

# Return of Organization Exempt From Income Tax

**2004**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year**

- Check if applicable
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use lab priority S for instructions

#10591 \*\*\*\*\*AUTO\*\*3-DIGIT 497  
MACKINAC ASSOCIATES  
PO BOX 567  
MACKINAW CITY MI 49701-0567

I P 13 R  
B 72 S

09/30, 2005

**D Employer identification number**  
38 : 2328863

**E Telephone number**  
231 ) 436-4100

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Website:** ▶

**J Organization type** (check only one) ▶  501(c) ( ) ◀ (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.**

**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 Group Exemption Number** ▶

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

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received			
	<b>a</b> Direct public support	<b>1a</b>	158,590.20	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		158,590.20
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		23,555.00
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		3,423.63
	<b>5</b> Dividends and interest from securities	<b>5</b>		39.34
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c Net rental income or (loss)</b> (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe ▶)	<b>7</b>			
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d Net gain or (loss)</b> (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	17,871.50		
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	26,592.97		
<b>c Net income or (loss)</b> from special events (subtract line 9b from line 9a)	<b>9c</b>		(8,721.47)	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>		
	<b>c Gross profit or (loss)</b> from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		176,886.70	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		106,011.29	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		20,914.72	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		1,208.89	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		128,134.90	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		48,751.80	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		184,669.68	
<b>20</b> Other changes in net assets or fund balances (attach explanation) A/P & Def. Rev	<b>20</b>		76,009.00	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		309,430.48	

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**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 page 22 of the instructions)

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 \$ _____)	98,802.54	98,802.54		
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	22,966.43	2,296.64	19,521.47	1,148.32
34	Telephone				
35	Postage and shipping	605.74	96.92	448.25	60.57
36	Occupancy				
37	Equipment rental and maintenance	945.00		945.00	
38	Printing and publications	4,815.19	4,815.19		
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	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</b>	128,134.90	106,011.29	20,914.72	1,208.89

**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 page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Preserve & interpret history and natural history of Straits region	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a Education Outreach Support & Brochure - 12,000 Michigan students are provided with in classroom programs interpreting history and natural history of the Straits area. (Grants and allocations \$ 30,815.19 )	30,815.19
b Support Staffing - Provides education and services to 3000+ membership and information to thousands of public visitors, brochures, flyers... and personal correspondence is generated. (Grants and allocations \$ 36,755.36 )	36,393.56
c Mill Creek naturalist - funds a 16 week position to staff a guided nature tour for school groups and others at Historic Mill Creek (Grants and allocations \$ 8,500.00 )	8,500.00
d Old Mackinac Point LH access video- Provides a video of the view from the tower of Old Mackinac Point LH for persons with disabilities who are unable to access the stairway. (Grants and allocations \$ 3,838.87 )	3,838.87
e Other program services (attach schedule) (Grants and allocations \$ 26,463.67 )	26,463.67
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services).	106,011.29

**Part IV Balance Sheets** (See page 25 of the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	950.00	<b>45</b>	2,552.49
	<b>46</b> Savings and temporary cash investments . . . . .	117,096.99	<b>46</b>	209,892.27
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>	
	<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) . . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	96,928.92	<b>54</b>	96,985.72
	<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) . . . . .	250,629.68	<b>59</b>	309,430.48	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	150.00	<b>60</b>	31,009.00
	<b>61</b> Grants payable . . . . .	65,810.00	<b>61</b>	44,400.00
	<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) . . . . .		<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 . . . . .		<b>67</b>	
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" 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 . . . . .	184,669.68	<b>72</b>	233,421.48
<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) . . . . .	184,669.68	<b>73</b>	233,421.48	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	250,629.68	<b>74</b>	309,430.48	

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 page 27 of the instructions.)

**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 ▶

**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) ▶

**c** Line **a** minus line **b** ▶

**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) ▶

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

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

**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) ▶

**c** Line **a** minus line **b** ▶

**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) ▶

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

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions.)

(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 2136 Welsheimer Harbor Springs, Mi	President 5	-0-	-0-	-0-
Glen Young 880 Evergreen Petoskey, Mi 49770	Vice President 2	-0-	-0-	-0-
Peter Marabel PO Box 780 Mackinac Island MI 49757	Secretary/Treas. 2	-0-	-0-	-0-
Penny Barr 17 Masterton Bronxville, NY 10708	Trustee 2	-0-	-0-	-0-
Ollie Baynton 1007 State St. St. Ignace Mi 49781	Trustee 2	-0-	-0-	-0-
Joseph Brandiniso 961 Nampa Ct. Troy, MI 48084	Trustee 2	-0-	-0-	-0-
Tracy Hardin 8648 E Blacklane Cheboygan, MI 49721	Trustee 2	-0-	-0-	-0-
Thomas Lockwood 12530 Noltforth Fenton, MI 48430	Trustee 2	-0-	-0-	-0-
Kathleen Darrow 306 Etherington Mackinaw City 49701	Trustee 2	-0-	-0-	-0-
Linn Sheppard 3261 NE 56 Ft. Lauderdale, FL 33308	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 page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
77	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
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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
80b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. See line 81 instructions		
81b	Did the organization file Form 1120-POL for this year?		X
82a	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
82b	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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		
85b	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		
85c	Dues, assessments, and similar amounts from members.		
85d	Section 162(e) lobbying and political expenditures.		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	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?		
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	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
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
89b	501(c)(3) and 501(c)(4) orgs. 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
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-0-
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		-0-
90a	List the states with which a copy of this return is filed		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		-0-
91	The books are in care of Lana Cotton Telephone no 231-436-4100 Located at 207 West Sinclair, Mackinaw City MI ZIP + 4 49701-0567		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

**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					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> 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					
<b>a</b> debt-financed property					
<b>b</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 <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<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 page 34 of the instructions.)

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 page 34 of the instructions.)

(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 page 34 of the instructions.)

- (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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: *Phil Porter* Date: 02/02/06

Type or print name and title: Phil Porter, Administrative Agent

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

**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

**2004**

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

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

Department of the Treasury  
Internal Revenue Service

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	<b>1</b>	<b>x</b>
<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?	<b>2a</b>	<b>x</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>x</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>x</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>x</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>x</b>
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	<b>3a</b>	<b>x</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>x</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>x</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>x</b>

**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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28).	112,093	121,527	168,025	148,564	550,209
<b>16</b> Membership fees received					
<b>17</b> 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.	14,876	3,109	(4,033)	1,559	15,511
<b>18</b> 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.					
<b>19</b> Net income from unrelated business activities not included in line 18.					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
<b>21</b> 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.					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22.	145,559	140,236	179,522	164,732	630,049
<b>24</b> Line 23 minus line 17.	145,559	140,236	179,522	164,732	630,049
<b>25</b> Enter 1% of line 23					

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>
<b>b</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 2000 through 2003 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts		<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)		<b>26c</b>
<b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b> %

**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

(2003) 10,195 (2002) 6,215 (2001) 6,919 (2000) 17,030

**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

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

<b>c</b> Add: Amounts from column (e) for lines 15 <u>550,209</u> 16 <u>64,329</u> 17 _____ 20 _____ 21 _____	<b>27c</b>	<u>614,538</u>
<b>d</b> Add: Line 27a total <u>40,359</u> and line 27b total _____	<b>27d</b>	<u>40,359</u>
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b>	<u>574,179</u>
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e).	<b>27f</b>	<u>630,049</u>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b>	<u>91.13</u> %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).	<b>27h</b>	<u>2.46</u> %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<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>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 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	\$481 00
MSHP Program Support	\$11,006 28
Cuiosites Newsletter	\$8,455 63
National Archives Research	\$2,708 33
Furnishing for St Annes Church	<u>\$3,812 43</u>
	<u><u>\$26,463 67</u></u>

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.
Mary Maurer 160 Church Street St Ignace, MI 49781	TRUSTEE 2	0	0	0

# Mackinac Associates

## Balance Sheet

9/30/2005

### ASSETS

#### UNRESTRICTED ASSETS

Cash - Checking	2,552 49
Cash - Savings	147,727 82

TOTAL UNRESTRICTED ASSETS	150,280 31
---------------------------	------------

#### RESTRICTED ASSETS

##### TEMPORARILY RESTRICTED

Education Endowment (B)	6,091 32
Education Endowment (B) Savings	2,079 50

##### PERMANENTLY RESTRICTED

Education Endowment (D)	56,715 97
State St Bank & Trust (Ed Endowment)	20,538 65
T Rowe Price Equity (Ed Endowment)	22,671 84
Vanguard Portfolio (Ed Endowment)	17,856 61
Stocks - Restricted(Ed Endowment)	27,123 00
Hazel DeRosa Mem Fund	2,704 30
Library Acquisition Fund	180 04
Dwightwood Spring Memorial Fund	3,188 94

TOTAL RESTRICTED ASSETS	159,150 17
-------------------------	------------

TOTAL ASSETS	309,430 48
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### LIABILITIES & EQUITY

Accounts Payable	31,609 00
Deferred Revenue	44,400 00
Retained Earnings	184,669 68

NET CHANGE FOR THE PERIOD	48,751 80
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TOTAL LIABILITIES AND FUND BALANCE	(309,430 48)
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# Mackinac Associates

## FINANCIAL STATEMENT

9/30/2005

PAGE 1

	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
<b>INCOME</b>							
<b>Membership Income</b>							
Friend Memberships	4,510 00	0 00	4,510 00	24,670 50	11,825 00	12,845 50	11,825 00
Mackinac Heritage Memberships	6,622 00	7,000 00	(378 00)	29,126 10	28,500 00	626 10	28,500 00
Voyager Memberships	6,699 00	6,255 00	444 00	34,298 00	27,000 00	7,298 00	27,000 00
Sentinel Memberships	1,050 00	875 00	175 00	17,970 00	17,250 00	720 00	17,250 00
Explorer Memberships	1,365 00	0 00	1,365 00	9,590 00	6,300 00	3,290 00	6,300 00
Commandants Circle Memb	1,850 00	2,000 00	(150 00)	10,050 00	7,000 00	3,050 00	7,000 00
Steward Memberships	0 00	0 00	0 00	7,000 00	5,000 00	2,000 00	5,000 00
Business Memberships	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Guardian Membership	0 00	0 00	0 00	2,500 00	2,500 00	0 00	2,500 00
<b>TOTAL MEMBERSHIP INCOME</b>	<b>22,096 00</b>	<b>16,130 00</b>	<b>5,966 00</b>	<b>135,204 60</b>	<b>105,375 00</b>	<b>29,829 60</b>	<b>105,375 00</b>
<b>Other Operating Income</b>							
Interest Income	578 28	500 00	78 28	1 965 08	1,500 00	465 08	1,500 00
Investments Unrealized Gain/(Loss)	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Special Events Revenue	0 00	0 00	0 00	1,241 50	0 00	1,241 50	0 00
GMW Celeb - Dinner	0 00	0 00	0 00	10,670 00	15,500 00	(4,830 00)	15,500 00
Annual Meeting	36 00	1,000 00	(964 00)	994 00	1,000 00	(6 00)	1,000 00
Special Events - Golf Fundraiser	0 00	0 00	0 00	(4,374 00)	0 00	(4,374 00)	0 00
Detroit/Mackinac Event Income	0 00	0 00	0 00	9,340 00	9,000 00	340 00	9,000 00
Detroit/Mackinac Sponsors	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Special Events Contrib	0 00	0 00	0 00	0 00	400 00	(400 00)	400 00
Contributions - General	2,067 00	1,125 00	942 00	39,668 00	34,000 00	5,668 00	34,000 00
GMW Celeb - Contrib	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Contributions - Annual Appeal Projects	0 00	0 00	0 00	300 00	0 00	300 00	0 00
Contributions - Lighthouse Restoration	0 00	0 00	0 00	763 00	0 00	763 00	0 00
Contributions - Dashwood Painting	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Contributions - Beaumont Exhibit	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Hazel DeRosa Mem Fund	0 00	0 00	0 00	0 00	0 00	0 00	0 00
DWIGHTWOOD SPRINGS CONTRIBUT	0 00	0 00	0 00	500 00	0 00	500 00	0 00
Grant Income	0 00	0 00	0 00	5,709 60	0 00	5,709 60	0 00
Grant-French Trans	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Grant-Nature Signs	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Grant - Ford Motor Exhibit	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Donor-Historical Marker Care	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Chrysler Grant	0 00	0 00	0 00	0 00	0 00	0 00	0 00
AAA Michigan	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Grants - Soldiers Barracks Exhibit	0 00	0 00	0 00	0 00	0 00	0 00	0 00
<b>TOTAL OTHER OPERATING INCOME</b>	<b>2,681 28</b>	<b>2,625 00</b>	<b>56 28</b>	<b>66,777 18</b>	<b>61,400 00</b>	<b>5,377 18</b>	<b>61 400 00</b>

# Mackinac Associates

## FINANCIAL STATEMENT

9/30/2005

PAGE 2

	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
TOTAL OPERATING INCOME	24,777 28	18,755 00	6,022 28	201,981 78	166,775 00	35,206 78	166,775 00

# Mackinac Associates

## FINANCIAL STATEMENT

9/30/2005

PAGE 3

	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
<b>EXPENSES</b>							
<b>Management &amp; General</b>							
Administrative Expenses	905 36	0 00	905 36	2,150 00	0 00	2,150 00	0 00
Operations/General	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Contractual Services	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Fund Development	0 00	0 00	0 00	0 00	0 00	0 00	0 00
General Postage	0 00	0 00	0 00	5,861 02	5,000 00	861 02	5,000 00
Annual Appeal	0 00	0 00	0 00	6,826 51	7,000 00	(173 49)	7,000 00
Membership Appeal	100 00	0 00	100 00	100 00	0 00	100 00	0 00
Employee Incentive Program	0 00	0 00	0 00	2,450 00	800 00	1,650 00	800 00
Computer,Monitor,Printer,Soft	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Donor Board Update	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Community Events	0 00	0 00	0 00	135 82	250 00	(114 18)	250 00
Bequest Brochure	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Equipment	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Computer,Monitor,Printer,Soft	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Membership Software	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Membership Premiums	0 00	250 00	(250 00)	0 00	250 00	(250 00)	250 00
Internet Web Page	0 00	0 00	0 00	0 00	750 00	(750 00)	750 00
Membership Services	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Membership Benefits	350 00	0 00	350 00	2,720 00	3,000 00	(280 00)	3,000 00
Other Membership Expenses	0 00	0 00	0 00	0 00	2,000 00	(2,000 00)	2,000 00
Software Maintenance	0 00	0 00	0 00	945 00	1,000 00	(55 00)	1,000 00
Computer Software Upgrade	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Postage - General	565 00	0 00	565 00	605 74	0 00	605 74	0 00
Supplies	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Letterhead Stationery	0 00	0 00	0 00	196 50	350 00	(153 50)	350 00
Letterhead Envelopes	232 78	0 00	232 78	457 28	1,800 00	(1,342 72)	1,800 00
Labels, Gift Cert , Misc	0 00	0 00	0 00	0 00	250 00	(250 00)	250 00
Laser Membership Cards	0 00	0 00	0 00	2,069 30	2,800 00	(730 70)	2,800 00
Folding Tables & Chairs	0 00	0 00	0 00	0 00	1,200 00	(1,200 00)	1,200 00
Brochure Reprint	0 00	0 00	0 00	3,618 00	4,500 00	(882 00)	4,500 00
Post Cards & Event Tent	0 00	0 00	0 00	0 00	300 00	(300 00)	300 00
<b>Total Mgmt &amp; General</b>	<b>2,153 14</b>	<b>250 00</b>	<b>1,903 14</b>	<b>28,135 17</b>	<b>31,250 00</b>	<b>(3,114 83)</b>	<b>31,250 00</b>
<b>Special Events</b>							
Detroit/Mackinac Event	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Invitations/Postage	0 00	0 00	0 00	796 73	500 00	296 73	500 00
- Food/Beverages/Facilities	0 00	0 00	0 00	9,068 81	7,500 00	1,568 81	7,500 00
Miscellaneous	0 00	0 00	0 00	852 55	0 00	852 55	0 00
Red, White & Blue Event	0 00	0 00	0 00	0 00	2,900 00	(2,900 00)	2,900 00

# Mackinac Associates

## FINANCIAL STATEMENT

9/30/2005

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	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
- Invitations Printed	0 00	0 00	0 00	307 93	0 00	307 93	0 00
- Postage	0 00	0 00	0 00	0 00	0 00	0 00	0 00
- Food/Dray	0 00	0 00	0 00	2,144 38	0 00	2,144 38	0 00
- Decorations	0 00	0 00	0 00	0 00	0 00	0 00	0 00
- Music/Ad/Other	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Other - Pre/Post Events	0 00	0 00	0 00	293 10	1,050 00	(756 90)	1,050 00
<b>Total Special Events</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>13,463 50</b>	<b>11,950 00</b>	<b>1,513 50</b>	<b>11,950 00</b>



# Mackinac Associates

## FINANCIAL STATEMENT

9/30/2005

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	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
Bark Chapel Exhibit	0 00	0 00	0 00	0 00	0 00	0 00	0 00
National Archives Research Project	0 00	0 00	0 00	2,708 33	0 00	2,708 33	0 00
Old Mackinac Point Lighthouse Donation	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Arch Rock Interpretive Panels	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Mackinac Geography Inter Panels	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Mackinac Natural History Inter Panels	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Mill Creek History Inter Panels	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Children's Discovery Room	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Collections Intern	0 00	0 00	0 00	0 00	0 00	0 00	0 00
St Anne Research Project	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Adult Uniform Costumes	0 00	0 00	0 00	0 00	0 00	0 00	0 00
British Officer Sign	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Archaeology Treasures Book	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Paddle with the Voyagers Program	0 00	0 00	0 00	0 00	0 00	0 00	0 00
North Blockhouse Exhibit	0 00	0 00	0 00	0 00	0 00	0 00	0 00
French Translation Proj	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Summer of Sports Video	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Furnishings for St Anne's Church	0 00	0 00	0 00	3 812 43	4,000 00	(187 57)	4,000 00
VIRTUAL TOUR GRANT	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Audio Tour Project - CM	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Old Mackinac Point LH Access Video	0 00	4,500 00	(4,500 00)	3,838 87	8,500 00	(4,661 13)	8,500 00
Elm Tree Preservation	0 00	0 00	0 00	0 00	0 00	0 00	0 00
VC Ventilation Fan	0 00	0 00	0 00	0 00	0 00	0 00	0 00
<hr/>							
Total Special Projects	0 00	13,000 00	(13,000 00)	29,865 91	31,000 00	(1,134 09)	31,000 00
<hr/>							
TOTAL EXPENSES	34,129 82	44,950 00	(10,820 18)	154,727 87	166,550 00	(11,822 13)	166,550 00
<hr/>							
TOTAL OPER PROFIT/(LOSS)	(9,352 54)	(26,195 00)	16,842 46	84,410 41	225 00	84,185 41	225 00
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# Mackinac Associates

## FINANCIAL STATEMENT

9/30/2005

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	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGE
NON-OPERATING INCOME							
ENDOWMENT INCOME							
Endow Dividend Income (D)	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Dividend Income - Rest	0 00	0 00	0 00	1,209 05	0 00	1,209 05	0 00
Endow Unrealized Gain/(Loss)(D)	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Endow Interest-Rest (D)	0 00	0 00	0 00	39 34	0 00	39 34	0 00
Endow Contributions-Rest (D)	0 00	0 00	0 00	275 00	0 00	275 00	0 00
Endow Interest-Rest (B)	0 00	0 00	0 00	0 00	0 00	0 00	0 00
NON-ENDOWMENT INCOME							
Interest - Other Donor Rest	0 00	0 00	0 00	0 00	0 00	0 00	0 00
<b>TOTAL NON-OPERATING INCOME</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>1,523 39</b>	<b>0 00</b>	<b>1,523 39</b>	<b>0 00</b>
<b>Net Change for the Period</b>	<b>(9,352 54)</b>	<b>(26,195 00)</b>	<b>16,842 46</b>	<b>85,933 80</b>	<b>225 00</b>	<b>85,708 80</b>	<b>225 00</b>

MACKINAC ASSOC 990 REPORT  
SCHEDULE A

**OFFICERS AND DIRECTORS**

	2003	2002	2001	2000	1999
ROBERT BENJAMIN	N/A	N/A	250	\$390 00	\$315 00
OLIVER BOYNTON	\$325 00	\$325 00	\$320 00	\$220 00	\$430 00
NANCY CAMPBELL	N/A	N/A	\$700 00	\$550 00	\$450 00
WENDY CAULKINS	\$3,500 00	\$3,530 00	\$1,504 00	\$1,605 00	\$1,508 00
GREG CHEESEMAN	N/A	N/A	\$250 00	\$350 00	\$480 00
TODD HARBURN	\$150 00	\$465 00	\$125 00	\$100 00	\$300 00
ALICE MYRON	\$200 00	\$350 00	\$600 00	\$225 00	\$250 00
MARTA OLSON	\$700 00	\$700 00	\$625 00	\$450 00	\$810 00
LORNA STRAUS	N/A	N/A	\$1,075 00	\$1,380 00	\$1,600 00
CLAYTON TIMMONS	N/A	N/A	\$1,100 00	\$11,500 00	\$2,500 00
PETER MARABELL	\$150 00	\$200 00	\$370 00	\$260 00	\$460 00
PENNY BARR	\$2,000 00	\$0 00	N/A	N/A	N/A
JOSEPH BRANDONISIO	\$345 00	\$100 00	N/A	N/A	N/A
GLENN YOUNG	\$150 00	\$150 00	N/A	N/A	N/A
TRACY HARDIN	\$175 00	\$245 00	N/A	N/A	N/A
MARY MAURER	\$250 00	\$150 00	N/A	N/A	N/A
LIN SHEPPARD	\$1,850 00				
THOMAS LOCKWOOD	\$250 00				
KATHLEEN DARROW	\$150 00				
	\$10,195 00	\$6,215 00	\$6,919 00	\$17,030 00	\$9,103 00