

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 20 10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MACKINAC ASSOCIATES		D Employer identification number 38-2328863
		Number and street (or P O box, if mail is not delivered to street address) P O BOX 567	Room/suite	E Telephone number 231-436-4100
		City or town, state or country, and ZIP + 4 MACKINAW CITY MI 49701		F Group Exemption Number ▶

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

G Accounting Method Cash Accrual
Other (specify) ▶

I Website: ▶

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

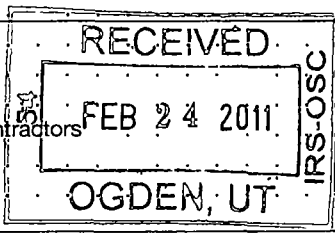
J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received															45071													
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																											31095	
	4	Investment income																											3429	
	5a	Gross amount from sale of assets other than inventory																												
	b	Less: cost or other basis and sales expenses																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																												
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																												18295
	b	Less: direct expenses other than fundraising expenses																												-19865
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																												-1561	
7a	Gross sales of inventory, less returns and allowances																													
b	Less: cost of goods sold																													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
8	Other revenue (describe ▶ _____)																													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																												78034	
Expenses	10	Grants and similar amounts paid (attach schedule)																											583456	
	11	Benefits paid to or for members																											5957	
	12	Salaries, other compensation, and employee benefits																											6137	
	13	Professional fees and other payments to independent contractors																											22875	
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												12647
	16	Other expenses (describe ▶ <u>2530</u>)																											2530	
	17	Total expenses. Add lines 10 through 16																												633602
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																											-555568	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																											1116712	
	20	Other changes in net assets or fund balances (attach explanation)																												
	21	Net assets or fund balances at end of year Combine lines 18 through 20																												561144



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	820800	22 561144
23	Land and buildings		23
24	Other assets (describe ▶ <u>GRANTS RECEIVABLE</u>)	327762	24
25	Total assets	1148562	25 561144
26	Total liabilities (describe ▶ _____)	1148562	26 561144
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1148562	27 561144

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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99 25

EXPIRES MAR 17 2011

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?	37b	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41	List the states with which a copy of this return is filed. ▶ MICHIGAN		
42a	The organization's books are in care of ▶ <u>LANA COTTON</u> Telephone no. ▶ <u>231-436-4100</u> Located at ▶ <u>207 WEST SINCLAIR AVE MACKINAW CITY MI</u> ZIP + 4 ▶ <u>49701</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Sign Here

Signature of officer: *Phil Porter* Date: 2/16/11
 PHIL PORTER, ADMINISTRATIVE AGENT
 Type or print name and title

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: _____ EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization MACKINAC ASSOCIATES	Employer identification number 38 ; 2328863
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	187563	155146	159096	713866	76166	1291837
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	17448	71656	-2155		18295	105412
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	205011	226802	156941	713866	94461	1397249
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10970	10655				34025
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	12448	66656				
c Add lines 7a and 7b	23418	77311				1065997
8 Public support (Subtract line 7c from line 6)						1296352

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	205011	226802	156941	713866	94461	1397081
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					3429	3429
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					3429	3426
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					97890	1400510

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	92.56 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.24 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

Mackinac Associates

Balance Sheet

09/30/2010

ASSETS

UNRESTRICTED ASSETS

0-000 -1000-000	Cash - Checking	3,221 66
0-000 -1010-000	Cash - Savings	348,033.36
0-000 -1025-000	Stocks	1,389.00
0-000 -1027-000	Stocks - Unrestricted	2,524 16

TOTAL UNRESTRICTED ASSETS

355,168 18

RESTRICTED ASSETS

TEMPORARILY RESTRICTED

0-000 -1040-000	Education Endowment (B)	6,497 61
0-000 -1040-001	Education Endowment (B) Savings	2,138 30

PERMANENTLY RESTRICTED

0-000 -1039-000	Education Endowment (D)	184,382.19
0-000 -1026-000	Stocks - Restricted(Ed Endowment)	4,095 00
0-000 -1041-000	Hazel DeRosa Mem Fund	2,884.69
0-000 -1035-001	Library Acquisition Fund	185 13
0-000 -1035-002	Dwightwood Spring Memorial Fund	5,792 29

TOTAL RESTRICTED ASSETS

205,975 21

TOTAL ASSETS

561,143 39

LIABILITIES & EQUITY

0-000 -3000-000	Retained Earnings	1,116,712 07
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NET CHANGE FOR THE PERIOD

(555,568 68)

TOTAL LIABILITIES AND FUND BALANCE

(561,143 39)

Mackinac Associates

FINANCIAL STATEMENT

PAGE

09/30/2010

1

	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGET
INCOME							
Membership Income							
Friend Memberships	3,445 00	2,000 00	1,445 00	14,040 00	13,000 00	1,040 00	13,000 00
Mackinac Heritage Memberships	14,693 00	2,350 00	12,343 00	24,557 00	34,800 00	(10,243 00)	34,800 00
Voyager Memberships	10,920 00	4,462 50	6,457 50	36,344 00	34,000 00	2,344 00	34,000 00
Sentinel Memberships	3,850 00	2,500 00	1,350 00	24,690 00	24,500 00	190 00	24,500 00
Explorer Memberships	400 00	1,000 00	(600 00)	8,400 00	9,200 00	(800 00)	9,200 00
Commandants Circle Memb	1,800 00	1,200 00	600 00	15,600 00	15,000 00	600 00	15,000 00
Steward Memberships	0 00	1,000 00	(1,000 00)	11,000 00	12,000 00	(1,000 00)	12,000 00
Guardian Membership	0 00	0 00	0 00	2,500 00	5,000 00	(2,500 00)	5,000 00
TOTAL MEMBERSHIP INCOME	35,108 00	14,512 50	20,595 50	137,131 00	147,500 00	(10,369 00)	147,500 00
Other Operating Income							
Interest Income	184 81	1,000 00	(815 19)	3,179 58	2,000 00	1,179 58	2,000 00
GMW Celeb - Dinner	0 00	0 00	0 00	12,220 00	12,500 00	(280 00)	12,500 00
Annual Meeting	0 00	0 00	0 00	(90 00)	1,000 00	(1,090 00)	1,000 00
Other events	0 00	0 00	0 00	6,165 00	1,000 00	5,165 00	1,000 00
Contributions - General	4,735 00	1,000 00	3,735 00	54,516 00	30,000 00	24,516 00	30,000 00
Contributions - Annual Appeal Pr	0 00	0 00	0 00	1,000 00	0 00	1,000 00	0 00
Pledge Income	7,238 00	0 00	7,238 00	7,238 00	0 00	7,238 00	0 00
Donation Expense	16,718 62	0 00	16,718 62	166,718 62	0 00	166,718 62	0 00
Grant Income	309,718 62	0 00	309,718 62	43,000 00	15,000 00	28,000 00	15,000 00
TOTAL OTHER OPERATING IN	305,157 81	2,000 00	303,157 81	(39,490 04)	61,500 00	(100,990 04)	61,500 00
TOTAL OPERATING INCOME	340,265 81	16,512 50	323,753 31	97,640 96	209,000 00	(111,359 04)	209,000 00

Mackinac Associates

FINANCIAL STATEMENT

09/30/2010

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	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGET
EXPENSES							
Management & General							
Administrative Expenses	285 00	0 00	285 00	1,175 44	0 00	1,175 44	0 00
Contractual Services	0 00	750 00	(750 00)	5,175 76	10,000 00	(4,824 24)	10,000 00
Donor Recognition	90 00	0 00	90 00	109 25	1,000 00	(890 75)	1,000 00
Liability Insurance	0 00	0 00	0 00	1,431 00	2,200 00	(769 00)	2,200 00
Advertising	0 00	0 00	0 00	1,355 00	1,000 00	355 00	1,000 00
Membership Software	0 00	0 00	0 00	0 00	1,300 00	(1,300 00)	1,300 00
Internet Web Page	0 00	0 00	0 00	0 00	1,000 00	(1,000 00)	1,000 00
Membership Services	1,473 21	0 00	1,473 21	5,875 31	5,000 00	875 31	5,000 00
Supplies	0 00	0 00	0 00	2,995 97	5,000 00	(2,004 03)	5,000 00
Brochure Reprint	0 00	0 00	0 00	2,723 61	2,000 00	723 61	2,000 00
Total Mgmt & General	1,848 21	750 00	1,098 21	20,841 34	28,500 00	(7,658 66)	28,500 00
Special Events							
Red, White & Blue Event	3,990 11	0 00	3,990 11	3,990 11	3,500 00	490 11	3,500 00
Other - Pre/Post Events	0 00	0 00	0 00	0 00	2,000 00	(2,000 00)	2,000 00
Total Special Events	3,990 11	0 00	3,990 11	3,990 11	5,500 00	(1,509 89)	5,500 00

Mackinac Associates

FINANCIAL STATEMENT

09/30/2010

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	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGET
Program Services							
Admissions Scholarships	0 00	0 00	0 00	233 63	600 00	(366 37)	600 00
Education Endowment Fund	0 00	0 00	0 00	0 00	500 00	(500 00)	500 00
Curosities Newsletter	750 00	3,000 00	(2,250 00)	8,725.98	12,000 00	(3,274 02)	12,000 00
G Mennen Williams Celebration	0 00	0 00	0 00	15,866 01	15,300 00	566 01	15,300 00
- Dinner	0 00	7,000 00	(7,000 00)	0 00	7,000 00	(7,000 00)	7,000 00
Education Outreach Support	0 00	15,750 00	(15,750 00)	31,128 33	31,500 00	(371 67)	31,500 00
Support Staffing	0 00	0 00	0 00	18,500 00	37,000 00	(18,500 00)	37,000 00
Education Outreach Brochure	0 00	0 00	0 00	2,079 20	2,100 00	(20 80)	2,100 00
Total Program Services	750.00	25,750 00	(25,000 00)	74,453 95	103,900 00	(29,446 05)	103,900 00
Special Projects							
Fort Mackinac South Sally Ticket	0 00	0 00	0 00	0 00	16,700 00	(16,700 00)	16,700 00
Promotional Video Upgrade	0 00	0 00	0 00	0 00	1,425 00	(1,425 00)	1,425 00
Adventure Tour Maintenance	0 00	0 00	0 00	0 00	2,728 00	(2,728 00)	2,728 00
Consultation & Treatment Asses	0 00	0 00	0 00	0 00	7,700 00	(7,700 00)	7,700 00
Outdoor Interpretive Panels - M I	0 00	0 00	0 00	0 00	5,000 00	(5,000 00)	5,000 00
MSHP Programs	0 00	0 00	0 00	27,602 84	0 00	27,602 84	0 00
Historic Elm Tree Treatment	0 00	0 00	0 00	162 00	6,300 00	(6,138 00)	6,300 00
CM Picnic Tables	0 00	0 00	0 00	0 00	2,647 00	(2,647 00)	2,647 00
Purchase of Mackinac Related C	0 00	0 00	0 00	0 00	2,500 00	(2,500 00)	2,500 00
Upgrade of Tent	0 00	0 00	0 00	0 00	750 00	(750 00)	750 00
Mill Creek Sky-lights	0 00	0 00	0 00	0 00	5,050 00	(5,050 00)	5,050 00
Large Format Printer	0 00	0 00	0 00	0 00	1,800 00	(1,800 00)	1,800 00
Marquette Park Playground Fibar	0 00	0 00	0 00	0 00	1,800 00	(1,800 00)	1,800 00
Mill Creek Directional Signs	0 00	0 00	0 00	0 00	1,750 00	(1,750 00)	1,750 00
Fort Mackinac Restroom Upgrad	0 00	0 00	0 00	0 00	4,500 00	(4,500 00)	4,500 00
French Translation Proj	24,329 00	0 00	24,329 00	24,329 00	0 00	24,329 00	0 00
MANNOGIAN ART MUSEUM	500,000 00	0 00	500,000 00	500,000 00	0 00	500,000 00	0 00
Total Special Projects	24,329 00	0 00	24,329 00	52,093 84	60,650 00	(8,556 16)	60,650 00
TOTAL EXPENSES	30,917 32	26,500 00	4,417 32	151,379 24	198,550 00	(47,170 76)	198,550 00
TOTAL OPER PROFIT/(LOSS)	(309,348 49)	9,987 50	(319,335 99)	53,738 28	(10,450 00)	64,188 28	(10,450 00)

Mackinac Associates

FINANCIAL STATEMENT

09/30/2010

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	CURRENT	BUDGET	VARIANCE	Y-T-DATE	BUDGET	VARIANCE	ANNUAL BUDGET
NON-OPERATING INCOME							
ENDOWMENT INCOME							
Dividend Income - Rest	0 00	0 00	0 00	63 80	0 00	63 80	0 00
Endow Contributions-Rest (D)	0 00	0 00	0 00	185.00	0 00	185 00	0 00
TOTAL NON-OPERATING INCO	0 00	0 00	0 00	248 80	0 00	248 80	0 00
Net Change for the Period	(190,651 51)	(9,987 50)	(180,664 01)	(555,568 68)	8,350 00	(563,918 68)	8,350 00

FORM 990-EZ (2009)
PART III

OTHER PROGRAM SERVICES

FRENCH TRANSLATION PROJECT – Grant from the Gould Foundation
To provide support in the translation of historic French documents related to
The Straits of Mackinac region. Research will be used to publish a book.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization Mackinac Associates	Employer identification number 38-2328863
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 567	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MACKINAW CITY, MI 49701	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ LANA COTTON

Telephone No. ▶ 231-436-4100 FAX No. ▶ 231-436-4210

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 10/01, 20 09, and ending 09/30, 20 10.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20____.

5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.

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

7 State in detail why you need the extension _____

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

Signature and Verification

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

Signature *Famille* Title *Bookkeeper* Date *2/19/11*

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