

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning	and	ending				
B CI	neck if opticable	C Name of organization		•	D Employer identific	ation number		
Γ-	Address change	MACKINAC CENTER FOR PU	BLIC POLICY					
-	Name change	Doing business as			38-2	701547		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number			
	Final return/	140 WEST MAIN STREET, I			(989)	631-0900		
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	8,513,761.		
	Amen de	MIDDAND, MI 40040			H(a) Is this a group re			
	Applica- tion pending	F Name and address of principal officer OCD	EPH G. LEHMAN		for subordinates?	Yes X No		
	pending	SAME AS C ABOVE			H(b) Are all subordinates ind			
				or 52		ist (see instructions)		
		www.MACKINAC.ORG	. Day N	1 1	H(c) Group exemption			
		- garrization:	ssociation Other >	∦ L Yea	r of formation: 198/IM	State of legal domicile; MI		
Pa		Summary	COMP	rion c	THOU ARLY DECE	ADOU AND		
ė	1 E	Briefly describe the organization's mission or most	Significant activities COND	DOL TO	A LGGIEG MU .	IMPROVE		
Governance	_							
ern		Check this box If the organization discoil the control of the co		sea or mor	i i	13		
Š		Number of voting members of the governing body Number of independent voting members of the gov			3 4	<u>13</u>		
8 (otal number of independent voting members of the gov otal number of individuals employed in calendar y	• • • • • • • • • • • • • • • • • • • •		5	53		
ties		otal number of voluntoors (estimate if necessary)	•		6	12		
Activities &	7 20 7	Total unrelated business revenue from Part VIII. co	lump (G) Imp 12 - 12 (C)		7a	0.		
Ac	/ all	Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form	BOLT RECEIVED	te ve	7b	0.		
		tot gillolated basiness taxable income non remi		100	Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)	18 SEP 05 2018	RS-08	4,672,919.	8,275,812.		
Revenue		Program service revenue (Part VIII, line 2g)	SEP 0 5 2018		2,807.	152,952.		
Š		nvestment income (Part VIII, column (A), lines 3, 4,	The same of the sa		89,781.	84,997.		
æ	L	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			0.	0.		
	l	Fotal revenue - add lines 8 through 11 (must equal	· (4,765,507.	8,513,761.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)		0.	0.		
ທູ	15	Salaries, other compensation, employee benefits (I	Part IX, column (A), lines 5-10)		3,241,747.	<u>3,417,110.</u>		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), I		ļ	27,000.	<u>33,500.</u>		
ĝ	P.	Fotal fundraising expenses (Part IX, column (D), Iin	e 25) 601,3	<u>46.</u>	(")			
ŵ	17 (Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)	L	3,339,399.	3,169,629.		
	18	Fotal expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)	<u> </u>	6,608,146.	6,620,239.		
		Revenue less expenses Subtract line 18 from line	12		<1,842,639.>	1,893,522.		
20.0				8	eginning of Current Year	End of Year		
Net Assets (20	Total assets (Part X, line 16)		L	9,361,342.	11,570,773.		
t As	21	Total liabilities (Part X, line 26)		L	175,855.	335,848.		
بَيْ	22	Net assets or fund balances Subtract line 21 from	line 20		9,185,487.	11,234,925.		
·		Signature Block						
	•	ties of perjury, I declare that I have examined this return.				knowledge and belief, it is		
true	, correct	, and complete Declaration of Trepacer (other than office	er) is based on all information of w	hich prepare	er has any knowledge.	-/		
		Signature of officer			Date 8/2	7/18		
Sig	- 1		TDENM		Dute /	•		
Her	e	JOSEPH G. LEHMAN, PRES Type or print name and title	IDENT					
			D		Date Check	PTIN		
Paid		Print/Type preparer's name LU ANN TRAPP	Preparer's signature LU ANN TRAPP		08/23/18 self employ			
	- 1		PLLC		Firm's EIN	38-1357951		
		Firm's address 10 S. RIVERSIDE		₹	FILITI S EIN	00 100/001		
J36	J.III.7	CHICAGO, IL 6060		•	Phone no (3	12) 207-1040		
Mar	v the IP	S discuss this return with the preparer shown abo			Tritolic lio \S	X Yes No		
ivid	, 111 0 11 7	47 LHA For Panarwork Reduction Act Nation				Form 990 (2017)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Form	1990 (2017) MACKINAC CENTER FOR PUBLIC POLICY 38-2701547	Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	_ X
	Briefly describe the organization's mission	
1	OUR MISSION IS TO BE THE MOST RESPECTED AND INFLUENTIAL SOURCE OF	
	PUBLIC POLICY RESEARCH, ANALYSIS AND EDUCATION IN MICHIGAN. THE	
	MACKINAC CENTER FOR PUBLIC POLICY IS COMMITTED TO PROVIDING THE	
	FREE-MARKET PERSPECTIVE, RESULTING IN SUPERIOR OPPORTUNITIES AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
~		s X No
	,	140
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	1
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
		ai IG
	revenue, if any, for each program service reported	
4a	(Cocte) (Expenses \$1, 0.26, 1.14. including grants of \$) (Revenue \$))
	INFORM CITIZENS, COMMUNITY LEADERS, BUSINESS PEOPLE AND PUBLIC	
	OFFICIALS ABOUT LEGISLATION THAT AFFECTS THEIR FAMILIES, SCHOOLS, JO)BS
	AND COMMUNITIES BY PROVIDING CONCISE, OBJECTIVE, NONPARTISAN	
		TOR
	DESCRIPTIONS OF BILLS, AMENDMENTS AND VOTES THROUGH A DEDICATED WEBS	21.12
	AND MOBILE DEVICE APPLICATIONS.	
4b	(Code) (Expenses \$ 427,628 · including grants of \$) (Revenue \$	
	CONDUCT SCHOLARLY RESEARCH AND ANALYSIS OF STATE OF MICHIGAN PUBLIC	
	POLICY ISSUES RELATED TO THE STATE'S EDUCATIONAL SYSTEMS, AND	
	COMMUNICATE THE RESULTS OF THAT RESEARCH AND ANALYSIS TO MICHIGAN	
	CITIZENS, IN ORDER TO IMPROVE THE QUALITY OF LIFE FOR ALL MICHIGAN	
	CITIZENS BY ADVANCING THE PRINCIPLES OF A FREE-MARKET ECONOMY, LIMIT	red
	GOVERNMENT AND RESPECT FOR PRIVATE PROPERTY.	
4c	(Code) (Expenses \$ 375,324 • including grants of \$) (Revenue \$)
-	CONDUCT SCHOLARLY RESEARCH AND ANALYSIS OF STATE OF MICHIGAN PUBLIC	
	POLICY ISSUES RELATED TO STATE'S BUDGET AND FISCAL RESPONSIBILITY, A	AND
		<u> </u>
	COMMUNICATE THE RESULTS OF THAT RESEARCH AND ANALYSIS TO MICHIGAN	
	CITIZENS, IN ORDER TO IMPROVE THE QUALITY OF LIFE FOR ALL MICHIGAN	
	CITIZENS BY ADVANCING THE PRINCIPLES OF A FREE-MARKET ECONOMY, LIMIT	red
	GOVERNMENT AND RESPECT FOR PRIVATE PROPERTY.	
	CONDIGNATION AND MEDITAL TON TRAVERS INCLUDED.	
	·	
	Other and gram con (Congress of Congress o	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 3,856,951. including grants of \$) (Revenue \$ 152,952.)	
4-	Total program service expenses 5 686 017	

Form **990** (2017)

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Yes No

Form 990 (2017) MACKINAC CENTER FOR PUBLIC POLICY
Part IV Checklist of Required Schedules

2 is the organization required to complete Schedule B, Schedule of Continbutors? 3 Did the organization regige in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) electron in effect during the tax year? If "yes," complete Schedule C, Part II 5 is the organization as ection 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-19" If "yes," complete Schedule C, Part II 6 Did the organization maintain any dinnor advised funds or any similar funds or accounts for which dinnors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instinct land areas, or historic structures? If "yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt regoliation services? 10 Did the organization report an amount for investments - organization, hold assets in temporarily restricted endowments, permanent andowments, or quise administration, and assets in temporarily restricted endowments, permanent andowments, or quise administration and assets in temporarily restricted endowments, permanent andowments, or quise selecture D, Part IV 10 Did the organization report an amount for investments - organization, hold assets in temporarily restricted endowments, permanent andowments, or quise selecture D, Part IV 11 Did the organization report an amount for investments - organization in the stabilities or	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		Ì
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If If Yes, "complete Schedule C, Part II 3 Section 501((S)) organizations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If Yes, "complete Schedule C, Part II 5 Is the organization a section 501((4)), 501((S)) or 501((S)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19" If Yes, "complete Schedule C, Part III 6 Did the organization and an any othoric advised finds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, "complete Schedule D, Part II 7 Did the organization enserve or hold a conservation easement, including easements to preserve open space, in the environment, historical and areas, or historic articulars? If Yes, "complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes," complete Schedule D, Part III 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, "complete Schedule D, Part X III to erganization report an amount for investments—other securities in Part X, line 10? If Yes," complete Schedule D, Part X III 10 Did the organization report an amount for investments—other securities in Part X, line 10? If Yes," complete Schedule D, Part X III 11 Did the organization report an amount for investments—other securities in Part X, line 10? If Yes, "complete Schedule D, Part X III 11 Did the organization report an amount for investments—processed in Part X, line 10? If Yes,		If "Yes," complete Schedule A	1	X	
public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.192 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization export an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization vegota an amount for other labilities in Part	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization and expense of society and the provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I for the organization meant and erase, or historia structures? If "Yes," complete Schedule D, Part II for the organization meantain and erase, or historia structures? If "Yes," complete Schedule D, Part II for the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II for the organization report an amount in Part X, line 21, for excrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide criedit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV for the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part IV for the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part IV for the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part IV for the organization report an amount for other assets in Part X, line 125 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IV for the organization report an amount for other assets in Part X, line 257 If "Yes," complete Schedule D, Part X for the organization report an amount for other assets in Part X, line 257 If "Yes," complete Schedule D, Part X for the organization report and amount for other assets i	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501 (c)(4), 501 (c)(6), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space. The amounts not listed in Part X, or provide credit counseling, debt management, reddit regional accounts and accounts and the complete Schedule D, Part II Did the organization maintain organization structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of air, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization service and the following questions is "Yes," then complete Schedule D, Part VIII, III, IX, or X as applicable Did the organization report an amount for investments of the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for orther assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for orther assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for orther liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization orbit and amount for orther liabilities in Part X, li			3		X
s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19° // "Yes," complete Schedule C, Part I/I 6 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?" // "Yes," complete Schedule D, Part I/I 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets?" // "Yes," complete Schedule D, Part I/I 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not Isted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?" // "Yes," complete Schedule D, Part I/I 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-endowments? // "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 111 Did the organizat	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	}		ļ
smilar amounts as defined in Revenue Procedure 98-19? // "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or instructures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other assats in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 14 Did the organization report an amount for other assats in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 15 Did the organization report an amount for other assats in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 16 Did the		during the tax year? If "Yes," complete Schedule C, Part II	4	<u>X</u>	ļ
6 Did the organization maintain any donor advised funds or any similar funds or a accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? "It "yes," complete Schedule D, Part II Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part V, II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VI Did the organization report an amount for investments in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VI Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15 that is 5% o	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	{		
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? (If 'Yes,' complete Schedule D, Part III 7 8 9 1 1 1 1 1 1 1 1 1	6		i		
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 3 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V or the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, or quasi-endowments, or grass-indowments? If "Yes," complete Schedule D, Part V or as applicable. 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V or as a spipicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V or Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V or Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X or Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X or Did the organization obtain separate, independent audited financial statements for the tax year include a toothote that addresses the organization's liability for uncertain tax postrions under Filh 48 (ASC 1479). If "Yes," complete Schedule D, Part X organization export an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X organization export on Part X, line 10 the organization obtain separate, independent audited financial statements for the tax year? 11 by Was the organization obtain separate,		·	6		X
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 1s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 1da Did the organization maintain an office, employees, or agents outside of the United States? 1da Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		ļ
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column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part / 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "Yes," complete Schedule G, Part // 18 18	17	·			T
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17	X	<u>L</u>
	18	· · · ·			
		1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		{	}
complete Schedule G. Part III		complete Schedule G. Part III	19		X

MACKINAC CENTER FOR PUBLIC POLICY 38-2701547 Form 990 (2017) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes." complete Schedule I. Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I 25a b Is the organization 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 X 25b Schedule L. Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X cornplete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 corntributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) a A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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35<u>b</u>

36

37

X

X

X

37

38

Form 990 (2017) MACKINAC CENTER FOR PUBLIC POLICY

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					<u> </u>
		۱.		F."	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable	1a	29			٠,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-		, ,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ne gaming	, 1	X	, ,
_	(gambling) winnings to prize winners?	ı	1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	000	53	~	, 1	~ ~ ,
	filed for the calendar year ending with or within the year covered by this return	2a_		1 " "1	X	. ~
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	S)			,* ,	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a_		X
	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			1		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccour	t) ²	4a	<u> </u>	X
þ	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)		w w	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit	}		
	any contributions that were not tax deductible as charitable contributions?			6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			ž		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a	Ĺ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we	as requ	ured		}	
	to file Form 8282?		1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>] ,		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e	L	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fil	e a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e		· /	·.,
	sponsoring organization have excess business holdings at any time during the year?			8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				_	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a]′	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b] . '	* * *	ľ
11	Section 501(c)(12) organizations. Enter				ļ ~	-
а	Gross income from members or shareholders	11a	1	ر " را ا	1	
-	Gross income from other sources (Do not net amounts due or paid to other sources against			1	^ %	١,
-	amounts due or received from them)	11b			3.4	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7	12a	[[" "
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ļ	7		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			7:		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O				~	1
.	Enter the amount of reserves the organization is required to maintain by the states in which the			, «		-
ט	organization is licensed to issue qualified health plans	13b	1	~	8 ,	-, ^
_		13c		† 🌞	· ~	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	130	<u> </u>	14a	 	X
		· ^		14b	 	 ^
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	eU.			990	(201

orm Par	To to the transfer of the bolow, different			age 6 se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 13		Yes	No
1a	The first of the f	~ · ~ ,		
	If there are material differences in voting rights among members of the governing body, or if the governing		^	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent 1b	` ~	()	
b		, *	۶,	, ~
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	(a)	., ^ (v
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_ {		v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	_6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	7.5	1
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			l
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		٠ ٠	1
a	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	.)		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ĺ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			-
	in Schedule O how this was done	12c	X	L
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		, ~	
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	`	,	,
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		ž.	F 1
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	3.5	3	- (
,,,,	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			77. 3
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		%	- 1
	exempt status with respect to such arrangements?	16b	`	1
Sec	tion C. Disclosure	1,192		
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DC	.FL	GA	.HT
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at			
18	for public inspection Indicate how you made these available. Check all that apply	- anabit	•	
40		fores-	ol.	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	mianc	idi	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOSEPH G. LEHMAN - (989)631-0900			
	140 W. MAIN, MIDLAND, MI 48640			

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38-2701547

R PUBLIC POLICY Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one			than c		Reportable	Reportable	Estimated
	hours per		k, unless person is both an icer and a director/trustee)					compensation	compensation	amount of
	l week	_				$-\Gamma T^{-}$		from the	from related organizations	other compensation
	hours for	director		}		-	}	organization	(W-2/1099-MISC)	from the
	related	no ee	stee		1	nsate		(W-2/1099-MISC)	` ' '	organization
	organizations	trust	nal tru		oyee	ad mo	1		l	and related
	below	individual trustee or	institutional trustee	Officer	Key employee	Highest compensated employee	Former		İ	organizations
	line)	힐	lust	ਙ	₹.	돌등	For			
(1) MR. JOSEPH G. LEHMAN	50.00			'	ĺ	[1	000 150		10 565
PRESIDENT	5.00	X		X	<u> </u>			299,153.	0.	12,767
(2) MR. CLIFFORD TAYLOR	1.00									
CHAIRMAN	0.50	X		X	ļ.,	 		0.	0.	0
(3) MR. KENT B. HERRICK	1.00				}	•				
VICE CHAIRMAN	0.50	X		X			-	0.	0.	0
(4) MR. JOSEPH P. MAGUIRE	1.00									
TREASURER	0.50	X	_	X	├	<u> </u>	<u> </u>	0.	0.	0
(5) MR. RICHARD D. MCLELLAN	1.00	 	}		1	}	}			
SECRETARY	0.50	X	<u> </u>	X	├ -	├-	├	0.	0.	0
(6) MR. JIM BARRETT	1.00	ا ــ ا	ł		{	({	•		^
BOARD MEMBER		X	<u> </u>	<u> </u>				0.	0.	0
(7) MRS. DULCE M. FULLER	1.00		i	Ì	l	ĺ		0.	0	
BOARD MEMBER	0.00	X	├—	├ -	 	 —	├	<u> </u>	0.	0
(8) MR. RICHARD G. HAWORTH	1.00			{	1	Į	{	0.	0.	
BOARD MEMBER		X	├-	⊢	├-	├	├		0.	0
(9) MR. J.C. HUIZINGA	1.00)	ļ	}	})	0.	0.	0
BOARD MEMBER	0.00	X	-	 	├	├	├	<u></u>		<u>_</u>
(10) MR. EDWARD C. LEVY, JR.	1.00	x	}	}	l	ļ	ļ	0.	0.	0
BOARD MEMBER	0.00	₽	-	⊢	├	├	├-	- ·	.	
(11) MR. RODNEY M. LOCKWOOD, JR. BOARD MEMBER	0.00	x	1	l	ì	}	}	0.	0.	0
(12) MR. D. JOSEPH OLSON	1.00	┝≏	┝	\vdash	├─	├╌	├╌	<u> </u>	-	-
BOARD MEMBER	0.00	X		ł	ł	{	ł	0.	0.	0
(13) MR. DOUGLAS GRAF	1.00	1	┢	╁╌	┼	┼─	┢╌	<u>-</u>	-	<u>-</u>
BOARD MEMBER	0.00	x	l	1	l	ĺ	Ì	0.	o.'	0
(14) PATRICK J. WRIGHT	50.00	-	┢	\vdash	 	╀─	┢		-	
VICE PRESIDENT FOR LEGAL AFFAIRS	0.00	ſ	[x	1	115,789.	0.	12,767
(15) MICHAEL J. REITZ	50.00	╁─	\vdash	 	1-	+==	<u> </u>		ļ	
EXECUTIVE VICE PRESIDENT	0.00	1	Į		1	x]	143,586.	0.	12,767
(16) JAMES L. WALKER	50.00	+-	\vdash	 -	1	Ť	 	===,500.	ļ	,_,
VICE PRESIDENT FOR ADVANCEMENT	0.00	1	}	}	}	x	}	150,589.	0.	12,767
	1 - 5.55	1	<u> </u>	T	1	t			<u> </u>	
		1	ŀ	}	}		}	}		

	,, <u></u> ,		1						- 100/11/1000/				
(A)	(B)	}	(C) Position					(D) (E)			(F)		
Name and title	Average hours per	(do	not ci	heck r	nore	than o	one an	Reportable Reportable compensation compensation			ı		
	week	offic	er an					from	from related	1		other	
	(list any hours for	director	} ;			ł	}	the	organizations	1		oensa	
	related	e or d	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MIS 	U)		om the anızatı	
	organizations	truste	nal tru		oyee	edwo.	ļ			1	_	l relate	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
	 	=	Ē	Ð	χ	主	<u> </u>	 	 				
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		1_	<u>_</u>		<u> </u>	<u></u>	<u>L</u>	700 117				1 0	
1b Sub-total								709,117.	<u> </u>	0.	5.	1,0	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							709,117.		0.	5	1,0	
Total number of individuals (including but r	not limited to th	ose	liste	ed at	ove	e) wh	io re		,000 of reportable			- 1 -	
compensation from the organization									·				4
3 Did the organization list any former officer	director or tr	uete	e ka	av er	nnlc	WAR	or l	highest compensated ei	mnlovee on			Yes	No
line 1a? If "Yes." complete Schedule J for s		usto	o,	.y o.	,,,	,,00	, 0	mgmoot oompondated of	mpioyoo on		3		Х
4 For any individual listed on line 1a, is the si		le co	omp	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or							elate	ed organization or indivi	dual for services		_	\$	X
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedui	e J f	Or SI	uch	oers	on					5		^_
Complete this table for your five highest co	ompensated in	dep€	nde	nt c	ontr	acto	rs th	nat received more than	\$100,000 of comp	 pensa	tion fro	om	
the organization Report compensation for	the calendar y	ear e	endii	ng w	uth (or w	<u>ithin</u>	the organization's tax y	/ear				
(A) Name and business	address							(B) Description of s	services	C)) Compe		n
AWARENESS ANALYTICS PARTI		<u>-</u>				;	-	ADVERTISING,					
412 DICKINSON AVENUE, SWA			Α	19	08	1	1	MARKETING &	CONSULTI		91	1,0	93.
ERESOURCES LLC								SOFTWARE					
233 SW 3RD STREET, OCALA	, FL 344	71	<u></u>				4	MAINTENANCE,	CONSULT		27	6,9	31.
							_						
													
							_						
Total number of independent contractors (\$100,000 of compensation from the organ	_	ot lu	mite	d to		se li: 2	sted	above) who received m	ore than	; : `& \$,	,	:
# 100,000 or compensation from the organ	Lation					=_							

84,997. Form **990** (2017)

Par	ŧ VI	II	Statement of Reven	ue					
<u> </u>			Check if Schedule O conta	uns a response d	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :		Federated campaigns	1a 1b					
25 2	'		Membership dues				3 18		
A, ts	(Fundraising events	1c					
뜵렱	,		Related organizations	1d		·, , , , , , , , , , , , , , , , , , ,			· * * * * * * * * * * * * * * * * * * *
S, E	•		Government grants (contribute						
탈	1	f	All other contributions, gifts, grant		275 012				
듗뙱			similar amounts not included above	/e 11 0 ,	275,812. 112,053.		, ", , , ,		* * * * / / /
통형		_	Noncash contributions included in lines	la- If \$		8,275,812.			
<u>ं</u> ल		<u>h</u>	Total. Add lines 1a-1f					·	
}	_		PROGRAM SALES		Business Code 541900	152,952.	152,952.	` ′	
ğ	2				341300	132,332.	132/3320		
E S		b							
E G		C							
Ba		a							
Program Service Revenue		f	All other program service reve	nue				 	
_ 1			Total. Add lines 2a-2f	TIU6	<u> </u>	152,952.		· · · · · · · · · · · · · · · · · · ·	3
	3	<u> </u>	Investment income (including	dividends, intere					
	Ŭ		other similar amounts)	22525,5	>	84,997.		ļ	84,997.
	4		Income from investment of tax	x-exempt bond p	roceeds				
	5		Royalties		•			1	
			,	(i) Real	(ii) Personal	8 , 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	6	а	Gross rents						
		b	Less rental expenses						14 0 2 4
		С	Rental income or (loss)						, , , , , , , , , , , , , , , , , , , ,
		d	Net rental income or (loss)		<u>></u> _		<u> </u>	<u> </u>	
	7	а	Gross amount from sales of	(ı) Securities	(II) Other			1 1 1 1	
	1		assets other than inventory		ļ				· '
	ł	b	Less cost or other basis	}	1	, ' ' , '	·		
			and sales expenses		<u> </u>				1 >
		С	Gain or (loss)	l	<u> </u>	· * * * * * * * * * * * * * * * * * * *	` ' · · · · · · · ·	' "	1
			Net gain or (loss)					-	
9	8	а	Gross income from fundraising	g events (not	ļ		~ '* '		
	1		including \$		ſ	1. * 1			, í
ě			contributions reported on line	1c) See				* "	1
ē	}		Part IV, line 18	a		∤ ′			1
Other Reven	}		Less direct expenses	b	'	1 " " " " " " " " " " " " " " " " "			
	_		Net income or (loss) from fund						.
	9	а	Gross income from gaming ac		ł				1
	ĺ		Part IV, line 19	a b		1.00			^ ", ", "
	Ì		Less direct expenses	_	'\	- " . "" "" "	tame into the same in	* / `	
	1.0		Net income or (loss) from garr				1		1 7 7 7 7
	ו ו	а	Gross sales of inventory, less and allowances	ierania	.]	* * * * * * * * * * * * * * * * * * * *	***	l , 📉 🛴	.
		_		a b		1000 750		15	
			Less cost of goods sold Net income or (loss) from sale						1 2 ° « « / å «
	-	C	Miscellaneous Revenu		Business Code			2.50 2 6 4.2	
	11	-				-	1		1
	('	b			<u> </u>	 	 		
	1	2							
		ч	All other revenue						

e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 311,920. 258,201. 20,263. 33,456. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,615,907. 2,165,392. 169,935. 280,580. 7 Other salaries and wages Pension plan accruals and contributions (include 25,471. 21,084. 1,655. 2,732. section 401(k) and 403(b) employer contributions) 267,384. 221,335. 17,370. 28,679. Other employee benefits 196,428. 162,599. 12,760. 21,069. Payroll taxes 10 Fees for services (non-employees) Management 375. 27,555. 27,180. Legai 29,325. 29,325. Accounting d Lobbying 33,500. 33,500. Professional fundraising services. See Part IV, line 17 Investment management fees q Other (If line 11g amount exceeds 10% of line 25, 858,039. 915,493. 446. 57,008. co lumn (A) amount, list line 11g expenses on Sch O.) 225,678. 225,678. Activertising and promotion 12 162,819. 154,514. 6,513. 1.792. Office expenses 13 603,458. 567,251. 36,207. Information technology 14 15 Royalties 1,222. 30,549. 29,022. 305. Occupancy 16 375,404. 23,962. 399,366. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 44,607. 16,059. 26,318. 2,230. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 178,323. 7,508. 187,708. 1,877. Depreciation, depletion, and amortization 22 27,320. 25,954. 1.093. 273. insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 31,266. 131,645 a PRINTING 164,557. 1,646. POSTAGE AND SHIPPING 150,817. 37,704. 111,605. 1,508 SUBSCRIPTION & DUES 12,525. 835. 41,749. 28,389. d REPAIRS & MAINTENANCE 37,278. 39,240. 1,570. 392. 119,388. 91,065. 20,844 7,479.All other expenses 6,620,239. 5,686,017. 332,876. 601,346. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 113. 428. 1 1 Cash - non-interest-bearing 2,354,940. 3,283,321. 2 2 Savings and temporary cash investments 1,891,006. 3,565,887. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 504,429 454,329. 7 Notes and loans receivable, net Inventories for sale or use 8 8 33,763. 96,962 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 3,449,<u>159</u>. basis Complete Part VI of Schedule D 10a ,562,849. 1,886,310. 1,627,493. 10b 10c Less accumulated depreciation 2,904,598. 11 2,561,997. Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 45,000. 45,000. 15 15 Other assets See Part IV, line 11 9,361,342. 570.773. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 175,855. 335,848. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 175,855. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,458,217. 4,448,117. 27 27 Unrestricted net assets 4,487,370. 5,526,708. 28 Temporarily restricted net assets 28 250,000. 250,000. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31

Form **990** (2017)

11,234,925.

11,570,773.

32

33

34

9,185,487.

9,361,342.

31

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2017) MACKINAC CENTER FOR PUBLIC POLICY	38-	27015	47	Pag	_{le} 12
Par	TXI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6	6, 1, 9,	620 893 185	3,76),23 3,52 5,48 5,92	39. 22. 87.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-	<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,	234	1,9	<u> 25.</u>
Par	t XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					للا
1 2a	Accounting method used to prepare the Form 990			2a	Yes	No X
b	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both		**	2b	X	1, s
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	dule O		2c	X,	
	Act and OMB Circular A-133?		ļ	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	int			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	
			F	orm	990	(2017)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				K LOK LOBPIC				8-2701547						
Par	•	Reason for Public C	Charity Status (A	All organizations must co	mplete thi	s part) Se	e instructions							
The O	rgani	zation is not a private founda						- 1						
1 [7	A church, convention of chu					YAYi).							
2	==	A school described in secti					K-767							
2 [===	A hospital or a cooperative					iì							
3 L	=	A medical research organiza					•	the hospital's name						
4 [ation operated in con	ijunction with a nospital	described	iii Secuo	II ITOLDA IAAAIII). EIRei	the nospital s name,						
r	1	city, and state						-d						
5 L		An organization operated for		lege or university owned	or operate	eo by a go	vernmentai unit describe	ea in						
		section 170(b)(1)(A)(iv). (C												
6 L		A federal, state, or local gov	_											
7	X	- •												
		section 170(b)(1)(A)(vi). (Co	omplete Part II)											
8 [A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9 [An agricultural research org	janization described i	n section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a land-grant	college						
		or university or a non-land-g	rant college of agricu	ulture (see instructions)	Enter the r	name, city,	, and state of the college	or						
		university _												
10		An organization that normal	ily receives (1) more	than 33 1/3% of its supp	ort from o	ontributio	ns, membership fees, an	d gross receipts from						
		activities related to its exem	•											
		income and unrelated busin	•	•				-						
		See section 509(a)(2). (Cor		(
11	\neg	An organization organized a	•	vely to test for public saf	etv See s	section 50)9(a)(4).							
12	一	An organization organized a						nurnoses of one or						
12		more publicly supported org												
		lines 12a through 12d that	•					SHOOK WE DOX III						
		_	• •				_	5 11.00 5						
а	L	Type I. A supporting orga												
		the supported organization			majority o	tne airec	tors or trustees of the su	ipporting						
		organization You must o	-											
b	<u> </u>	Type II. A supporting org.												
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported						
		organization(s) You mus	t complete Part IV,	Sections A and C.										
С	L_	Type III functionally inte	grated. A supporting	g organization operated	ın connect	ion with, a	and functionally integrate	ed with,						
		its supported organization	n(s) (see instructions)	You must complete f	Part IV, Se	ctions A,	D, and E.							
d		☐ Type III non-functionally	integrated. A supp	orting organization oper	ated in coi	nnection w	vith its supported organiz	zation(s)						
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	veness						
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.							
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III							
_		functionally integrated, or												
f	Ente	er the number of supported of	• •	., 5	0 0									
		vide the following information	-	d organization(s)										
9		(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other						
		organization		(described on lines 1-10 above (see instructions))	Yes	No.	support (see instructions)	support (see instructions)						
				above (see instructions))	 									
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Schedule A (Form 990 or 990-EZ) 2017 MACKINAC CENTER FOR PUBLIC POLICY 38-2701547 Page 2

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	5489269.	4881192.	6347222.	4672919.	8275812.	<u> 29666414.</u>
2	Tax revenues levied for the organ-						
	ızatıon'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	5489269.	4881192.	6347222.	4672919.	8275812.	29666414.
5	The portion of total contributions			` ẑ , ,		, ,	
	by each person (other than a		, , , , , , , , , , , , , , , , , , ,	, i, ij i	, 78 , 39 , 30		
	governmental unit or publicly	1 1 2 2 3			\$		
	sup ported organization) included		, į) a	
	on line 1 that exceeds 2% of the				,	<i>*</i>	
	amount shown on line 11,	1 5 8 m × 1				Ş.	
	column (f)		1 , 1			<i>x</i>	7262974.
	Public support. Subtract line 5 from line 4		* •	*		, ,, , [*]	22403440.
	ction B. Total Support						T
	ndar year (or fiscal year beginning in)	(a) 2013 5489269.	(b) 2014 4881192.	(c) 2015 6347222.	(d) 2016 4672919.	(e) 2017	(f) Total 29666414.
-	Amounts from line 4	3469269.	4001192.	034/444.	40/2919.	02/3012.	29000414.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	102,919.	82,390.	87,166.	89,781.	84,997.	447,253.
_	and income from similar sources	102,319.	02,390.	07,100.	03,701.	04,337.	447,233.
9	Net income from unrelated business						
	activities, whether or not the						
	bus iness is regularly carried on				<u> </u>		
10	Oth er income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI) Total support. Add lines 7 through 10	*****	\		».		30113667.
11			l	<u> </u>	I	12	165,908.
12	First five years. If the Form 990 is fo	•	•	d fourth or fifth ta	v vear as a section	L	200,3001
15	organization, check this box and sto	9	mot, occorra, am	a, rourar, or marta	ix your do d booker	. 00 . (0)(0)	▶□
Se	ction C. Computation of Publ	ic Support Per	centage			<u> </u>	
	Public support percentage for 2017 (olumn (f))		14	74.40 %
	Public support percentage from 2016			.,,		15	70.05 %
	33 1/3% support test - 2017. If the			n line 13, and line	14 is 33 1/3% or m		
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
ŀ	33 1/3% support test - 2016. If the		-		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qua	•					
17a	10% -facts-and-circumstances test	t - 2017. If the org	janization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test The organization	tion qualifies as a j	publicly supported	organization		
ŀ	10% -facts-and-circumstances test	t - 2016. If the org	janization did not d	check a box on line	e 13, 16a, 16b, or ¹	7a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how th	e
	organization meets the "facts-and-cire	cumstances" test	The organization q	jualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	o, check this box a	nd see instruction	s >
	_				Sche	edule A (Form 990	or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 M Part III Support Schedule for G	ACKINAC C	ENTER FOR	PUBLIC PO	OLICY 2)	38-270	1547 Page 3
(Complete only if you checked	_				et II If the organize	ation fails to
qualify under the tests listed b	\		ngariization laileu	to quality dilucit Fa	art ii ii iiie Organizi	ation fails to
Section A. Public Support	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	meter art my				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	// (f) Total
1 Gifts, grants, contributions, and	(a) 2015	(6) 2014	(6) 2010	(4) 2010	(6) 2017	//
menabership fees received (Do not					f.	
include any "unusual grants ")					f	
	"				7	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		\		1		
are not an unrelated trade or bus-				/		
iness under section 513						
4 Tax revenues levied for the organ-				1		
izati on's benefit and either paid to						
or expended on its behalf		I		1		
5 The value of services or facilities		1			_	
furn ished by a governmental unit to		1				
the organization without charge		1				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		· · · · · · · · · · · · · · · · · · ·	1			
3 received from disqualified persons						
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						
c Add lines 7a and 7b		1	1			
8 Public support. (Subtract line 7c from line 6)	2 ;	16	Ì		: :	
Section B. Total Support	<u></u>	/	\			
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6		/	(4)	\	(5)	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses				1		
acquired after June 30, 1975						•
c Add lines 10a and 10b	1			\		
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1					
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)/		1				
					- ``	•
13 Total support. (Add lines 9 10c, 11, and 12)	or the organization's	s first, second thir	d. fourth, or fifth to	ax vear as a section	n 501(c)(3) organiza	ation.
13 Total support. (Add lines 9 10c, 11, and 12)14 First five years. If the Form 990 is for	or the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiza	ation, ▶☐
 Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here 			d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiza	ation, ▶□
13 Total support. (Add lines 9 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub.	lic Support Per	rcentage		ax year as a section		
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Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Dict the organization have ultimate control and discretion in deciding whether to make grants to the foreign surpported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination un der sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," an swer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to an yone other than (i) its supported organizations, (ii) individuals that are part of the charitable class be nefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Part IV Supporting Organizations (continued) 1	Sched	dule A (Form 990 or 990-EZ) 2017 MACKINAC CENTER FOR PUBLIC POLICY 38-2701	547	Pa	ige 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indevelty controls, either abone or together with persons described in (b) and (c) believe, the governing body of a supported organization? 13 A 73% controlled entity of a person described in (a) or (b) above? A 33% controlled entity of a person described in (a) or (b) above? A 33% controlled entity of a person described in (a) or (b) above? A 33% controlled entity of a person described in (a) or (b) above? Det the directors, trustees, or membership of one or more supported organizations have the power to regularity appoint or select at least a resportly of the organization is described in the selection of the organization and the controlled entities of the organization and the controlled entities of the organization and the controlled entities of the organization and the supported organization, describe how the powers to appoint endoir remove directors of trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the trust in the purposes of the supported organization of the than the supported organization of the trust in the supported organization of the trust in the purposes of the supported organization of the trust in the supported organization of the trust in the supported organization of the trust in the supported organization of the supported organization organization or trustees of each of the organization supported organizations by the left day of the fifth month of the organization is tay very (i) a substantial					
a A person who directly or endirectly controls, either alone or together with persons described in (b) and (c) below. The governing body of a supported organizations 1				Yes	No
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b. A samely member of a person described in (g) or b) above? (f "Yes" to a. b. or c. proyed eletat in Part VI. Section B. Type I Supporting Organizations 1 Dud the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of the regularly appoint or elect at least a majority of the organization of the regularly appoint or elect at least a majority of the organization of the regularly appoint or elect at least a majority of the organization of the regular appoint and or memore derectors or trustees at all times during the tax year? (inc.) describe the mid-parasition's activities if the organization had more than one supported organization, describe the with the powers as a paper and organization had more than one supported organization, describe the with powers to appoint and/or remove directors or trustees were ellicated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year organization what the proposed organization of the benefit carried out the purposes of the supporting organization of the thin the supported organization of the thin the supported organization of the purposes of the organization of the organization is supported organizations. 1 Were a majority of the organization's supported organization of the purposes of the organization's tax year, (i) a copy of the form 800 that was most recently field as of the date or orficiation, and (iii) copy or organization of the restriction of th	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		»,	
c. A 35% controlled entertor of person described in (a) or (b) above? (f *Yes* to a. b. or c. provide datast in Pert VI. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? (f*Yes*) of each pert VI how the supported organization(s) effectively operated, supervised, or controlled the organization activities of the organization and what conditions or restrictions, if you appeal of the organization operate for the benefit of any supported organization of the that the supported organization operate for the benefit of any supported organization of the that the supported organization of pert VI how providing such benefit cared out the purposes of the supported organization(s) that operated, supervised, or controlled the supposes of the supported organization(s) that operated, supervised, or controlled the supposes of the supported organization(s) that operated, supervised, or controlled the supposes of the supported organization(s) that operated, supposed organizations or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) that operated. Section C. Type II Supporting Organizations 1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, supported organizations or the supported organization or trustees of each of the organization's supported organizations, supported organization or managed the supported organization's the supported organization's provided during the prior tax year. (i) a copy of the form 950 that was most exceedible that supported organization or the organization's provided organization's provided during the prior tax year. (ii) a copy of the form 950 that was most exceedible that o		below, the governing body of a supported organization? 11	la .		
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Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization is the parent of each of its supported organizations. Complete line 3 below c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations and how the organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations involvement, one or more of the organization was responsive to those supported organizations involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or el		***	, 1		<i></i> 1
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Section E. Type III Functionally Integrated Supporting Organizations 1		income or assets at all times during the tax year? If "Yes " describe in Part VI the role the organization's	- 1		Î.
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	· · · · · · · · · · · · · · · · · · ·	٠ [ا . ئے	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а			* .	
b bid the organization exercise a substantial degree of direction over the policies, programs, and activities of each		The state of the s	a		
of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 3b	b	- Mail	,,	.4	
		of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	<u>b </u>		

	dule A (Form 990 or 990-EZ) 2017 MACKINAC CENTER FOR PUB			8-2701547 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		art VI) See instructions. All
Secti	other Type III non-functionally integrated supporting organizations must co	mpiete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions			
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	+ -		
0	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
		7		
	Other expenses (see instructions)	8		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		-	(B) Current Veer
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		, , ,	
	instructions for short tax year or assets held for part of year)	`		· · · · · · · · · · · · · · · · · · ·
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	3		
	factors (explain in detail in Part VI)	Ŋ.		~ , , , , , , , , , , , , , , , , , , ,
2	Ac quisition indebtedness applicable to non-exempt-use assets	2		
_3	Su btract line 2 from line 1d	3		
4	Ca sh deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Ne t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	M∟Itiply line 5 by 035	6		
7	Re coveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	_ 1	, " , "	
2	Enter 85% of line 1	2	. ""	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	ministra de la composición della composición del	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	19, 1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		,	
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integra	ited Type III supporting organ	nization (see
	instructions)	. 3	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	•

chec	dule A (Form 990 or 990-EZ) 2017 MACKINAC CENT	ER FOR PUBLIC F	POLICY 3	8-2701547	Page 7
3		aj(s) Supporting Orga	(continued)		
	on D - Distributions			Current Yea	<u>r</u>
	Amounts paid to supported organizations to accomplish exer				
_	Amounts paid to perform activity that directly furthers exemp	t purposes or supported			
	organizations, in excess of income from activity	f supported exceptations			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>		
	Amounts paid to acquire exempt-use assets				
	Qualified set-aside amounts (prior IRS approval required)				
	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the	ie organization is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2017 from Section C, line 6	<u> </u>			
10	Line 8 amount divided by line 9 amount	<u> </u>	(1)		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributabl Amount for 20	
1	Distributable amount for 2017 from Section C, line 6	, J. * * * /	. , , , , , , , , , , , , , , , , , , ,		
2	Un derdistributions, if any, for years prior to 2017 (reason-			16. 114	~
	able cause required explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2017			* ; , , ,	ź
а		4) (" 🚓 L	e di i	5 8 3	, ,
b	From 2013		ř·" «.;>	, ~ , ·;	.,"
С	From 2014				3 1
d	From 2015	, , 3 *		Ç.A	
е	From 2016			31. 7,5	
f	To tal of lines 3a through e				
g	Ap plied to underdistributions of prior years			, ,	}
h	Ap plied to 2017 distributable amount	ing i			
i	Ca rryover from 2012 not applied (see instructions)	<i>'</i> , ,	* , * . * . *	54 (, «
i	Re mainder Subtract lines 3g, 3h, and 3i from 3f			' 1	*
4	Distributions for 2017 from Section D,	;	., .		
	line 7 \$, · · · · · · · · · · · · · · · · · · ·	Vį,	
a	Ap plied to underdistributions of prior years	* / : #***			
b	Ap plied to 2017 distributable amount		* 5		
С	Re mainder Subtract lines 4a and 4b from 4		ş , , , , , , , , , , , , , , , , , , ,	A 38% A 1	ل: `
5	Re maining underdistributions for years prior to 2017, if				
	any Subtract lines 3g and 4a from line 2 For result greater				*****
	than zero, explain in Part VI. See instructions	dl i			· * ~
6	Remaining underdistributions for 2017 Subtract lines 3h	1 mar () 1 m m m m m m m m m m m m m m m m m m	÷		
	and 4b from line 1 For result greater than zero, explain in	. , <i>/*</i> /^			
	Part VI See instructions		1 2 3 3		
7	Excess distributions carryover to 2018. Add lines 3j		a a jirin da da		š ,
	and 4c			· .	
8	Breakdown of line 7	`. x	f.		* ;
	Excess from 2013	2	, , , , , , , , , , , , , , , , , , ,	* 2 3#	ş
	Excess from 2014	* * * * * * * * * * * * * * * * * * *	à	. , , , , , , , ,	Ÿ
	Excess from 2015	·2	i // /*	1.	
	Excess from 2016	* * !a . ' . '	2 2	物 头 "	,

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-E	Z) 2017	MACKINA	AC CEN	ITER	FOR	PUBLIC	POLICY	7	38-2701547	Page 8
Part VI	Supplemental Part IV. Section A.	Inforr Ines 1, Ines D. I	nation. Prov 2, 3b, 3c, 4b, ines 2 and 3. F	vide the ex 4c, 5a, 6, 9 Part IV. Sec	planation 9a, 9b, ction E.	ons requ 9c, 11a, lines 1c	ired by Part II, 11b, and 11c , 2a, 2b, 3a, ai	, line 10, Par , Part IV, Sec nd 3b, Part \	t II, line 17a or ction B, lines 1 /, line 1, Part V,	17b, Part III, line 12, and 2, Part IV, Sectior Section B, line 1e, Pa al information	 ı C.
											
											
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

łam	e of organization MACKINA	C CENTER FOR PUB	LIC POLICY		38-2701547
Pa	rt I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organic Political campaign activity expendic Volunteer hours for political campa	tures	al campaign activities		
Pa	rt I-B Complete if the or	ganization is exempt unde	er section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
	Enter the amount of any excise tax	, ,		5 ▶\$	
	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV	ganization is exempt unde	er section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende				
	Ent er the amount of the filing organ				
	exe mpt function activities			▶ \$	
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here a	nd on Form 1120-POL	-,	
	line 17b			▶ \$	
4	Did the filing organization file Forn	-			Yes No
5	Enter the names, addresses and e made payments. For each organization tributions received that were p political action committee (PAC). It	ation listed, enter the amount paid romptly and directly delivered to a	d from the filing organi a separate political org	ization's funds. Also enter the ganization, such as a separat	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					<u> </u>

Schedule C (Form 990 or 990-EZ) 2017] Part II-A Complete if the organization 501(h)).	MACKINAC CEI anization is exem	NTER FOR PUI pt under section	BLIC POLICY 501(c)(3) and file	38-2 d Form 5768 (ele	701547 Page 2 ction under
A Check ▶ ☐ If the filing organization	tion belongs to an affile e of excess lobbying e	- :	Part IV each affiliated	group member's name	, address, EIN,
Limit	tion checked box A and ts on Lobbying Exper litures" means amou	ditures	visions apply	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ				0.	
b Total lobbying expenditures to influ c Total lobbying expenditures (add lii	nes 1a and 1b)	y (direct lobbying)		4,670. 4,670.	
d Other exempt purpose expenditure e Total exempt purpose expenditure	s (add lines 1c and 1d)			6,615,569. 6,620,239. 481,012.	
f Lobbying nontaxable amount Enter If the amount on line 1e, column (a) o Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5 Over \$1,500,000 but not over \$17,	7 (b) is: The lob 20% of t 0,000 \$100,00 00,000 \$175,00	bying nontaxable in both bying nontaxable ame the amount on line 1e 0 plus 15% of the exce 0 plus 10% of the exce 0 plus 5% of the exces	ess over \$500,000 ess over \$1,000,000		
Over \$17,000,000	\$1,000,0		33 3731 \$1,533,533	100 053	
 g Grassroots nontaxable amount (en h Su btract line 1g from line 1a. If zero i Su btract line 1f from line 1c. If zero j If there is an amount other than zeroporting section 4911 tax for this 	o or less, enter -0- o or less, enter -0- ro on either line 1h or l	ine 1i, did the organiza	ation file Form 4720	120,253. 0. 0.	Yes No
(Some organizations the	4-Year Ave nat made a section 50	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all c	of the five columns be	
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (o r fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	367,594.	450,179.	480,407.	481,012.	1,779,192.
b Lobbying ceiling amount (150% of line 2a, column(e))				* .	2,668,788.
c Total lobbying expenditures	698.	1,779.	1,944.	4,670.	9,091.
d Grassroots nontaxable amount	91,899.	112,545.	120,102.	120,253.	444,799.
e Grassroots ceiling amount (150% of line 2d, column (e))			i va		667,199.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 MACKINAC CENTER FOR PUBLIC POLICY 38-2701547 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the Iobbying activity	(;	a) 	(l	p)
	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or	- G H X	3 8 3		
local legislation, including any attempt to influence public opinion on a legislative matter		Š.	1.2	
or referendum, through the use of		* ;	* 103	*
a Volunteers?		s		, ,
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1 , ; ~	, ^ ~
c Media advertisements?				<u> </u>
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?	-			
j Tottal Add lines 1c through 1i			-	
		<u></u>		
2a Dict the activities in line 1 cause the organization to be not described in section 501(c)(3)?		~ [y
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u> </u>	· .	,	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part 118-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501/a)//	5) or co	l .	
501(c)(6).		oj, ui sec	Juon	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1_		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sec	n the prior year	? 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Du es, assessments and similar amounts from members		1	,	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	olitical			
expenses for which the section 527(f) tax was paid).		1		
a Current year		2a		
b Ca rryover from last year		2b		
c Total		2c		
3 Ag gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If motices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		1		
	a political	4		
expenditure next year?		5		
expenditure next year? 5 Ta×able amount of lobbying and political expenditures (see instructions)			l	
5 Taxable amount of lobbying and political expenditures (see instructions)				
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	our list\ Dort II	A lines 1 s	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	oup list), Part il-	A, lines 1 a	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	oup list), Part II-	A, lines 1 a	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	oup list), Part II.	A, lines 1 a	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	oup list), Part II.	A, lines 1 a	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	oup list), Part II-	A, lines 1 a	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	oup list), Part II-	A, lines 1 a	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	oup list), Part II-	A, lines 1 a	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	oup list), Part II-	A, lines 1 a	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	oup list), Part II.	A, lines 1 a	nd 2 (see	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	oup list), Part II.	A, lines 1 a	nd 2 (see	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection ::

Name of the organization

MACKINAC CENTER FOR PUBLIC POLICY

Employer identification number 38-2701547

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	To tal number at end of year		
2	Acagregate value of contributions to (during year)		
3	Acagregate value of grants from (during year)		
4	Acagregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
_	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Dici the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	nferring
	im permissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pai	
1	Pu rpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		· 2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	vation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
p	conservation easements		
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement an	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other sımılar assets for fınancıal ga	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		■ ====================================

		CENTER FO			<u> </u>			<u>01547</u>	
Par									
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	are a siç	nificant u	se of its c	ollection if	tems
	(check all that apply)								
а	Public exhibition	d	Loan or excl	hange prograi	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	n's exen	npt purpo:	se in Part	XIII	
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	ures, or other	r sımılar	assets		_	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV. Escrow and Custodial Arrang		te if the organization	n answered "\	Yes" on	Form 990	, Part IV,	lıne 9, or	
	reported an amount on Form 990, Par	·		_					
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other asse	ets not ı	ncluded	_	_	
	on Form 990, Part X?							_ Yes	U No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table						
								Amount	
C	Beginning balance					1c			
d	Ad ditions during the year					1d			
е	Distributions during the year					_1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					rty?	L_	Yes	No ا
b	If "Yes," explain the arrangement in Part XIII								
Par	Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years		(d) Three y			years back
1a	Be ginning of year balance	599,944.	534,856.	533	,276.	4	74,243.		359,328.
b	Contributions	110 175		ļ <u>-</u>	500		50.000	<u> </u>	111 015
C	Ne't investment earnings, gains, and losses	119,175.	65,088.	ļ.—	,580.		59,033.	<u> </u>	114,915.
d	Grants or scholarships			}				 	
е	Other expenditures for facilities								
	and programs		·	ļ					
f	Ad ministrative expenses	E40 110	500.044		055				45.4 0.40
g	En d of year balance	719,119.	599,944.		,856.		33,276.	<u> </u>	474,243.
2	Provide the estimated percentage of the curr)) held as					
а	Bo ard designated or quasi-endowment	.00	_%						
b	Pe rmanent endowment ► 34.77	%							
C		5.23%							
	The percentages on lines 2a, 2b, and 2c should be percentages on lines 2a, 2b, and 2b, a	•							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administere	ed for th	e organiza	ation		
	by:							-	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	<u> </u>
Ь	If "Yes" on line 3a(ii), are the related organiza							_3b_	
4	Describe in Part XIII the intended uses of the		vment funds						
Pai	Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or of	, ,	or other		ccumulate		(d) Book	value
		basis (investm		(other)		preciation		100	000
_	Land			6,000.		747 -			,000.
b	Buildings	 		8,484.		047,7	45.	I,U5U	,741.
С	Leasehold improvements	 	- 	0 0 2 0	 ;	242 0		3 17	000
d		 		0,938.		343,8			,082.
	Other			3,737.		194, 7			,026.
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part X	K. column (B), line 1	0c.)				<u> </u>	,849.

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

MACKINAC CENTER FOR PUBLIC POLICY

38-2701547 Page 3

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Dat	XI Reconciliation of Revenue per Audited Financial State	ments With Revenue ner Da	Stiles	
r_aı	- 	•	sturii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements	12a	T	0 742 625
1	., .		1	8,742,635.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2a 155,916.		
a	Net unrealized gains (losses) on investments	E0 050		
Ь	Donated services and use of facilities		`	
C	Recoveries of prior year grants	2c	┨┊ ╟	
d	Other (Describe in Part XIII)		┨┊╢	220 074
e	Add lines 2a through 2d		2e	228,874. 8,513,761.
3	Sulbtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	0,313,701.
4	Investment expenses not included on Form 990, Part VIII, line 7b	1 4-1		
a	Other (Describe in Part XIII)	4a	-	
b	Add lines 4a and 4b	4b	┥╶╌╽	0.
c			4c	8,513,761.
5 Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State	ements With Expenses per		0,313,701.
, 44	Complete if the organization answered "Yes" on Form 990, Part IV, line	•	itetari	•
1	Total expenses and losses per audited financial statements	724	1	6,693,197.
2	Amounts included on line 1 but not on Form 990. Part IX, line 25		1 3 3	0,033,137.
-	Donated services and use of facilities	2a 72,958.	: 1	
a	Prior year adjustments		¥ . I	
b	Other losses	2b	┨ ゚ ┃	
C		2c	- 1	
d	Other (Describe in Part XIII) Ad d lines 2a through 2d	2d	┥╻┃	72 050
e	Su btract line 2e from line 1		2e	72,958.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1		3	0,020,239.
4	Investment expenses not included on Form 990, Part VIII, line 7b	امدا		
a h	Other (Describe in Part XIII)	4a 4b	- 1	
b	Other (Describe in Part XIII)	1 4D I	1 8 1	
_	Add disposite and 4h		7 1	0
c	Add Innes 4a and 4b		4c	0.
5 Pa	To tal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		7 1	0. 6,620,239.
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5	6,620,239.
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V, line	4c 5	6,620,239.
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	Part IV, lines 1b and 2b, Part V, line	4c 5	6,620,239.
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V, line	4c 5	6,620,239.
Pa Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	Part IV, lines 1b and 2b, Part V, line	4c 5	6,620,239.
Pa Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V, line	4c 5	6,620,239.
Pa Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 12d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 12T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Pa Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239.
Provinces PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Provinces PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 12d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 12T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Provinces PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Provinces PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Provinces PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Provinces PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239。 (, line 2, Part XI,
Pa Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239. (, line 2, Part XI,
Provinces PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239. (, line 2, Part XI,
Pa Prov lines PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 2T V, LINE 4:	Part IV, lines 1b and 2b, Part V, line additional information	4c 5	6,620,239. (, line 2, Part XI,

SCHEDULE G

Department of the Treasury

Internal Revernue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

Open to Public Inspection :

Name of the organization

Employer identification number 38-2701547 MACKINAC CENTER FOR PUBLIC POLICY Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or control of contributions? fundraiser or entity (fundraiser) from activity organization listed in col (i) CLEARWORD COMMUNICATIONS ADVISE ON MARKETING AND Yes No GROUP, INC. - 10302 BRISTOW FUNDRAISING MATERIAL Х 356,277 27,000. 329,277. 356,277. 329,277. <u>Total</u> 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Par	+ 11	of fundraising events. Complete if the				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue						
Se l	1	Gross receipts	· · · · · · · · · · · · · · · · · · ·			
-	2	Less Contributions				
	_					
4	3_	Gross income (line 1 minus line 2)				
Ì	4	Cash prizes				
	5	Noncash prizes				
sesuec	6	Rent/facility costs	-			-
Direct Expenses	7	Food and beverages			! 	
희	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		•	
	11	Net income summary Subtract line 10 from I	ne 3, column (d)	000 P-+IV b 10		
۲a	π	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered "Yes" on For	m 990, Part IV, line 19, or i	reported more than	
		\$13,000 OH FORM 390-E2, line da		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c)
Revenue	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
rect E	4	Rent/facility costs				
	_	Other direct eventors				
	5	Other direct expenses	Yes 9	6 Yes%	Yes %	
	6	Volunteer labor	No	No	No No	, , ,
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line	from line 1, column (d)			
a	l Is	ter the state(s) in which the organization condition the organization licensed to conduct gaming a	ctivities in each of these			Yes No
t) IT —	"No," explain				
		ere any of the organization's gaming licenses r			year [?]	Yes No
•						
	_					
7320	90.	ng- 13-17			Schedule G (Fo	orm 990 or 990-EZ) 201

Schedule G (Form 990 or 990 EZ) 2017 MACKINAC CENTER FOR PUBLIC POLICY

Sch	edule G (Form 990 or 990-EZ) 2017 MACKINAC CENTER FOR PUBLIC POLICY 38-	<u> 2701547</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
-	The organization's facility	13a	%
-	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
17	End, the name and address of the property of the enganteers of galling operations and 1000/40		
	Name >		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party		
	Name >		
	Address >		
16	Garning manager information		
	Name ▶		
	Garming manager compensation > \$		
	Carring manager compensation		
	Description of services provided		
			
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, II 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	nes 9, 9b, 10	b, 15b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u> </u>	
			
(I) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC.		
<u>(I</u>	ADDRESS OF FUNDRAISER:		
<u>10</u>	302 BRISTOW CENTET DRIVE, #51, BRISTOW, VA 20136		
			

Schedule G	(Form 990 or 990-EZ)	MACKINAC	CENTER	FOR	PUBLIC	POLICY	38-2701547 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continue	ed)				
<u>L</u>							
							
							
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection 🕞

Name of the organization

Department of the Treasury Internal Revenue Service

MACKINAC CENTER FOR PUBLIC POLICY

Questions Regarding Compensation

Employer identification number 38-2701547

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	,	2	Ţ,
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	,	*	. 1
	First-class or charter travel Housing allowance or residence for personal use	â		23
	Travel for companions Payments for business use of personal residence	Î	z. ^	, (
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	·,	ñ.	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	"	÷	ŝ
		۲,	<u></u>	
b	If arey of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		e e	~
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		_	, , ^
	trus tees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			,
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			, ,
	establish compensation of the CEO/Executive Director, but explain in Part III		\$.	
	X Compensation committee Written employment contract	Ì	, 5	1
	Independent compensation consultant Compensation survey or study			,
	X Approval by the board or compensation committee	r		£ (
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	-	۰	
а	Receive a severance payment or change-of-control payment?	_4a		_X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	*		
				~. ~
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	,		1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	,	, ,	,
	con tingent on the revenues of		76 57	*
а	The organization?	5a	<u> </u>	<u> </u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III	7		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	,		
	contingent on the net earnings of	1 (1		3
а	The organization?	_6a		_X
b	Any related organization?	_6b		X
	If "Yes" on line 6a or 6b, describe in Part III	ν,		1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	٠	i	i
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		ž.,	, ,
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			`
	Degulations section 53 4958.6(c)?	ما	1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on pnor Form 990
(1) MR. JOSEPH G. LEHMAN	Ξ	299,153.	0	0.	1,000.	11,767.	311,920.	0.
PRESIDENT	(E)	0	0	0	0	0	0	0.
(2) MICHAEL J. REITZ	Ξ	143,586.	0	0	1,000.	11,767.	156,353.	0.
EXECUTIVE VICE PRESIDENT	Ξ	0	0	0	0	0	0	0
(3) JAMES L. WALKER	ε	140,58	10,000.	0	1,000.	11,767.	163,356.	0
VICE PRESIDENT FOR ADVANCEMENT	(E)		0	0	0.	0	0	0.
	Θ							
	<u> </u>							
	(i)							
	<u> </u>							
	Ξ							
	Ξ							
	Ξ							
	(3)							
	Θ							
	(iii)							
	Ξ							
	(ii)							
	Θ							
	<u> </u>							
	Ξ							
	(ii)							
	Ξ							
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Schedule J (Form 990) 2017

SCHEDULE M '(Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open To Public ___

Name of the organization

MACKINAC CENTER FOR PUBLIC POLICY

Employer identification number 38-2701547

Par	Types of Property				
<u> </u>		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
_	Art - Fractional interests				
_	Books and publications		* # * *		
5	Clothing and household goods		i		
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	11	5,890.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities · Partnership, LLC, or				
	tru st interests				
12	Securities - Miscellaneous				
13	Qui alified conservation contribution -		ĺ		
	Historic structures				
14	Qui alified conservation contribution - Other				
15	Re al estate - Residential				
16	Re-al estate - Commercial		ļ		
17	Real estate - Other				
18	Collectibles			<u> </u>	
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy	<u></u>			
22	Historical artifacts		ļ		
23	Scientific specimens		ļ		
24	Archeological artifacts		1	106 162	FAIR MARKET VALUE
25	Other (SOFTWARE)	X	<u> </u>	100,103.	FAIR MARKET VALUE
26	Other				
27	Other ()	\			
28	Other ()		- the tay year for a	antributions	<u> </u>
29	Number of Forms 8283 received by the organifor which the organization completed Form 82		•		
	10 r which the organization completed Form 62	ioo, Part IV,	Dolles Acknowled	Jennent <u>[29 </u>	Yes No
20-	During the year, did the organization receive b	v contributio	on any property rer	orted in Part I lines 1 throug	
30a	must hold for at least three years from the dat				
	exempt purposes for the entire holding period		ai contribution, and	i willon ish (required to be us	30a X
		•			
b 21	Does the organization have a gift acceptance	nolicy that r	equires the review	of any nonetandard contribut	tions?
31	Does the organization hire or use third parties				01 12
32a	contributions?	or related U	941124110113 10 3011	on, process, or sell floridasii	32a X
b					
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	v for which column (a) is che	cked.
	describe in Part II		,po o, p.opor.	,	
	describe in Fart II				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017 MACKINAC CENTER FOR PUBLIC POLICY	38-2701547 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a c this part for any additional information	33, and whether the organization
SCHEDULE M, PART I, COLUMN (B):	
THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBU	TTTONS.
THE NORDHY IN COLORER D HAZINGDHILD IN- HOLLES	
	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

732211 09-07-17

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

MACKINAC CENTER FOR PUBLIC POLICY

Employer identification number 38-2701547

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE QUALITY OF LIFE FOR ALL MICHIGAN CITIZENS BY ADVANCING THE
PRINCIPLES OF A FREE-MARKET ECONOMY, LIMITED GOVERNMENT, AND RESPECT
FOR PRIVATE PROPERTY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHOICES FOR MICHIGAN CITIZENS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CONDUCT SCHOLARLY RESEARCH AND ANALYSIS OF THE STATE OF MICHIGAN PUBLIC
POLICY ISSUES TO IMPROVE THE QUALITY OF LIFE FOR ALL MICHIGAN CITIZENS
BY ADVANCING THE PRINCIPLES OF A FREE-MARKET ECONOMY, LIMITED
GOVERNMENT AND RESPECT FOR PRIVATE PROPERTY.
EXPENSES \$ 3,856,951. INCLUDING GRANTS OF \$ 0. REVENUE \$ 152,952.
FORM 990, PART VI, SECTION A, LINE 7A:
BOARD MEMBERS ARE ELECTED BY A COMMITTEE WHICH INCLUDES BOARD MEMBERS OR
OTHERS DESIGNATED BY THE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY SENIOR MANAGEMENT, INCLUDING THE PRESIDENT, AND A
COPY IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH MEMBER OF THE GOVERNING BOARD MUST ANNUALLY SIGN A CONFLICT OF
INTEREST REPORT LETTER STATING THEY HAVE RECEIVED, READ, UNDERSTAND AND
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990 EZ) (2017)	Page
Name of the organization MACKINAC CENTER FOR PUBLIC POLICY	Employer identification number 38 – 2701547
AGREE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY DO	OCUMENT, AND THAT NO
CONFLICT EXISTS WITHOUT EXCEPTION, OR WITH EXCEPTION AS	S THEN DISCLOSED.
FORM 990, PART VI, SECTION B, LINE 15:	
SALARIES ARE DETERMINED BY AN EXECUTIVE COMPENSATION CO	OMMITTEE, THE
PRESIDENT AND SENIOR MANAGEMENT AND INCLUDE COMPARISONS	S WITH INDUSTRY
STANDARDS AND PEER COMPENSATION PACKAGES. THE LAST YES	AR THIS PROCESS WAS
UNDERTAKEN WAS IN 2017.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING CO	OPY OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,	LA,ME,MD,MA,MI,MN,MS
MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,	IX,UT,VT,VA,WA,WV,WI,
WY	
FORM 990, PART VI, SECTION C, LINE 19:	
INTERNAL DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC	C
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	109,480.
MANAGEMENT AND GENERAL EXPENSES	446.
FUNDRAISING EXPENSES	665.
TOTAL EXPENSES	110,591.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	748,559.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	56,343.
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (201

Name of the organization MACKINAC CENTER FOR PUBLIC POLICY	Employer identification number 38-2701547
TOTAL EXPENSES	804,902.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	915,493.

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

Open to Public Inspection 2017

11

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 38-2701547

Part [] Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 MACKINAC CENTER FOR PUBLIC POLICY Name of the organization Department of the Treasury Internal Revenue Service

(f) Direct controlling entity			exempt	Section 512(b)(13)
			nore related tax	E .
(e) End-of-year assets			se it had one or n	(e)
(d) Total income			rt IV, line 34, becau	0
(c) Legal domicile (state or foreign country)			swered "Yes" on Form 990, Pa	(2)
(b) Primary activity			ons. Complete if the organization an	æ
(a) Name, address, and EIN (if applicable) of disregarded entity			Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt or an organizations during the tax year	(a)

Schedule R (Form 990) 2017 FOR PUBLIC POLICY MACKINAC CENTER LINE 12A, I 501(C)(3) MICHIGAN CENTER FOR PUBLIC POLICY SUPPORT OF THE MACKINAC 46-4529156, 140 WEST MAIN STREET, MIDLAND, MACKINAC CENTER CHARITABLE FOUNDATION 48640

Ŷ

×

controlled

Direct controlling

status (if section 501(c)(3)) Public charity

Exempt Code

Legal domicile (state or foreign country)

Primary activity

Name, address, and EIN of related organization

entity?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732161 09-11-17 LHA

Páge 2 38-2701547

Schedule R (Form 990) 2017 MACKINAC CENTER FOR PUBLIC POLICY

50-6101341

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomin (related, excluded fro sections	(e) Predominant income (related, inclated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		tronate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing e partner? 5) Yes No	Perc	(k) sentage nership
								-					,
											-		
Part IV Identification of Related Organizations Taxable as a Corporation or Trust.	ganizations Taxable a rporation or trust durin	is a Corpo g the tax y		omplete ıf th	ne organizatior	n answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	10, Part IV, I	ine 34, b	ecause it had	d one or r	nore rela	ated
(a) Name, address, and EIN of related organization	Zε	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		Type of entity (C corp., S corp., or trust)	(f) Share of total income		(g) Share of Pend-of-year cassets	(h) Percentage ownership		Section 512(b)(13) controlled entity?
						_							
													<u> </u>
732162 09-11-17										Schedt	Schedule R (Form 990) 2017	rm 990)	2017

7*

Páge 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	ated organizations listed i	n Parts II-IV?	" um " " " " " " " " " " " " " " " " " "	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a	×
b Gift, grant, or capital contribution to related organization(s)				4	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				Þ	×
e Loans or loan guarantees by related organization(s)				- J	×
				** ***********************************	>
r Dividerius irom relateu organization(s)				=	4 :
g Sale of assets to related organization(s)				5	×
h Purchase of assets from related organization(s)				ŧ	×
i Exchange of assets with related organization(s)				į -	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j.	×
k Lease of facilities, equipment, or other assets from related organization(s)				* +	×
	nization(s)			7	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			Ę	×
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			ŧ	×
				9	×
				i Šj	, `}
p Reimbursement paid to related organization(s) for expenses				4	×
 Reimbursement paid by related organization(s) for expenses 				10	×
r Other transfer of cash or property to related organization(s)				+	×
				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete the	s line, including covered r	elationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	lvolved	
(1)					
					ŀ
(5)					
(4)					
(5)					
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Part W Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclus	sion for certain inves	stment partnerships				ļ		
(a)	(q)	(0)	(a)	(J)	(6)	E	ε	8	¥
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec	0)	Share of	Dispropor- tionate	Code V-UBI	General or managing	Percentage
of entity		(state or foreign (country)	excluded from tax under orgs?	total	end-of-year assets	allocations?	allocations? of Schedule K-1 partner? ownership	Partner?	ownersnip
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