>31,495 48</b>	<b>116,475 00</b>
<b>TOTAL EXPENSES</b>	<b>62,401 99</b>	<b>75,595 00</b>	<b>(13,193 01)</b>	<b>259,044 95</b>	<b>247,770 00</b>	<b>11,274 95</b>	<b>247,770 00</b>
<b>TOTAL OPER PROFIT/(LOSS)</b>	<b>(50,551 12)</b>	<b>(57,470 00)</b>	<b>6,918 88</b>	<b>(53,749 91)</b>	<b>(53,795 00)</b>	<b>45 09</b>	<b>(53,795 00)</b>

# Mackinac Associates

## FINANCIAL STATEMENT

9/30/02

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	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
<b>NON-OPERATING INCOME</b>							
<b>ENDOWMENT INCOME</b>							
Endow Dividend Income (D)	0 00	0 00	0 00	13 75	0 00	13 75	0 00
Dividend Income - Rest	0 00	0 00	0 00	594 21	0 00	594 21	0 00
Endow Unrealized Gain/(Loss)(D)	(7,822 10)	0 00	(7,822 10)	(7,822 10)	0 00	(7,822 10)	0 00
Endow Interest-Rest (D)	591 18	0 00	591 18	1 029 18	0 00	1,029 18	0 00
Endow Contributions-Rest (D)	10 00	120 00	(110 00)	755 00	3,000 00	(2,245 00)	3,000 00
<b>NON-ENDOWMENT INCOME</b>							
Hazel DeRosa Mem Fund	44 59	0 00	44 59	44 59	0 00	44 59	0 00
Interest - Other Donor Rest	18 47	0 00	18 47	31 03	0 00	31 03	0 00
<b>TOTAL NON-OPERATING INCOME</b>	<b>(7,157 86)</b>	<b>120 00</b>	<b>(7,277 86)</b>	<b>(5,354 34)</b>	<b>3,000 00</b>	<b>(8,354 34)</b>	<b>3,000 00</b>
<b>Net Change for the Period</b>	<b>(57,708 98)</b>	<b>(57,350 00)</b>	<b>(358 98)</b>	<b>(59,104 25)</b>	<b>(50,795 00)</b>	<b>(8,309 25)</b>	<b>(50,795 00)</b>