Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

5, and ending	.20

OME No. 1545-1878

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

2N15

Internal Revenue Service

Name of exempt organization

Information about Form 8879-EO and its instructions is at www.lrs.gov/form8879eo

Employer identification number

Hame of exempt of gameasor

01-0518193

ACADIA CENTER	
Name and title of officer	
DANIEL SOSLAND	

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2015 or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a I	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,050,447.
	Form 990-EZ check here Do Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here D Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here Tax based on investment income (Form 990-PF, Part VI. line 5)		
5a 1	Form 8868 check here Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check	one box only				
X I authorize	MACPAGE	LLC		to enter my PIN	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN COLUMN 2 IS NOT THE PARTY NAMED IN COLUM
Tadtion20			ERO firm name		Enter five numbers, b do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the or	rganization's tax year 2015 electronically filed return. If I have
indicated within this return that a copy of the return is being filed with a state	agency(ies) regulating charities as part of the IHS Fed/State
program, I will enter my PIN on the return a disclosure consent screen.	/ / /
program, I will enter my PIN on the return's disclosure consent screen.	Date 11/11/2016

Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

01081112345 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS

e-file Providers for Business Returns

Date > 11/11/16

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2015)

ERO's signature

ggn

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

and ending A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change ACADIA CENTER Name change 01-0518193 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 207-236-6470 8 SUMMER STREET, PO BOX 583 termin-ated 2,050,763. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return ROCKPORT, ME 04856-0583 H(a) Is this a group return Applica-F Name and address of principal officer: DANIEL SOSLAND Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ACADIACENTER.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1998 M State of legal domicile: ME Part I Summary Briefly describe the organization's mission or most significant activities: ACADIA CENTER IS A NON-PROFIT Activities & Governance RESEARCH AND ADVOCACY ORGANIZATION COMMITTED TO ADVANCING THE CLEAN Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 18 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,696,478. 2,043,432. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 1,552. 1,522. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5.085. 5,493. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,703,115. 2.050.447. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 1,188,950. 1,338,658. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 334,524 325,093. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,523,474. 1,663,751. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 179,641. 386,696. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 2,447,551. 2,826,499. 20 Total assets (Part X, line 16) 10,471. 18,176. 21 Total liabilities (Part X, line 26) 2,816,<u>028</u>. 2,429,375. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DANIEL SOSLAND, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed PETER MONTANO PETER MONTANO 11/15/16 P01200943 Paid Firm's name MACPAGE LLC 01-0242373 Preparer Firm's EIN ▶ Firm's address > 30 LONG CREEK DRIVE Use Only Phone no. 207 - 774 - 5701 SOUTH PORTLAND, ME 04106 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission: ACADIA CENTER IS A NON-PROFIT, RESEARCH AND ADVOCACY ORGANIZATION	
	COMMITTED TO ADVANCING THE CLEAN ENERGY FUTURE. ACADIA CENTER IS A	т
	THE FOREFRONT OF EFFORTS TO BUILD CLEAN, LOW CARBON AND CONSUMER	
	FRIENDLY ECONOMIES. ACADIA CENTER PROVIDES ACCURATE AND RELIABLE	
2	Did the organization undertake any significant program services during the year which were not listed on	
_		s X No
	If "Yes," describe these new services on Schedule O.	
3		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 expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	s, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 322,341. including grants of \$) (Revenue \$	
	ENERGY EFFICIENCY:	
		~==~
	ACADIA CENTER HAS WORKED SUCCESSFULLY TO IMPLEMENT EFFICIENCY POLICE OF THE WARRENCE AND PROPERTY OF TH	
	THAT HAVE RESULTED IN KEY STATES LIKE MASSACHUSETTS AND RHODE ISLA	
	ADOPTING NATIONALLY LEADING ENERGY SAVINGS GOALS AND INVESTMENT LETHAT ARE SAVING CONSUMERS BILLIONS OF DOLLARS IN LOWER ENERGY BILLIONS OF DOLLARS ENERGY BILLIONS ENERGY BI	
	WHILE DRAMATICALLY REDUCING EMISSIONS OF GREENHOUSE AND OTHER	<u> </u>
	POLLUTANTS. ACADIA CENTER'S ENERGY EFFICIENCY INITIATIVE IS WORKING	NG TO
	SOLIDIFY ENERGY EFFICIENCY AS A CORNERSTONE OF STATE AND REGIONAL	10 10
	ENERGY POLICY; PROMOTE AGGRESSIVE, SUSTAINABLE LEVELS OF FUNDING IN	N
	ENERGY EFFICIENCY AND MULTI-FUEL PROGRAMS AND ENSURE PROGRAMS EVOL	
	MEET THE NEEDS OF A MODERN, DISTRIBUTED ENERGY SYSTEM. PROGRAM SU	
4b	(Code:) (Expenses \$ 404 , 799 • including grants of \$) (Revenue \$,
	CLEAN ENERGY AND CARBON MARKETS:	
	TOTAL COMMON AS CARREST TOTAL TOTAL TO THE POLICE OF THE P	~==~
	ACADIA CENTER'S CLEAN ENERGY INITIATIVE IS WORKING TO PROMOTE POLICE OF ANY AND LOCAL	CIES
	TO ADVANCE BOTH BULK SCALE LOW AND NO-CARBON ENERGY AND LOCAL, COMMUNITY BASED TECHNOLOGIES; SUPPORTING AND SUSTAINING EFFECTIVE	
	CARBON MARKETS SUCH AS THOSE CREATED BY THE REGIONAL GREENHOUSE GAS	S
	INITIATIVE (RGGI); AND INTEGRATING LOW CARBON ELECTRIFICATION OF	
	BUILDINGS AND TRANSPORTATION INTO AN EMERGING CLEAN ENERGY GRID.	
	KEY OBJECTIVES INCLUDE:	
	REDUCE GHG EMISSIONS FROM ELECTRICITY GENERATION:	
4c	(Code:) (Expenses \$ 509,747. including grants of \$) (Revenue \$	
	GRID MODERNIZATION INITIATIVE:	
	ACADIA CENTER'S GRID MODERNIZATION INITIATIVE IS WORKING TO ADVANCE	E
	REFORMS TO THE UTILITY BUSINESS MODEL, POWER GRID PLANNING, AND	
	RATE-MAKING THAT WILL GUIDE ENERGY INFRASTRUCTURE INVESTMENTS TO A	MORE
	CONSUMER- AND TECHNOLOGY-FRIENDLY, DECENTRALIZED SYSTEM THAT CAN PI	
	ON A PATH TO ACHIEVING DEEP GREENHOUSE GAS REDUCTIONS.	
	ACADIA CENTER'S ENERGYVISION PRESENTS AN OVERARCHING FRAMEWORK TO	GUIDE
	INVESTMENT CHOICES AND REFORMS NEEDED IN OUR ENERGY SYSTEM.	
	ENERGYVISION SETS FORTH IMPORTANT STEPS ON FOUR PARALLEL TRACKS TO	
4 .	CREATE AN ENERGY SYSTEM THAT IS SAFER, CLEANER, AND MORE AFFORDABLE	Ľ,
4d	Other program services (Describe in Schedule O.) (Expenses \$ 262, 371 • including grants of \$) (Revenue \$)	
40	(Expenses \$ 262,371 • including grants of \$) (Revenue \$) Total program service expenses ► 1,499,258 •	
70	Total program service expenses 1, 499, 200.	000 (22)

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Form 990 (2015) ACADIA CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	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	-		
9	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	9		x
10	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 V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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 VII	11b		Х
С	Did the organization report an amount for investments - program related 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 VIII	11c		X
d	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 IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	14b		х
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	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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	18		х
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	19		Х
			222	(0045)

Form 990 (2015) ACADIA CENTER Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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			
	Schedule J	23	Х	
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			37
_	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	05-		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		21
D	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			
		25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor 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	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥٣.		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		х
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	22	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 18 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1c 2b 3a 3b	X	No X
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 18 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	2b 3a 3b	х	X
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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 	3a 3b		X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a 3b		X
 Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 	3b		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		_X
· · · · · · · · · · · · · · · · · · ·			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		
	4a	77 1	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Х	
b If "Yes," enter the name of the foreign country: ► CANADA			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
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 transaction?	5b		
c 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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	0.0		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
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 was required			
to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a 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? Section 501(c)(7) organizations. Enter: 	9b		
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against			
amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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.			
b Enter the amount of reserves the organization is required to maintain by the states in which the			
organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	4.6		Х
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 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
Sec	tion A. Governing Body and Management			
	action and a state of the state		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	-110
	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 O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		Ť		
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b		8b	Х	
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		х
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		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	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	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ME , CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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:			
	DANIEL SOSLAND - 207-236-6470			
	8 SUMMER STREET, PO BOX 583, ROCKPORT, ME 04856-0583			

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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

Section A. 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 Pos	C)	1		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any	offi	cer an			or/trus		from the	from related organizations	other compensation
	hours for related	tee or direct	nstee			ensated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			and related organizations
(1) ELIZABETH CARROLL	1.00	_	_				_			
CHAIR		Х		Х				0.	0.	0
(2) HOWARD GRAY	1.00									
TREASURER	4 00	Х		Х				0.	0.	0
(3) DAVID SUTHERLAND	1.00								0	_
SECRETARY	1 00	Х		Х				0.	0.	0
(4) DOUGLAS BASTON	1.00	x						0.	0.	0
DIRECTOR (5) MITCH TYSON	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0
(6) DON WINEBERG	1.00									
DIRECTOR		x						0.	0.	0
(7) DANIEL SOSLAND	50.00									
PRESIDENT		Х		Х				176,667.	0.	12,268
(8) JAMES HOWLAND	40.00									
DIRECTOR OF CLIMATE & ENERGY ANALYSI						Х		106,621.	0.	17,156
(9) AMY BOYD	40.00							404 440	•	
SENIOR ATTORNEY						Х		104,440.	0.	0
		1								
						-				
		_	_			_	_			- 000 (co.)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Section A. Officers, Directors, Trus	stees, Key Elli	pioy	ees	, and	u mi	gne	St C	ompensated Employe	es (continueu)				
(A) Name and title	(B) (C) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						h an	(D) Reportable compensation from	(E) Reportable compensatio	tion amoun			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	compensat		
		\square											
		H											
		H											
		H											
1b Sub-total c Total from continuation sheets to Part V	/II Section A							387,728.		0.	2	9,4	24.
d Total (add lines 1b and 1c)							<u> </u>	387,728.		0.	2	9,4	
Total number of individuals (including but a compensation from the organization	not limited to tr	iose	liste	ed ar	OOV	e) wr	10 re	eceived more than \$100	,,000 of reportab	<u>——</u>		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for				-	-	-		-			3	103	X
 For any individual listed on line 1a, is the s and related organizations greater than \$15 	um of reportab	le co	mp	ensa	ation	n and	d oth	for ough individual			4	Х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsati	on f	rom	any	unr unr					5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	ompensated in	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation for (A)											(C		
Name and business	address	NC	ONE	3				Description of s	ervices	C	omper		n
							\dashv						
Total number of independent contractors s \$100,000 of compensation from the organ		ot lir	nite	d to	tho:	se lis	sted	d above) who received m	nore than				

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Form 990 (2015) ACADIA CENTER

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 1f 2,043,432 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 2,043,432 h Total. Add lines 1a-1f ... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 1,838. 1,838. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis 316 and sales expenses -316. c Gain or (loss) -316. -316.d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 5,493. 5,493 b d All other revenue 5,493. e Total. Add lines 11a-11d

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2,050,447.

5,493**.**

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). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising expenses (B) (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations

•	the state of the s				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	188,935.	132,255.	28,340.	28,340.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	953,213.	901,196.	29,050.	22,967.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	32,078.	29,525.	1,743.	810.
9	Other employee benefits	70,868.	62,658.	3,438.	4,772.
10	Payroll taxes	93,564.	85,727.	3,661.	4,176.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	11,604.	9,646.	1,481.	477.
	Lobbying	1,392.	327.	1,065.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	88,779.	87,012.	1,237.	530.
12	Advertising and promotion				
13	Office expenses	7,062.	4,798.	2,092.	172.
14	Information technology	13,839.	6,481.	7,028.	330.
15	Royalties				
16	Occupancy	89,310.	81,476.	4,121.	3,713.
17	Travel	45,098.	41,828.	1,429.	1,841.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,481.	15,099.	311.	1,071.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,198.	5,640.	279.	279.
23	Insurance	5,585.	2,260.	3,251.	74.
24	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 0.)				
а	COMMUNICATIONS	20,234.	18,471.	1,142.	621.
b	PRINTING	12,117.	11,981.	79.	57.
С	BANK FEES	2,763.	239.	594.	1,930.
d	BOOKS AND SUBSCRIPTIONS	1,979.	1,807.	86.	86.
е	All other expenses	2,652.	832.	1,558.	262.
25	Total functional expenses. Add lines 1 through 24e	1,663,751.	1,499,258.	91,985.	72,508.
26	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)				
53201	0 12-16-15		I		Form 990 (2015)

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Part X | Balance Sheet ACADIA CENTER

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Savings and temporary cash investments			48,332.	1	57,854
2				2,308,004.	2	2,089,936
3				36,854.	3	176,146
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compens	ated empl	ovees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual					
	section 4958(f)(1)), persons described in section	•	,			
	employers and sponsoring organizations of sec		-			
_ι	employees' beneficiary organizations (see instr)				6	
Assets 4	Notes and loans receivable, net				7	
8 AS	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			14,909.	9	9,269
	Land, buildings, and equipment: cost or other	I I		,		,
150	basis. Complete Part VI of Schedule D	10a	57,838.			
Ь			43,781.	12,627.	10c	14,057
11	Investments - publicly traded securities			9,660.	11	464,455
12	Investments - other securities. See Part IV, line			,	12	, , , , , , , , , , , , , , , , , , ,
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			17,165.	15	14,782
16	Total assets. Add lines 1 through 15 (must equ			2,447,551.	16	2,826,499
17	Accounts payable and accrued expenses	18,176.	17	2,826,499 10,471		
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
ဖ္က 22	Loans and other payables to current and forme	r officers,	directors, trustees,			
Ĭ	key employees, highest compensated employee	es, and dis	squalified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
25	Other liabilities (including federal income tax, pa	yables to	related third			
	parties, and other liabilities not included on lines	s 17-24). C	complete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			18,176.	26	10,471
	Organizations that follow SFAS 117 (ASC 958		nere ▶ X and			
se	complete lines 27 through 29, and lines 33 ar			1 205 055		1 550 006
를 27	Unrestricted net assets			1,395,075.	27	1,550,986
ਲ 28 ਮ	Temporarily restricted net assets			1,034,300.	28	1,265,042
<u>p</u> 29					29	
로	Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶□□			
5 v	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
ğ 31	Paid-in or capital surplus, or land, building, or ed				31	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated in			2 420 275	32	0 01 (000
33	Total net assets or fund balances			2,429,375.	33	2,816,028
34	Total liabilities and net assets/fund balances			2,447,551.	34	2,826,499

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Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,66		
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,42		
5	Net unrealized gains (losses) on investments	5		_	<u>43.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,81	6,0	28.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

ACADIA CENTER 01 - 0518193

Da	-L I	December Dublic	Charity Ctatus				<u> </u>	1 0310133	
Pa		Reason for Public							
he o	organ	ization is not a private found			•	-			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect							
3		A hospital or a cooperative					-		
4		A medical research organiz	ation operated in co	njunction with a hospita	I describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	-						
7	X	An organization that norma	Illy receives a substa	intial part of its support	from a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma	• • • • • • • • • • • • • • • • • • • •	·	•		• •	•	
		activities related to its exen		•	,		• •	•	
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Co	. ,						
10		An organization organized	•		-			_	
11		An organization organized	=	•	=		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or	-					Check the box in	
_		lines 11a through 11d that				-	•		
а		☐ Type I. A supporting orga	•	· ·		•			
		the supported organization		• • • •	a majority	or the aire	ctors or trustees of the s	supporting	
L		organization. You must o			tion with it	to ouronart	ad arganization(a) by ba	wina	
D		 Type II. A supporting org control or management or 	•					-	
		organization(s). You mus			same perso	JIIS IIIAI CO	of that age the sup	pported	
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with	
·		its supported organizatio	-				•	ed with,	
Ь		Type III non-functionally		•				ization(s)	
_		that is not functionally int					• • • • • •	* *	
		requirement (see instruct	-		-		•		
е		Check this box if the orga	•	-					
		functionally integrated, o							
f	Ente	er the number of supported of	* *	, 5 11					
g		vide the following information	-						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of	
		organization		(described on lines 1-9 above (see instructions))	governing	in your document?	support (see	other support (see	
				above (see instructions))	Yes	No	instructions)	instructions)	
ota	ı								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,912,542.	1,720,937.	1,917,328.	1,696,478.	2,005,932.	9,253,217.
2	Tax revenues levied for the organ-						_
	ization'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	1,912,542.	1,720,937.	1,917,328.	1,696,478.	2,005,932.	9,253,217.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,175,110.
6	Public support. Subtract line 5 from line 4.						5,078,107.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1,912,542.	1,720,937.	1,917,328.	1,696,478.	2,005,932.	9,253,217.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	7,962.	5,060.	2,463.	1,552.	1,838.	18,875.
9	Net income from unrelated business	,,,,,,	- , , , , ,				
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							9,272,092.
12	Gross receipts from related activities,	etc (see instruction	ne)			12	21,710.
13	First five years. If the Form 990 is for			fourth or fifth tax			
.0	organization, check this box and stor	hava	, ,		•	1001(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2015 (ine 6. column (f) di	vided by line 11. co	olumn (f))		14	54.77 %
15	Public support percentage from 2014					15	59.44 %
16a	33 1/3% support test - 2015. If the o					ore, check this bo	x and
	stop here. The organization qualifies	•		•		•	\triangleright X
b	33 1/3% support test - 2014. If the						is box
	and stop here. The organization qual						ightharpoonup
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					. 5,0 01
	organization meets the "facts-and-circ		•				
12	Private foundation. If the organization						
-10	i invate iounidation. Il the organizatio	an alla flot blibble a l	JOA OIT IIITO TO, TOA	, 100, 110, 01 110,	, or look tills box a	na see manuchen	,

Schedule A (Form 990 or 990-EZ) 2015

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0011	(h) 0010	(=) 0010	(4) 001 4	(-) 0015	(6) Total
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (line 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported 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 under 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," answer (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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited 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 N	
1	
'	
2	
3a	
Sa	
3b	
3c	
4a	
4b	
4c	
5a	
5b 5c	
6	
7	
8	
9a	
9b	
35	
9c	
10a	
10b	

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u>'</u> '		<u> </u>
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 organization(s).	2		
3	By reason of the relationship described in (2), did the organization's 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.	3		
Sec	tion 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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those 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 determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
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							
	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)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries 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						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
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-functionall	y-integra	ated Type III supporting org	ganization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2015

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4:	ion E. Dietvikution Allocations (acc instructions)	Excess Distributions	Underdistributions	Distributable
Secu	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI. Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 110: Part II, line 12: Part IV, Section B, see and 2; Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 2; Section B, lin	Part VI	
See instructions.	Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
		(See instructions.)

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

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.

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

		oarate instructions), then 01(c)(4), (5), or (6) organiza	tions: Complete Part III						
	ne of orga		none. Complete Furt III.		Em	oloyer identification number			
		ACADIA				01-0518193			
Pa	art I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527	organization.			
2	Political	expenditures	ation's direct and indirect politica		>	\$			
Pa	art I-B	Complete if the org	anization is exempt unde	er section 501(c)(3).				
1	Enter the		incurred by the organization und		•	\$			
2	Enter the	e amount of any excise tax	incurred by organization manage	ers under section 4955	>	\$			
			n 4955 tax, did it file Form 4720 t						
4a	Was a co	orrection made?				Yes No			
b	If "Yes,"	describe in Part IV.				1/-1/0			
			anization is exempt und		-	• • • • • • • • • • • • • • • • • • • •			
2 3 4	 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a 								
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and			

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

-	section 501(h)).	,		p. aa cocus		(5	
1 C		tion helongs	to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e address FIN
1 O	expenses, and sha	•		•	ir ait iv each ainmateu	group member 3 nam	e, address, Liiv,
3 CI	. —			nd "limited control" pro	visions apply.		
	Limi (The term "expend	1.7	(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influ						
b	Total lobbying expenditures to influ	uence a legi:	slative boo	dy (direct lobbying)		17,121.	
С	Total lobbying expenditures (add li	ines 1a and	1b)			17,121.	
d	Other exempt purpose expenditure	es				1,646,630.	
е	Total exempt purpose expenditure	es (add lines	1c and 1c	d)		1,663,751.	
f	Lobbying nontaxable amount. Enter	er the amou	nt from the	e following table in bot	h columns.	233,188.	
	If the amount on line 1e, column (a) o	or (b) is:		bying nontaxable am			
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000			0 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
	Over \$1,500,000 but not over \$17	,000,000		0 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000		\$1,000,0	000.			
	Crassreats pentavable amount (or	tor OEO/ of	ino 1f)			58,297.	
_	Grassroots nontaxable amount (er Subtract line 1g from line 1a. If zer		,			0.	
	Subtract line 1f from line 1c. If zero	•				0.	
i							
,	reporting section 4911 tax for this						Yes No
		•		eraging Period Under			
	(Some organizations t			01(h) election do not ate instructions for li	•	of the five columns b	elow.
		Lobby	ing Exper	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 20)12	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	236	,028.	242,108.	226,174.	233,188.	937,498.
b	Lobbying ceiling amount						1 106 015
	(150% of line 2a, column(e))						1,406,247.
С	Total lobbying expenditures	7	,562.	11,093.	6,410.	17,121.	42,186.
	Grassroots nontaxable amount	59	,007.	60,527.	56,544.	58,297.	234,375.
е	Grassroots ceiling amount (150% of line 2d, column (e))						351,563.
				l	l		

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015 ACADIA CENTER 01-051819 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b)		
of the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
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 Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
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					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)	(5) or se	ction		
501(c)(6).)	((J), UI SE	Ction		
			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?					
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members			t III-A, lir	ne 3, is	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 					
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1	and 2 (see		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.			·		

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ACADIA CENTER

Employer identification number 01-0518193

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Day			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year •	annual to to a short	
4	Number of states where property subject to conservation ea	-	
5	Does the organization have a written policy regarding the per		□ vaa □ Na
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerns	ation agreements during the year
7	\$	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170)(b)(4)(R)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
5	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's interioral statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	71
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		<u> </u>
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2015

Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Othe	r Simila	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	nt are a sig	gnificant u	se of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	ams					
b	Scholarly research	е	. 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exem	npt purpos	se in Parl	t XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, his	storical trea	asures, or oth	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	Form 990,	Part IV,	line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	contribution	ns or other as	sets not i	ncluded	_	_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	ount liabilit	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	the organization an	swered '	'Yes" on Fo							
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back (e	d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	and administe	ered for the	e organiza	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?) 				3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)	` '	cumulated reciation	t	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements				3,176.					3,1	
d	Equipment			5	4,662.		43,78	1.	1	0,8	81.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	n (B), line	10c.)			ightharpoonup	1	4,0	<u>57.</u>

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 ACADIA CENT	ER	01	-0518193 _{Page}
Part VII Investments - Other Securities.			rugo
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 75.)	>	
	on Form 000 Deid IV !!-	o 11 o ov 11f Coo Forms 000 Post V Pro- 0	<u>-</u>
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25).

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 X

Schedule D (Form 990) 2015

4c

1,663,751.

	edule D (1 01111 990) 2013 11-0112 111 01111 111		<u> </u>	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Re	venue per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,050,404
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	-43.	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	-43
3	Subtract line 2e from line 1		3	2,050,447
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			2,050,447
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With E	xpenses per Reti	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,663,751
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,663,751
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide 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 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

c Add lines 4a and 4b

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC 740-10 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE CLARIFIES THE CRITERIA THAT AN INDIVIDUAL TAX POSITION MUST SATISFY FOR SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. IT ALSO PRESCRIBES A RECOGNITION THRESHOLD OF MORE LIKELY-THAN-NOT, AND A MEASUREMENT ATTRIBUTE FOR ALL TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, IN ORDER FOR THOSE TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. THERE WERE NO LIABILITIES (OR REDUCTION IN AMOUNTS REFUNDABLE) FOR UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2015 AND 2014, AND NO INTEREST OR PENALTIES WERE ACCRUED. THE ORGANIZATION IS CURRENTLY

OPEN TO AUDIT UNDER THE STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ACADIA CENTER

Employer identification number 01-0518193

Pa	art I Questions Regarding Compensation				
			Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		37		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х		
2					
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?					
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.				
	Compensation committee Written employment contract				
	Independent compensation consultant X Compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensation committee				
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:	4-		х	
a	Receive a severance payment or change-of-control payment?	4a		X	
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c		X	
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		<u> </u>	
	The storage of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		Х	
	Any related organization?	5b		Х	
	If "Yes" to line 5a or 5b, describe in Part III.				
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:				
а	The organization?	6a		X	
b	Any related organization?	6b		Х	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9		<u> </u>	

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

Schedule J (Form 990) 2015

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 (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(15)(1)-(15)	reported as deferred on prior Form 990
(1) DANIEL SOSLAND	(i)	176,667.	0.	0.	7,713.	4,555.	188,935.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	

Page 2

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ACADIA CENTER

Employer identification number 01-0518193

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENERGY FUTURE. ACADIA CENTER IS AT THE FOREFRONT OF EFFORTS TO BUILD CLEAN, LOW CARBON AND CONSUMER FRIENDLY ECONOMIES. ACADIA CENTER PROVIDES ACCURATE AND RELIABLE INFORMATION, AND OFFERS A REAL-WORLD AND COMPREHENSIVE APPROACH TO PROBLEM SOLVING THROUGH INNOVATION AND COLLABORATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INFORMATION, AND OFFERS A REAL-WORLD AND COMPREHENSIVE APPROACH TO PROBLEM SOLVING THROUGH INNOVATION AND COLLABORATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IS MEASURED BY ENERGY SAVINGS AND ECONOMIC BENEFITS DELIVERED, EFFICIENT ADMINISTRATION, THE EMPLOYMENT OF NEW TECHNOLOGIES AND INNOVATIVE APPROACHES, EQUITABLE ACCESS TO EFFICIENCY SERVICES, HIGH LEVELS OF PARTICIPATION, AND DEEP SAVINGS PER PARTICIPANT. ADOPT LEADING EDGE COMPLEMENTARY POLICIES SUCH AS BUILDING CODES, APPLIANCE STANDARDS, AND BUILDING LABELING AND DISCLOSURE.

KEY ACTIVITIES INCLUDE:

- -ENDURING COMMITMENTS TO THE "ALL COST-EFFECTIVE ENERGY EFFICIENCY"
- CONCEPT
- -EXCELLENT ENERGY EFFICIENCY PROGRAM DELIVERY.
- -SUSTAINED, STABLE FUNDING STREAMS.
- -EXPORT EFFICIENCY LESSONS LEARNED TO OTHER STATES/REGIONS.
- -DEVELOP POLICY MECHANISMS THAT SUPPORT DEEP ENERGY RETROFITS.
- LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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Name of the organization **Employer identification number** ACADIA CENTER 01-0518193 -COMMITMENT TO INNOVATION. -MEASUREMENT OF ENVIRONMENTAL BENEFITS OF EFFICIENCY. -ACCESS TO FINANCING. -PROMOTE STRONG BUILDING CODES AND APPLIANCE STANDARDS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: -ACCURATELY PRICE GHG EMISSIONS CREATED DURING THE GENERATION OF ELECTRICITY TO PROMOTE THE TRANSITION TO CLEANER ELECTRIC GENERATION THROUGH COST-EFFECTIVE MARKET-BASED PROGRAMS LIKE RGGI. -PROMOTE ENABLING POLICIES AND INCENTIVES FOR RENEWABLE ELECTRICITY TO ADVANCE COMMERCIAL MATURITY OF LOW- AND NON-EMITTING GENERATION TECHNOLOGIES -AVOID FAVORING EMITTING RESOURCES OVER NON-EMITTING RESOURCES BY PROMOTING THOROUGH CONSIDERATION OF CLEAN ENERGY ALTERNATIVES TO FOSSIL-FUELED ENERGY SOURCES REDUCE GHG EMISSIONS FROM TRANSPORTATION FUELS: -ACCELERATE ADOPTION OF ELECTRIC VEHICLES THROUGH ENABLING POLICIES AND INCENTIVES TO EXPEDITE THE TRANSITION AWAY FROM FOSSIL FUELS -ACCURATELY PRICE GHG EMISSIONS ASSOCIATED WITH THE PRODUCTION AND COMBUSTION OF TRANSPORTATION FUELS TO CREATE MARKET BASED INCENTIVES FOR CLEANER TRANSPORTATION AND RAISE REVENUE FOR COMPLIMENTARY PROGRAMS REDUCE GHG EMISSIONS FROM HEATING AND COOLING: -PROMOTE EFFICIENT RENEWABLE HEATING AND COOLING TECHNOLOGIES THAT REDUCE LIFECYCLE GHG EMISSIONS AND CONSUMER COSTS THROUGH INCENTIVE MECHANISMS AND PROMOTION WITHIN EXISTING POLICIES -LIMIT EXPANSION OF FOSSIL-FUEL HEATING BY PROMOTING CLEAN ALTERNATIVES

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Schedule O (Form 990 or 990-EZ) (2015) Name of the organization **Employer identification number** ACADIA CENTER 01-0518193 AND MORE EFFICIENT USE OF EXISTING NATURAL GAS INFRASTRUCTURE REDUCE GHG EMISSIONS FROM INDUSTRY: -PROMOTE TECHNOLOGIES AND FUELS THAT REDUCE INDUSTRIAL GHG EMISSIONS AND COSTS THROUGH TARGETED INCENTIVES TO ACHIEVE ECONOMY-WIDE GHG REDUCTION GOALS AND ADDRESS ENERGY NEEDS OF A KEY ECONOMIC SECTOR FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AND OFFERS THE PROMISE OF DEEP GREENHOUSE GAS REDUCTIONS: (I) UTILIZE MARKET-READY TECHNOLOGIES TO ELECTRIFY BUILDINGS AND TRANSPORTATION; (II) MODERNIZE THE WAY WE PLAN, MANAGE, AND INVEST IN THE POWER GRID TO FACILITATE CONSUMER CONTROL AND NEW TECHNOLOGIES; (III) MAKE CONTINUED PROGRESS TOWARD A CLEAN ELECTRIC SUPPLY; AND IV) MAXIMIZE INVESTMENTS IN ENERGY EFFICIENCY TO REDUCE UNNEEDED ENERGY DEMAND THAT WASTE CONSUMER DOLLARS AND ACT AS A DRAG ON THE ECONOMY. ACADIA CENTER'S GRID MODERNIZATION INITIATIVE FOCUSES ON CHANGING POLICIES AND REGULATIONS SO THE NORTHEAST WILL CONSTRUCT A FULLY INTEGRATED, FLEXIBLE, AND LOW CARBON ENERGY AND GRID NETWORK. TODAY'S ELECTRIC GRID IS BUILT AROUND TECHNOLOGIES THAT DATE BACK TO THE TIME OF THOMAS EDISON. THE GRID- AND THE POLICIES THAT GOVERN IT ARE INCREASINGLY OUT-OF-STEP WITH NEW TECHNOLOGICAL ADVANCES AND CONSUMER

ACADIA CENTER'S GRID MODERNIZATION INITIATIVE CONFRONTS 5 CATEGORIES OF REFORMS NEEDED ADVANCE A CONSUMER-AND ENVIRONMENTALLY-FRIENDLY ENERGY GRID. THESE CATEGORIES MAKE UP A COMPREHENSIVE REGULATORY FRAMEWORK

EXPECTATIONS FOR A CLEAN, AFFORDABLE, RESILIENT, AND RELIABLE ENERGY

SYSTEM.

Name of the organization **Employer identification number** ACADIA CENTER 01-0518193 THAT PRESENTS AN INTEGRATED VISION OF HOW THE PARTS OF A NEW SYSTEM CAN WORK TO PUT THE CONSUMER AT THE CENTER OF THE MODERN GRID AND ADVANCE OUR CLIMATE, ECONOMIC, AND CONSUMER GOALS. 5 CATEGORIES OF REFORMS NEEDED: -EMPOWERING THE CONSUMER -PLANNING A CONSUMER-FOCUSED POWER GRID -ALIGNING UTILITY INCENTIVES WITH CONSUMER AND ENVIRONMENTAL GOALS -HELPING CONSUMERS PAY FOR POWER THEY USE -PAYING CONSUMERS FOR POWER THEY PRODUCE FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CLIMATE AND ENERGY ANALYSIS CENTER (ACADIA CLEAN CENTER): ACADIA CENTER WORK IS BASED ON SOUND RESEARCH AND CREDIBLE INFORMATION TO SUPPORT AND SHAPE POLICY RECOMMENDATIONS AND PROVIDES A FACTUAL BASIS TO REBUT FALSE CLAIMS AND SHODDY ASSERTIONS. ACADIA'S CLIMATE AND ENERGY ANALYSIS CENTER (CLEAN CENTER) IS A DATA AND RESEARCH CENTER WITHIN ACADIA CENTER THAT IS STAFFED BY EXPERTS IN DATABASES, ACADIA'S CLEAN CENTER MAINTAINS ONE OF THE ECONOMETRICS AND ANALYTICS. MOST COMPREHENSIVE COLLECTIONS OF ENERGY AND EMISSIONS INFORMATION IN THE REGION AND INTERPRETS AND DEPLOYS THIS DATA TO MAKE IT ACCESSIBLE IN A TIMELY WAY TO A RANGE OF PUBLIC AND POLICYMAKER AUDIENCES. DATABASES INCLUDE INFORMATION ON ENERGY USAGE, FUEL PRICES, WEATHER TRENDS AND OTHER CRITICAL VARIABLES. CLEAN CENTER SUPPORTS ACADIA'S PROGRAM INITIATIVE NEEDS WHILE ALSO PREPARING ADDITIONAL REPORTS AND ANALYSES ON KEY TOPICS. CLEAN PRODUCES REPORTS IN THE FORM OF VISUALIZATIONS, GRAPHS, ANALYSES, EMISSIONS TRACKERS, MAPPING AND MORE

Name of the organization **Employer identification number** ACADIA CENTER 01-0518193 AND ITS MATERIALS HAVE EARNED A STRONG REPUTATION FOR BEING FAIR, CREDIBLE AND EFFECTIVE. THESE INCLUDE REPORTS SUCH AS ENERGY EFFICIENCY: ENGINE OF ECONOMIC GROWTH, A SERIES ON STATE AND CANADIAN PROVINCIAL MACROECONOMIC IMPACTS FROM INVESTING IN COST-EFFECTIVE EFFICIENCY RESOURCES, AND SUPPORT IN FORECASTING ENERGY TRENDS FOR THE RHODE ISLAND STATE ENERGY PLAN. VISUAL MATERIALS INCLUDE CLIMATEVISION 2020, AN AWARD WINNING, WEB BASED INTERACTIVE ASSESSMENT OF PROGRESS TOWARDS STATE CLIMATE GOALS; REGIONAL GREENHOUSE GAS INITIATIVE (RGGI) AUCTION TRACKERS AND EMISSION TRENDS AND ENERGYVISION, A PATHWAY TO A MODERN, SUSTAINABLE LOW CARBON ECONOMIC FUTURE. CURRENT WORK IS FOCUSING ON TRANSMISSION SYSTEM COSTS, UTILITY RATE MECHANISMS AND ENERGYVISION 2030, A PICTURE OF HOW THE NORTHEAST POWER GRID COULD LOOK WITH VIABLE BUT AGGRESSIVE DEPLOYMENT OF COST-EFFECTIVE CLEAN ENERGY RESOURCES.

INCLUDING GRANTS OF \$ 0.

REVENUE \$ 0.

PUBLIC ENGAGEMENT INITIATIVE:

EXPENSES \$ 148,426.

ACADIA CENTER'S PUBLIC ENGAGEMENT INITIATIVE WORKS TO RAISE AWARENESS

OF THE BENEFITS OF A CLEAN ENERGY FUTURE AMONG THE GENERAL PUBLIC AND

KEY STAKEHOLDERS AND OPINION LEADERS. THE INITIATIVE WORKS AT THE

STATE, REGIONAL AND COMMUNITY LEVELS, WITH STRATEGIC ENGAGEMENT ON

NATIONAL ISSUES. ACADIA CENTER'S PUBLIC ENGAGEMENT INITIATIVE FRAMES

ACADIA CENTER'S ECONOMIC, POLICY AND DATA WORK INTO ENGAGING PUBLIC

ENGAGEMENT MATERIALS. THE INITIATIVE DOES THIS BY EMPHASIZING CLEAR

PUBLIC MESSAGING, DEVELOPING COLORFUL GRAPHICS AND VISUALIZATIONS,

HOSTING COMMUNITY FORUMS AND CONDUCTING OUTREACH TO MEDIA, DIVERSE

STAKEHOLDERS AND GOVERNMENT OFFICIALS. THE PUBLIC ENGAGEMENT INITIATIVE

Name of the organization **Employer identification number** ACADIA CENTER 01-0518193 WORKS WITH OTHER ACADIA CENTER INITIATIVES TO ADVANCE PUBLIC SUPPORT FOR CHANGE THROUGH INFORMATION, NETWORKS AND COALITION BUILDING. ACTIVITIES INCLUDE: -DESIGN AND PRODUCE ENGAGING MATERIALS - ACADIA CENTER PRODUCES COLORFUL, ENGAGING MATERIALS ON COMMUNITY ENERGY OPPORTUNITIES, CONSUMER ECONOMIC AND MANY OTHER ISSUES, USING A TALENTED VISUALIZATION TEAM TO CRAFT MATERIALS FOR PUBLIC AUDIENCES AND POLICY MAKERS SUCH AS ENERGYVISION, UTILITYVISION, COMMUNITY ENERGYVISION AND ADDITIONAL TARGETED MATERIALS UNDER DEVELOPMENT FOR 2017. -CONVENE COMMUNITY ENERGY FORUMS - ACADIA CENTER IS HOLDING A SERIES OF SUCCESSFUL FORUMS TO ENGAGE STAKEHOLDERS IN A CONVERSATION ABOUT A CLEAN ENERGY FUTURE IN CONNECTICUT, MASSACHUSETTS AND RHODE ISLAND WITH ADDITIONAL FORUMS PLANNED FOR NEW HAMPSHIRE, MAINE AND NEW YORK. FORUMS FEATURE STAFF EXPERTS AND STATE AND COMMUNITY LEADERS DISCUSSING HOW COMMUNITIES CAN MOVE FORWARD IN A KEY ROLE TO BUILD A CLEAN ENERGY FUTURE. -PUBLIC SPEAKING AND MEDIA OUTREACH - IN CONJUNCTION WITH THE ABOVE ACTIVITIES, THE PUBLIC ENGAGEMENT INITIATIVE SUPPORTS OUTREACH TO DIVERSE AUDIENCES AROUND THE REGION ON ENERGYVISION, CLEAN ENERGY ISSUES, PATHWAYS TO REDUCE CARBON AND ALTERNATIVES TO SUCH MASSIVE INVESTMENTS AS THE NATURAL GAS PIPELINES. EXPENSES \$ 113,945. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: LINE 11A EXPLANATION - MANAGEMENT REVIEWS THE DRAFT COPY OF THE FORM 990. THEN A COPY OF THE FORM 990 IS PROVIDED IN FINAL DRAFT FORM TO THE BOARD

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UPON RECEIPT FROM THE INDEPENDENT ACCOUNTING FIRM. THE BOARD IS PROVIDED AN

Name of the organization

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OPPORTUNITY TO REVIEW THE 990 AND DISCUSS IT AT A REGULAR OR SPECIAL BOARD MEETING. ACADIA CENTER THEN FILES THE 990 AFTER BOARD COMMENT AND REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICTS ARE MONITORED BY REQUIRING STAFF TO IDENTIFY ANY ACTIVITIES THEY SEEK TO ENGAGE IN DURING OR OUTSIDE THE SCOPE OF EMPLOYMENT THAT MIGHT HAVE AN IMPACT ON ACADIA CENTER. THESE ISSUES ARE BROUGHT TO THE ATTENTION OF THE PRESIDENT WHO THEN MAKES A DETERMINATION AS TO WHETHER THERE IS A CONFLICT OR NOT; THE FINANCE AND OPERATIONS MANAGER IS ALSO INCLUDED IN THAT PROCESS. ACADIA CENTER STAFF PARTICIPATE IN A NUMBER OF STANDING CONFERENCE CALLS EACH WEEK THAT OFFER OPPORTUNITIES TO RAISE QUESTIONS AROUND ANY ISSUE THAT MIGHT RAISE AN ACTUAL OR APPEARANCE OF CONFLICTS AND ARE DISCUSSED WITH THE TEAM ON THE CALL. ACADIA CENTER HAS A STANDING POLICY TO NOT SOLICIT DONATIONS OR OTHER REVENUE FROM PRIVATE CORPORATIONS INCLUDING BUT NOT LIMITED TO UTILITIES AND OTHER ENERGY COMPANIES AND TO SELECTIVELY SEEK GOVERNMENT FUNDING WHEN IT SUPPLEMENTS AND FURTHERS THE ORGANIZATION'S MISSION AND DOES NOT PRESENT ANY ACTUAL OR APPEARANCE OF CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT'S SALARY LEVEL IS REVIEWED BY THE BOARD IN A CLOSED SESSION.

INFORMATION COMPARING THE SALARY LEVEL TO OTHER NON-PROFITS OF COMPARABLE

SIZE AND SKILL IS RESEARCHED BY ACADIA CENTER'S MANAGEMENT AND PROVIDED IN

SUMMARY FORM TO THE BOARD.

FOR OTHER EMPLOYEES, ACADIA CENTER'S PROCEDURE IS FOR THE PRESIDENT TO ESTABLISH INDIVIDUAL COMPENSATION LEVELS. ACADIA CENTER REVIEWS

COMPENSATION LEVELS OF EMPLOYEES OF COMPARABLE NON-PROFITS AND GOVERNMENT

Name of the organization ACADIA CENTER	Employer identification number 01-0518193
POSITIONS THROUGH INFORMATION AVAILABLE IN 990 FILINGS, G	GUIDESTAR,
CONVERSATIONS WITH OTHER ORGANIZATIONS AND SALARY SURVEYS	WHEN AVAILABLE.
FORM 990, PART VI, SECTION C, LINE 19:	
ACADIA CENTER SEEKS TO BE IN FULL COMPLIANCE WITH ANY PUE	BLIC INSPECTION
REQUIREMENT AND PROVIDES MATERIALS ON ITS WEBSITE AND OFF	ERS TO MAKE
MATERIALS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. 9	90 RETURNS AND
ANNUAL REPORTS ARE AVAILABLE TO THE PUBLIC.	
	