Form 990
Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



Α	For the	e 2019 calendar year, or tax year beginning and	ending		
В	Check if applicabl	e: C Name of organization		D Employer identific	cation number
Г	Addre	ACADIA CENTER			
	Name chang		01-051819	93	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	8 SUMMER STREET, PO BOX 583		207-236-6	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,949,808.
	Amen return	ROCKPORT, ME 04856-0585		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: DANTEL SOSLAND		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) = 501(c) () \neq (insert no.) = 4947(a)(1)$	or 527	í í	list. (see instructions)
		te: ► HTTPS: //ACADIACENTER.ORG		H(c) Group exemption	
	art I	f organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: ME
•		Briefly describe the organization's mission or most significant activities: ACAD	TA CEN	TER ADVANCES	BOLD
e	'	EFFECTIVE, AND JUST CLEAN ENERGY SOLUTION			
Governance	2	Check this box			
ver	3			3	10
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)		9	
ş	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		24	
vitie	6	Total number of volunteers (estimate if necessary)		6	13
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,221,587.	1,918,983.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,389.	28,170.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,899. 2,246,875.	2,655. 1,949,808.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,240,075.	50,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	4-	Benefits paid to or for members (Part IX, column (A), line 4)		1,816,690.	1,582,331.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 137, 3		••	
ĔĂ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		489,279.	431,859.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,305,969.	2,064,190.
		Revenue less expenses. Subtract line 18 from line 12		-59,094.	-114,382.
or	3			ginning of Current Year	End of Year
Assets	2	Total assets (Part X, line 16)		3,366,648.	3,246,159.
tAs	21	Total liabilities (Part X, line 26)		91,923.	74,317.
-Ne		Net assets or fund balances. Subtract line 21 from line 20		3,274,725.	3,171,842.
P	art 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.

Sign	Signature of officer		Date							
Here	DANIEL SOSLAND, PRESI	ENT								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	JEFFREY HUBERT, CPA	JEFFREY HUBERT, CPA	11/16/20 self-employed P00340718							
Preparer	Firm's name 🍺 WIPFLI LLP		Firm's EIN 🕨 39-0758449							
Use Only	Firm's address 1 MARKET SQUARE									
	AUGUSTA, ME 0433	0-4637	Phone no. 207.622.4766							
May the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-2	D-20 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form 990 (2019)							
-										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2019) ACADIA CENTER 01-0518193 Page
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ACADIA CENTER ADVANCES BOLD, EFFECTIVE, AND JUST CLEAN ENERGY
	SOLUTIONS FOR A LIVABLE CLIMATE AND A STRONGER, MORE EQUITABLE
	ECONOMY.
	ECONOMI:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$440,986. including grants of \$) (Revenue \$)
	BUILDINGS:
	OPTIMIZE THE REGION'S BUILDINGS, MAKING THEM MORE EFFICIENT, HEALTHIER,
	AND LESS POLLUTING. ADVOCATE FOR EXPANDED ENERGY EFFICIENCY INVESTMENTS
	TO CAPTURE OPPORTUNITIES TO MAKE BUILDINGS MORE EFFICIENT AND
	DEMONSTRATE THE VALUE AND ACHIEVABILITY OF HIGH EFFICIENCY SAVINGS
	LEVELS, AND TO MAKE ENERGY EFFICIENCY PROGRAMS EASIER FOR PARTICIPANTS
	AND EXPAND ACCESS TO ENERGY EFFICIENCY PROGRAMS IN UNDESERVED
	COMMUNITIES AND MARKETS. ADVANCE THE NEXT GENERATION OF ENERGY
	EFFICIENCY PROGRAMS, BY INCORPORATING BENEFICIAL ELECTRIFICATION AND
	FUEL SWITCHING, PEAK DEMAND MANAGEMENT AND OTHER INNOVATIONS. TRANSFORM
	THE CLEAN HEATING MARKET, LEADING TO A RAPID INCREASE IN THE CONVERSION
4b	(Code:) (Expenses \$319,377. including grants of \$50,000.) (Revenue \$
	TRANSPORTATION:
	ACCELEDANE MUE ADAMATATAN AN LON ANDANADADAMATAN ADMANAE DALTAN
	ACCELERATE THE TRANSITION TO LOW-CARBON TRANSPORTATION. ADVANCE POLICY APPROACHES TO ADDRESS TRANSPORTATION EMISSIONS & INVEST IN EQUITABLE
	ACCESS TO CLEAN MOBILITY SOLUTIONS. ADVANCE THE PENETRATION OF
	LIGHT-DUTY AND HEAVY-DUTY ELECTRIC VEHICLES ACROSS MARKET SEGMENTS.
	LIGHT DOTT AND MEAVE DOTT EDECTRIC VEHICLED ACRODD MARKET DEGMENTD:
4c	(Code:) (Expenses \$ 284, 508 • including grants of \$) (Revenue \$)
	UTILITY INNOVATION:
	SPUR UTILITY INNOVATION AND PLANNING SO THAT THE GRID CAN SUPPORT THE
	CLEAN ENERGY NEEDED TO ACHIEVE OUR CLIMATE GOALS, AND IS MODERN,
	FLEXIBLE AND COMMUNITY FOCUSED. BUILD AWARENESS ABOUT HOW OUTDATED
	INCENTIVES CAUSE UTILITY BEHAVIOR TO MISALIGN WITH CLEAN ENERGY,
	CLIMATE GOALS AND THE BEST VALUE FOR THE RATEPAYER. DEVELOP AND
	ADVOCATE FOR NEXT-GENERATION UTILITY REFORM THAT COMBINES INVESTMENT IN
	THE GRID WITH FINANCIAL AND PLANNING REFORMS FOR THE UTILITY. PUSH FOR
	REFORM OF PUBLIC UTILITY COMMISSIONS SO THAT THEY CONSIDER CLIMATE
	IMPACTS ALONGSIDE RATES & BILLS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 748,949. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,793,820.
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32002	SEE SCHEDULE O FOR CONTINUATION(S)
ΤT	16 147695 254128 2019.05000 ACADIA CENTER 2541

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 Form 990 (2019)
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 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)?			
	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			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		- 23
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.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 11	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ū	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	<u> </u>
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 Part IV
 Checklist of Required Schedules (continued)

Yes No

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
~~	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		х	
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-11	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2-10		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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			x
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
<u> </u>	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
D		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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).			
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		X
с	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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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 7d			
е	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
а	Gross income from members or shareholders 11a			
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.			
а	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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

932005 01-20-20

Form		518193	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	10		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			<u></u>
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		- 23
U U		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?		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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?		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	
	Other officers or key employees of the organization		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 $\blacktriangleright ME$, CT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501	(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic	y, and financ	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			
932006	3 01-20-20	Form	990	(2019)
	6			,
5211	.16 147695 254128 2019.05000 ACADIA CENTER		25	412

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Form 990 (20	D19) ACADIA CENTER	01-0518193	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
ı	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	e this table for all persons required to be listed. Report compensation for the calendar year end	ling 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	hours per			Pos heck i ss per	more rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELIZABETH CARROLL	1.00	37		37					0	0
VICE-CHAIR	1 00	X		Х				0.	0.	0.
(2) HOWARD GRAY	1.00	37							0	0
DIRECTOR (3) DAVID SUTHERLAND	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(4) MITCH TYSON	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(5) DON WINEBERG	1.00									
CHAIR	1.00	х		х				0.	0.	0.
(6) JOYCE KUNG	1.00									
SECRETARY		х		х				0.	0.	0.
(7) ERIC GRABER-LOPEZ	1.00									
TREASURER		х		х				0.	Ο.	0.
(8) JOHN DEVILLARS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DANIEL SOSLAND	50.00									
PRESIDENT		Х		Х				220,808.	0.	13,212.
(10) DANIEL HILDRETH	1.00									
DIRECTOR		Х						0.	0.	0.
(11) AMY MCLEAN SALLS ADVOCACY DIRECTOR & SENIOR ATTORNEY	40.00					x		106,576.	0.	16,264.
932007 01-20-20	<u> </u>			-						Form 990 (2019)

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	orm 990 (2019) ACADIA CENTER 01-0518								518:	193	Pa	age 8		
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp (B)	oloy	ees,			ghes	st C		, ,			(E)	
	(A) Name and title	Average hours per week (list any hours for related	officer and a director/trustee)			than o is both pr/trus	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	l s	an com fr	(F) atimate nount other pensa om the anizat	of tion e	
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former				and	d relati anizati	ed
	Subtotal								327,384.		0.	2	9,4	76.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no							► ►	327,384.	000 of reportable	0.	2	9,4	
_	compensation from the organization						,,						Yes	2 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-			•	-		Ŭ	• •			3	100	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl 0,000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth 9 J f	ner compensation from t	he organization		4	х	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors											5		X
1	Complete this table for your five highest con	•	•							•	ensat	ion fro	m	
	the organization. Report compensation for the calendar year ending with or within (A) Name and business address NONE							(B) Description of s		С	(C ompe		n	
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to	thos (ted	above) who received mo	ore than				
_			_	_	_	_	_	_				Form	990 (ž	2019)

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		2019) ACADIA CENTER				01-0518	193 Page 9
Par	rt VII	Statement of Revenue					
		Check if Schedule O contains a response o	r note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
unt	b	Membership dues 1b					
С В С	с	Fundraising events 1c					
ar A	d	Related organizations 1d					
s, G	е	Government grants (contributions)					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above If 1, 5	918,983.				
qt	g	Noncash contributions included in lines 1a-1f					
o e	h	Total. Add lines 1a-1f		1,918,983.			
			Business Code				
e	2 a						
e vi	b						
Program Service Revenue	С						
lev.	d						
бü	е						
ھ	f	All other program service revenue					
	g						
	3	Investment income (including dividends, interes		00 1 70			00 100
		other similar amounts)		28,170.			28,170
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	b						
	С	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
venue		and sales expenses 7b					
ver	С	Gain or (loss)					
Be		Net gain or (loss)	>				
Other Re	8 a	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	····· >				
	10 a	Gross sales of inventory, less returns					
	-	and allowances 10a					
		Less: cost of goods sold 10b					
\rightarrow	С	Net income or (loss) from sales of inventory					
s			Business Code	2 655	2 655		
eor	11 a		900099	2,655.	2,655.		
llan	b			<u> </u>			
Miscellaneous Revenue	С			<u> </u>	<u> </u>		
v) —	d	All other revenue					
Σ		Total. Add lines 11a-11d		2,655.			
Ξ	<u>е</u> 12	Total revenue. See instructions		1,949,808.	2,655.	0.	28,170.

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ACADIA CENTER

	990 (2019) ACADIA CENTE			01-05	18193 Page 1
	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
Do r	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	c,perioee
•	and domestic governments. See Part IV, line 21	50,000.	50,000.		
2	Grants and other assistance to domestic				
-					
3	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5					
5	Compensation of current officers, directors,	234,020.	205,938.	11,701.	16,381
_	trustees, and key employees	234,020.	205,950.		10,501
3	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	1,112,225.	983,726.	74,329.	54,170
7	Other salaries and wages	1,112,223.	905,120.	/4,329.	54,1/0
3	Pension plan accruals and contributions (include	C1 122	F0 100		2 201
	section 401(k) and 403(b) employer contributions)	61,133. 69,925.	52,108.	5,740.	3,285
9	Other employee benefits	69,925.	59,692.	6,423.	3,810
)	Payroll taxes	105,028.	89,853.	9,336.	5,839
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	11,300.	1 1 - 1	11,300.	
d	Lobbying	1,565.	1,150.	415.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	155,850.	115,229.	545.	40,076
2	Advertising and promotion				
3	Office expenses	14,051.	12,072.	745.	1,234
ł	Information technology	34,128.	29,951.	1,203.	2,974
5	Royalties				
6	Occupancy	128,031.	117,789.	5,121.	5,121
7	Travel	32,113.	31,178.	627.	308
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	5,381.	5,291.	45.	45
5	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	14,354.	14,272.	41.	41
-	Insurance	6,640.	2,738.	3,783.	119
	Other expenses. Itemize expenses not covered	.,	_,	- ,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMUNICATIONS	17,864.	16,419.	684.	761
a b	BOOKS AND SUBSCRIPTIONS	4,970.	4,458.	107.	405
	BANK FEES	3,379.		634.	2,745
C d	MISCELLANEOUS	2,233.	1,956.	223.	2,745
		4,433.		<u> </u>	54
e -	All other expenses	2 064 100	1 703 820	133 002	127 269

2,064,190.

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Form **990** (2019)

133,002.

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization

1,793,820.

137,368.

ACADIA CENTER

1 01	• • •						
		Check if Schedule O contains a response or n	ote to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			204,020.	1	241,211.
	2	Savings and temporary cash investments			2,534,169.	2	2,346,697.
	3	Pledges and grants receivable, net			55,363.	3	65,774.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese persons			5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				22,191.	9	18,878.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	71,788.			
	b	Less: accumulated depreciation		63,113.	18,529.	10c	8,675.
	11	Investments - publicly traded securities	516,319.	11	550,142.		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	16,057.	15	14,782.		
	16	Total assets. Add lines 1 through 15 (must ed			3,366,648.	16	3,246,159.
	17	Accounts payable and accrued expenses			91,923.	17	74,317.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
s	22	Loans and other payables to any current or fo	rmer officer,	director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial cont	ributor, or 35%			
abil		controlled entity or family member of any of th	ese persons			22	
Ë	23	Secured mortgages and notes payable to unre	elated third p	arties		23	
	24	Unsecured notes and loans payable to unrelat	ed third part	ies		24	
	25	Other liabilities (including federal income tax,	payables to re	elated third			
		parties, and other liabilities not included on lin	es 17-24). Co	omplete Part X			
		of Schedule D				25	
	26				91,923.	26	74,317.
		Organizations that follow FASB ASC 958, c	neck here 🕽	► X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,897,127.	27	2,168,092.
Ba	28	Net assets with donor restrictions		<u></u> L	1,377,598.	28	1,003,750.
pur		Organizations that do not follow FASB ASC	958, check	here 🕨 🗌			
гF		and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current func	ls			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or	equipment fu	und		30	
t As	31	Retained earnings, endowment, accumulated				31	
Nei	32	Total net assets or fund balances			3,274,725.	32	3,171,842.
	33	Total liabilities and net assets/fund balances			3,366,648.	33	3,246,159.

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Form 990 (2019)

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

Form 990 (2019) Part X Balance Sheet

	990 (2019) ACADIA CENTER	01-05	18193	Pag	_{je} 12
Pa	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	1,949		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,064	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	-114	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,274		
5	Net unrealized gains (losses) on investments	5	11	, 49	99.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	
_	column (B))	10	3,171	, 84	<u>12.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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?		2 a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

(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.

OMB No. 1545-0047
2019
Open to Public Inspection

		of the Treasury nue Service		Go to www.irs.gr		Open to Public Inspection				
Name of the organization				do to www.ii3.go	vw.irs.gov/Form990 for instructions and the latest information.					identification number
-				IA CENTER						1-0518193
Pa	art I	Reason			(All organizations must co	omplete th	is part.) Se	ee instructions	.	1 0010195
					(For lines 1 through 12, c					
1			-		ion of churches described	•		1)(A)(i).		
2	H				(Attach Schedule E (Forn			• \(\(\(\(\(\) \) \) \)		
3	H				ganization described in se			ii).		
4	H	-	-		-			-	(iii). Enter	the hospital's name.
•		city, and stat	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, ty and state:							
5		•		or the benefit of a c	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
				Complete Part II.)	с ,	•				
6					mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X			-	antial part of its support fi				ne general p	oublic described in
				omplete Part II.)		Ū			•	
8		-)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
					culture (see instructions).					
		university:	-				-		-	
10		An organizat	ion that norma	Ily receives: (1) mor	re than 33 1/3% of its sup	port from a	contributio	ns, membersł	nip fees, an	d gross receipts from
		activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	ifter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
12		An organizat	ion organized a	and operated exclu	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	y supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box in
		_lines 12a thro	ough 12d that	describes the type	of supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	• L	Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported org	anization(s), ty	pically by	giving
		the suppor	ted organizatio	on(s) the power to r	egularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	ipporting
	_	organizatio	n. You must c	complete Part IV, S	Sections A and B.					
k		Type II. As	supporting org	anization supervise	ed or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
			-		ganization vested in the sa	ame perso	ons that co	ntrol or manag	ge the supp	ported
	_				, Sections A and C.					
c			-		ng organization operated				ly integrate	ed with,
	_	-	-		is). You must complete I					
c			-		porting organization oper				-	
				с С	ization generally must sat	•		•	an attentiv	/eness
	_	_			omplete Part IV, Sections					
e	•		Ũ		written determination fro			Туре I, Туре	II, Type III	
					onally integrated supporti					
1			of supported o	•						
<u>ç</u>		(i) Name of supp		about the support	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	monetarv	(vi) Amount of other
		organizatior		()	(described on lines 1-10	in your govern Yes	ing document? No	support (see ir	-	support (see instructions)
					above (see instructions))	103				
	- 1									

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990 EZ) 2019 ACADIA CENTER

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2005932.	2385873.	2150631.	2221587.	1918983.	10683006.		
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	2005932.	2385873.	2150631.	2221587.	1918983.	10683006.		
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)						3635110.		
6	Public support. Subtract line 5 from line 4.						7047896.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	2005932.	2385873.	2150631.	2221587.	1918983.	10683006.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1,838.	1,717.	4,759.	19,389.	28,170.	55,873.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						10738879.		
12	Gross receipts from related activities,	etc. (see instructio	ins)			12	26,794.		
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publi	c Support Per	centage			, ,			
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>65.63 %</u>		
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	<u>61.87 %</u>		
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies	as a publicly supp	orted organization				► X		
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation					
17a	and stop here. The organization qualifies as a publicly supported organization								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization	-			
b	b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18									
						dule A (Form 990			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ACADIA CENTER

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support				_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	Tax revenues levied for the organ- 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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	anization,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Pe	rcentage			<u> </u>	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the						
_	more than 33 1/3%, check this box ar	-	-				▶∟
b	33 1/3% support tests - 2018. If the						
. .	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	3 09-25-19		1 6	-	Sch	nedule A (Form	990 or 990-EZ) 2019

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Yes No

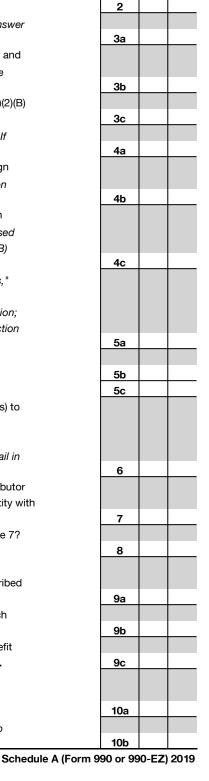
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** 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 (as 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.)

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 Schedule A (Form 990 or 990-EZ) 2019
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 Part IV
 Supporting Organizations (continued)
 (continued)

1 Did the directors, trustees, or membership of one or more supported organizations directors or trustees at all times during the tax year <i>II</i> *No,* describe in Part VI how the supported organizations directors or trustees dar and the supported organization of directors or trustees at all times during the tax year <i>II</i> *No,* describe in Part VI how the powers too of the benefit of any supported organization of <i>II</i> * * * * * * * * * * * * * * * * * *				Yes	No
bed with the governing body of a supported organization? bed analyments of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Pert VI. Section B. Type I Supporting Organizations Vee No verson of the organization section of the organization share the power to regalarly appoint or elect these a majority of the organization share the power to regalarly appoint or elect these a majority of the organization of selectors or trustees at all times during the the verson of the organization and with conditions. If the organization of selectors or trustees were allocated among the tax year. Ded the organization appoint and/or remove directors or trustees were allocated among the supported organization or person describes. If the organization of the support of organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support of organization or person describe of the support of organization and more the provide organization of the support of organization or person describes. If the organization of the support of organization organization is prevised, or controlled the support of organization organization organization? Vee the provided supporting organization of the support of organization organization organization organization? Vee the organization supported organization of the support of organization organization supported organization organization? Vee the organization supporting Organization? Vee the support or describe of the support organization? Vee the support organization? Vee the organization support of organization? Vee the organization organization? Vee the support organization organization? Vee the organization organization? Vee the organization organizatio	11	Has the organization accepted a gift or contribution from any of the following persons?			
 b A tamily member of a person described in (a) above? c A 35% controlled with y of person described in (b) above? if 'Yes' to a, b, or o, provide detail in Pert VI. Section B. Type I Supporting Organizations 1 Did the directors, Irustees, or membership of one or more supported organizations have the power to regularized and the organization's directors or trustees at all times during the tax year? If we', 'eacobie in Pert VI how the supported organization's directors or trustees at all times during the tax year? If we', 'eacobie in Pert VI how the power to directors or trustees are allocated supported organization, describe how the powers to appoint ad/or remove directors or trustees are allocated surger trustees, or controlled the supported organization? If 'Yes,'' eacobie in Pert VI how the supported organization? If 'Yes,''' eacobie in Pert VI how the support or granization? If 'Yes,'''' eacobie in Pert VI how the supporting organization operate that supported organization? If 'Yes,'''''''''''''''''''''''''''''''''''	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
C. A 35% controlled employed presend escolbed in fail or bia back? If *Yes* to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Ves No Property Support or elect at least a majority of the organization of 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 setwites. If the organization is directors or trustees were allocated around the supported organizations and what conditions or orestrictions in any, papieto at the non esupported organization, describe how the powers to appoint and/or remove directors or trustees were allocated around the supported organization and wata conditions or orestrictions in any, papieto at such power aduring the tax year: 1 2 bit the organization sequence of the purposes of the supported organization (b) that operated, summitted, constrainting the supported organization(s) if with operated, summitted, constrainting the supported organization(s) if with operated, summitted, constrainting the supported organization(s) if with operated, summitted, constrainting organization 1 4 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting 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 prove tax year, (i) a corp of the form 980 that was more recently lied as of notification, and (i) copies of the organization's directors, or trustees and no indiction the dated of notification, and (ii) copies of the organization's		below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations Yes No 1 Det the directors, trustees at analoty of the organization's directors or trustees at all times during the tax year? If 'Wo,'' describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If 'Wo,'' describe in Part VI how the supported organization's directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the rest of an y support of organization of the rest, year also a majority of the organization's directors or trustees or entotectors or trustees at each of the supporting organization? If 'Wo,'' escribe in Part VI how control or management of the supporting organizations? If 'Wo,'' escribe in Part VI how control or management of the supporting organizations? If 'Wo,'' escribe in Part VI how control or management of the supporting organizations was vested in the same persons that controlled or managed the supporting organizations was vested in the data or ofticiscien, and (IIII). 1 Did the organization provide to each of its supported organization? If 'Wo,'' escribe in Part VI how 'tax year, (IIIII). 2 Were any ory of the Form 600 that was most resemity field as of the data or ofticiscient, or trustees effective by the data or ofticiscion, and (IIII). 3 Were any ory of the Form 600 that was most resemity field as of the data or ofticiscion, and (IIII). 4 Were any ory of the Form 600 that was most resemity fie	b	A family member of a person described in (a) above?	11b		
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regularly appoint or elect at least a mightly of the organization's directors or trustees at all times during the tax yea? (I' No, ' describe in Part VI how the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operate tor the benefit of any supported organization (I' I' Ves, ' regular in Part VI how providing such benefit carried out the purposes of the support of granization(s) (I' H/N), ' describe in Part VI how control or remangement of the supporting organization (S)? (I' H/N), ' describe in Part VI how control or remangement of the support of granizations are vested in the same persons that controlled or managed in the support of organization is support of organizations, by the last day of the fifth month of the organization provide to each of its support of organization? I' Mo, ' applain in Part VI how control or remainsert and the support directors, or trustees ether (i) appointed organizations). 1 Did the organization is offers, directors, or trustees ether (i) appointed organizations have a significant voice in the organization is supported organization? I' Mo, '' applain in Part VI how vice in the organization's offers, directors, or trustees ether (i) appointed or elected by the supported organization is supported organization? I' Mo, '' applain in Part VI how the organization's offers, directors, or trustees ether (i) appointed or elected by the support of applainted moles and outh or the support of appointed				Yes	No
try var? // * No, * describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported approximation, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operated, supervised, or controlled the supported organization? If * Yes,* explain in Part VI how providing such benefit cardia out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization Part VI how control Part VI how control vere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's granizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's granization supported organizations, by the last day of the fifth month of the organization's directors, or trustees either (i) appointed organization's granization vere any of the organization's upported organizations, by the last day of the fifth month of the organization's directors, or trustees either (i) appointed organization's vere any of the organization is upported organizations. by the last day of the fifth month of the organization's directors, or trustees either (i) appointed organization's vere any of the organization's directors, or trustees either (i) appointed organization's vere any of the organization is upported organization's vere any of the organization subported organization's vere any of the organization subported organization's vere any of the organization ad ou	1				
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а				
			3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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	. (Form 990 or 990-EZ) 2019 $ { m A}$		
Part V	Type III Non-Functiona	ally Integrated 509(a)	3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).	See instructions.	All
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.		

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	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 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
r	naintenance 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		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
сF	Fair market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
e [Discount claimed for blockage or other			
f	actors (explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 8	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	Enter 85% of line 1.	2		
3 N	Ninimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly intogrator	Type III supporting orga	nization (soo

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 ACADIA CENTER

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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 the	he organization is responsive		
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 ACADIA CENTER

(See instructions.)		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

ACADIA CENTER

01-0518193

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u> 1</u>		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4_		\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$360,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
923452 11-06		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

22 2019.05000 ACADIA CENTER

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

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ACADIA CENTER

01-0518193

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>55,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>45,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$ <u>138,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

23 2019.05000 ACADIA CENTER

08521116 147695 254128

923452 11-06-19

Schedule E	8 (Form 99)), 990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

ACADIA CENTER

01-0518193

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 923453 11-06-19

08521116 147695 254128

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Page **4**

Name of or	ganization		Employer identification number
	CENTER		01-0518193
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent sharitable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	Id ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar 	Id ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 -		(e) Transfer of gift	
_	Transferee's name, address, ar	ud ZIP + 4	Relationship of transferor to transferee
923454 11-06-	19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019

08521116 147695 254128

2019.05000 ACADIA CENTER

25

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Nar	Employer identification number				
	ACADIA				01-0518193
Pa	art I-A Complete if the org	ganization is exempt under	r section 501(c)	or is a section 527	organization.
1 2 3	Provide a description of the organiz Political campaign activity expendi Volunteer hours for political campa	tures			
Pa	art I-B Complete if the org	ganization is exempt under			
1	Enter the amount of any excise tax	incurred by the organization under	r section 4955		► \$
2	Enter the amount of any excise tax	incurred by organization managers			
	If the organization incurred a section				
	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV.	ganization is exempt under	contine E01(a)	avecant costion 50	
	Enter the amount directly expended				► \$
2	Enter the amount of the filing organ		0		
~	exempt function activities				►\$
3	1 1		,		▶\$
4	line 17b Did the filing organization file Form				
- 5					
3	made payments. For each organiza			-	
	contributions received that were pr				-
	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's contributions received and
			1		

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019	ACADIA CENT	ER		01-0	518193 Page 2				
Part II-A Complete if the orga section 501(h)).									
expenses, and share	-	• • •	Part IV each anniateo	group member's name	e, address, Ein,				
	, ,	nd "limited control" pro	visions apply						
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influe	ence public opinion (grassroots lobbying)							
b Total lobbying expenditures to influe	ence a legislative bo	dy (direct lobbying)		27,227.					
c Total lobbying expenditures (add lin	es 1a and 1b)			27,227.					
d Other exempt purpose expenditures				2,036,963.					
e Total exempt purpose expenditures				2,064,190.					
f Lobbying nontaxable amount. Enter	r the amount from th	e following table in both	n columns.	253,210.					
If the amount on line 1e, column (a) or	(b) is: The lot	bying nontaxable am	ount is:						
Not over \$500,000	20% of	the amount on line 1e.							
Over \$500,000 but not over \$1,000	,000 \$100,0	00 plus 15% of the exce	ess over \$500,000.						
Over \$1,000,000 but not over \$1,50	0,000 \$175,0	00 plus 10% of the exce	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,0	000,000 \$225,0	00 plus 5% of the exces	ss over \$1,500,000.						
Over \$17,000,000	\$1,000	,000.							
				C2 202					
g Grassroots nontaxable amount (ent	, .			63,303.					
h Subtract line 1g from line 1a. If zero				0.					
i Subtract line 1f from line 1c. If zero				0.					
j If there is an amount other than zero reporting section 4911 tax for this y		line 1i, did the organiza			Yes No				
	4-Year Av	eraging Period Under	Section 501(h)						
(Some organizations th		01(h) election do not l ate instructions for lir	•	of the five columns be	low.				
	Lobbying Expe	nditures During 4-Yea	r Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a Lobbying nontaxable amount	243,738.	258,837.	265,298.	253,210.	1,021,083.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 	b Lobbying ceiling amount (150% of line 2a, column(e))				1,531,625.				
c Total lobbying expenditures	6,810.	23,131.	30,787.	27,227.	87,955.				
d Grassroots nontaxable amount	60,935.	64,709.	66,325.	63,303.	255,272.				
e Grassroots ceiling amount (150% of line 2d, column (e))					382,908.				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 ACADIA CENTER

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)	
	lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
n i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Other activities? 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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I	II-A, line	3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year		2b		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de 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 II-/	A, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE	D
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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.

Attach to Form 550.
Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the organization ACADIA CENTER		Employer identification 01-051819	
Part		Funds or Other Similar Fund		
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Funds and other account	ts
1 1	otal number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
5 [Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	ised funds	
a	re the organization's property, subject to the organization's e	exclusive legal control?	Yes	No
	Did the organization inform all grantees, donors, and donor a			
f	or charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring	
	npermissible private benefit?		Yes	No
Part	II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.	
1 F	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area	
	Protection of natural habitat	Preservation	of a certified historic structure	
	Preservation of open space			
2 (Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the forr	n of a conservation easement on the	last
c	lay of the tax year.		Held at the End of the	Tax Year
аT	otal number of conservation easements			
	lumber of conservation easements on a certified historic stru			
	lumber of conservation easements included in (c) acquired a	-		
	sted in the National Register			
3 1	lumber of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax	
	ear 🕨			
	lumber of states where property subject to conservation eas		_	
	Does the organization have a written policy regarding the peri			<u> </u>
	iolations, and enforcement of the conservation easements it			No
6 5	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing co	nservation easements during the yea	ır
_		·····		
	mount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserv	ation easements during the year	
-				
	Does each conservation easement reported on line 2(d) above	, ,		
	nd section 170(h)(4)(B)(ii)? n Part XIII, describe how the organization reports conservatic			
	palance sheet, and include, if applicable, the text of the footn			
	rganization's accounting for conservation easements.			
Part		Art, Historical Treasures, or C	other Similar Assets.	
	Complete if the organization answered "Yes" on Form			
1a i	the organization elected, as permitted under FASB ASC 958	3. not to report in its revenue statement	and balance sheet works	
	f art, historical treasures, or other similar assets held for pub	, 1		
	ervice, provide in Part XIII the text of the footnote to its finan		•	
b l	the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of	
	rt, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	. ,	• • •	
) Revenue included on Form 990, Part VIII, line 1		• • •	
•	ii) Assets included in Form 990, Part X			
	the organization received or held works of art, historical trea		al gain, provide	
	he following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1	-	> \$	
	Assets included in Form 990, Part X		▶ \$	

b	Assets	included	in	Form	990,	, Part)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

29		
2019.05000	ACADIA	CENTER

Sche	Schedule D (Form 990) 2019 ACADIA CENTER 01-0518193 Page 2										
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Similar	⁻ Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	, 🗌 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical trea	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1 a	Is the organization an agent, trustee, custodi		•					_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amount	1	
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										1
	Did the organization include an amount on F						ity?	∟	Yes		J No ⊓
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						10				
		(a) Current year			(c) Two yea	1	(d) Three y	are back	(e) Four	Voare	hack
10	Paginning of year balance	(a) Current year	(D) Pi	rior year	(C) TWO yea	IS DACK	(a) Thee y	Ears Dack	(e) Four	years	Jack
1a 5	Beginning of year balance										
u o	Contributions Net investment earnings, gains, and losses										
с d	Grants or scholarships										
e	Other expenditures for facilities										
C											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a	column (a)) held as:						
a	Board designated or quasi-endowment	•	%	, e e e e e e e e	,,,						
b	Permanent endowment	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	are held a	nd administer	red for th	ne organiza	ation			
	by:								[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								Зb		
4	Describe in Part XIII the intended uses of the		wment fu	inds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumulate preciation	d	(d) Bool	< value	;
1a	Land										
b	Buildings										
с	Leasehold improvements				3,225.		2,73	19.		50)6.
d	Equipment			6	8,563.		60,39	94.	8	3,16	59.
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colum</u>	<u>n (B), line 1</u>	<u>0c.)</u>				8	3,67	75.

Schedule D (Form 990) 2019

(a) Useruption of security exclusing reacted gamme of teaching rearries training and teaching rearries to teaching rearries	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(2) Closely held equity interests (A)	· · · · · · · · · · · · · · · · · · ·			d-of-year market value
(2) Closely held equity interests (A)	(1) Financial derivatives			
(3) Other				
(B) (C) (C) (C) (D) (C) (E) (C) (E) (C) (E) (C) (E) (C) (E) (C) (G) (
(C) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. (a) Description of investment (b) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. (a) Description of investment (b) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (c) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (c) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (c) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. S	(A)			
(C) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. (a) Description of investment (b) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. (a) Description of investment (b) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (c) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (c) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (c) (c) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. S	(B)			
(E)				
(F) (G) (G) (G) (H)	(D)			
(F) (G) (G) (G) (H)	(E)			
(G) (H) (P4) (P4) Part VIIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) (c) (c) (c) (a) (c) (c) (c) (a) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) (c)	(F)			
(H) Image: Complete if the organization answered 'Yes' on Form 990, Part W, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part Will Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market valu (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (1) (6) (9) (7) (1) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) (c) (c) (c) (c) (d) (c) (c) (c) (c) (g) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) Part IX Other Assets. (c) (c) (c) (c) (c) (c) (c) (c) (d) (e) Description (b) Book value (c)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (2) (a) (b) Book value (c) Method of valuation. Cost or end-of-year market value (3) (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (4) (c) (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (4) (c) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (b) must equal Form 990, Part X, col. (B) line 13.) (c) (c) (c) (7) (c) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (6) (c) (c)				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) (c) Method of valuation: Cost or end-of-year market value (2) (a) (c) (c) (c) (3) (c) (c) (c) (c) (c) (4) (c)		on Form 990 Part IV line	11c See Form 990 Part X line 13	
(1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (7) (9) (7) (9) (7) (9) (7) (9) (7) (1) (8) (1) (9) (2) (2) (3) (9) (1) (9) (2) (9) (3) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (2) (3) (6) (1) (7) (1) (9) (1) (1) Federal income taxes (2) (3) (1) (9) (1) Federal income taxes (2) (9) (3) (9) (4) (9) (5) (1) (6) (1)				d-of-year market value
(2) (3) (4) (3) (4) (5) (6) (6) (7) (7) (7) (7) (8) (7) (7) (9) (7) (7) (9) (7) (7) (8) (7) (7) (9) (7) (7) (9) (7) (7) (1) (1) (1) (2) (2) (2) (3) (1) (1) (6) (1) (1) (6) (2) (2) (7) (2) (2) (9) (2) (3) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) > Part X Other Liabilities. (2) Complete if the organization answered 'Yes' on Form 990. Part IV, line 11e or 11f. See Form 990. Part X, line 25. (1) Federal income taxes (2) (2) (3) (3) (4) (5) (4) (5) (5) (5) (6) (2) (3) (4)				,
(3)				
(4)				
(5)				
(6)				
(7) (8) (9) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) (3) (a) Description of liability (b) Book value (7) (a) Description of liability (b) Book value (7) (a) Description of liability (b) Book value (7) (a) Description of liability (b) Book value (1) Federal income taxes (c) (b) Book value (2) (a) Description of liability (b) Book value (6) (b) Book value (c) Book value (7) (a) Description of liability (b) Book value (b) Book value (c) Book value (c) Book value (a) (b) Book value (c) Book value	••			
(8)	••			
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) <li(c)< li=""> <li(c)< li=""> (c)<!--</td--><td></td><td></td><td></td><td></td></li(c)<></li(c)<>				
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (2) (b) Edit Assets. (c) Edit Assets. (3) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (a) Description of liability (c) (c) (c) (a) Description of liability (c) (c) (c) (3) (c) (c) (c) (c) (a) Description of liability (c) (c) (c) (a) (c) (c) (c) (c) (c) (c)				
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(a) Description (b) Book value (1) (2) (3) (3) (4) (4) (5) (6) (7) (6) (8) (7) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 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) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (1)		on Form 000 Dort IV line	11d Cap Form 000 Dart V line 15	
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(2) (3) (3) (4) (5) (7) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (b) Book value (3) (b) Book value (4) (column (c)) (5) (column (c)) (6) (column (c)) (7) (column (c)) (8) (column (c)) (9) (column (c)) (9) (column (c))				
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(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c)				
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Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (1) (2) (3) (2) (2) (4) (2) (2) (5) (2) (2) (6) (2) (2) (7) (2) (2) (8) (2) (2) (9) (2) (2)	Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>; 15.)</u>		
(a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c)				
(1) Federal income taxes (2) (3) (3) (4) (4) (5) (6) (6) (7) (8) (9)	· · · · · · · · · · · · · · · · · · ·	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(2) (3) (3) (4) (5) (5) (6) (7) (8) (9)				(a) Book value
(3) (4) (4) (5) (5) (6) (7) (7) (8) (9)	(1) Federal income taxes			
(4) (5) (6) (7) (8) (9)				
(5) (6) (7) (7) (8) (9)				
(6) (7) (8) (9)	(4)			
(7) (8) (9) (9)	(5)			
(8)	(6)			
(9)	(7)			
	(8)			
Total. (Column (b) must equal Form 990 Part X col. (B) line 25)	(9)			
	Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>ə 25.)</u>		

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

932053 10-02-19

Sche	edule D (Form 990) 2019 ACADIA CENTER			01-	0518193	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,961,	<u>,307.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	11,499.			
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		<u>,499.</u>
3	Subtract line 2e from line 1			3	1,949,	,808.
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 12.)			5	1,949,	,808.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per l	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line					
1	Total expenses and losses per audited financial statements			1	2,064,	,190.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	<u>2</u> a		_		
b	Prior year adjustments	2b		_		
С	Other losses	<u>2</u> c		_		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,064,	<u>,190.</u>
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				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	2,064,	,190.
Pa	rt XIII Supplemental Information.					

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.

932054 10-02-19

08521116 147695 254128

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to Fori s.gov/Form990 for		nation.		Open to Public Inspection	
Name of the organization ACADIA CE	NTER						Employer identification number 01-0518193	
Part I General Information on Grants a	nd Assistance							
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?	-			-		on 🔀 Yes 🗌 No	
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any	
recipient that received more than 1 (a) Name and address of organization or government	5,000. Part II can (b) EIN	be duplicated if addition (c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
TRANSPORT HARTFORD 95 PARK STREET, 2ND FLOOR HARTFORD, CT 06106	06-1385027	501(C)(3)	10,000.	0.			PARTNERING WITH ORGANIZATIONS WORKING ON EQUITY, HEALTH, AND MOBILITY GOALS IN SHAPING	
ONE SQUARE WORLD 71 PETER PARLEY ROAD, #2 BOSTON, MA 02130	47-1694472	501(C)(3)	15,000.	0.			PARTNERING WITH ORGANIZATIONS WORKING ON EQUITY, HEALTH, AND MOBILITY GOALS IN SHAPING	
HEALTH CARE WITHOUT HARM 12355 SUNRISE VALLEY DRIVE, SUITE 6 RESTON, VA 20191	52-2358837	501(C)(3)	10,000.	0.			PARTNERING WITH ORGANIZATIONS WORKING ON EQUITY, HEALTH, AND MOBILITY GOALS IN SHAPING	
CLEAN WATER FUND 1444 EYE SREET, NW SUITE 400 WASHINGTON, DC 20005-6538	52-1043444	501(C)(3)	15,000.	0.			PARTNERING WITH ORGANIZATIONS WORKING ON EQUITY, HEALTH, AND MOBILITY GOALS IN SHAPING	
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 								
LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) (2019)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

T.1		LΠ) TZ	Т
~ ~	C	'R	n	

ACADIA CENTER

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: TRANSPORT HARTFORD

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH ORGANIZATIONS

WORKING ON EQUITY, HEALTH, AND MOBILITY GOALS IN SHAPING A SOUND

TRANSPORTATION CLIMATE POLICY THAT BENEFITS ALL

NAME OF ORGANIZATION OR GOVERNMENT: ONE SOUARE WORLD

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH ORGANIZATIONS

VORKING ON EQUITY, HEALTH, AND MOBILITY GOALS IN SHAPING A SOUND

Schedule I (Form 990) (2019)

Page 2

Part IV Supplemental Information

TRANSPORTATION CLIMATE POLICY THAT BENEFITS ALL

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH CARE WITHOUT HARM

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH ORGANIZATIONS

WORKING ON EQUITY, HEALTH, AND MOBILITY GOALS IN SHAPING A SOUND

TRANSPORTATION CLIMATE POLICY THAT BENEFITS ALL

NAME OF ORGANIZATION OR GOVERNMENT: CLEAN WATER FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH ORGANIZATIONS

WORKING ON EQUITY, HEALTH, AND MOBILITY GOALS IN SHAPING A SOUND

TRANSPORTATION CLIMATE POLICY THAT BENEFITS ALL

Schedule I (Form 990)

932291 04-01-19

SC	HEDULE J	Compensatio	on Information	1	OMB No. 1	545-004	47	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2019				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			ZU	IJ	J		
Denar	Department of the Treasury Attach to Form 990.				Open to	Publ	ic	
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection		
Nam	e of the organization			Employer i			nber	
		ACADIA CENTER		01-0	51819	3		
Ра	rt I Question	Regarding Compensation						
						Yes	No	
1a		ate box(es) if the organization provided any of the fo		990,				
		line 1a. Complete Part III to provide any relevant inf	0 0					
	First-class or c		Housing allowance or residence for person					
	Travel for com		Payments for business use of personal res					
			Health or social club dues or initiation fees					
	Discretionary	pending account	Personal services (such as maid, chauffeu	r, chef)				
b	•	on line 1a are checked, did the organization follow a				v		
~		rovision of all of the expenses described above? If			1b	Х		
2		require substantiation prior to reimbursing or allow				v		
	trustees, and office	s, including the CEO/Executive Director, regarding	the items checked on line 1a?		2	X		
~	he alter da sudatada ditera							
3		y, of the following the organization used to establis						
		ctor. Check all that apply. Do not check any boxes	, ,	on to				
		tion of the CEO/Executive Director, but explain in F						
	Compensatior		Written employment contract					
	· · ·		Compensation survey or study					
	X Form 990 of o	her organizations	Approval by the board or compensation c	ommittee				
4	During the year did	any person listed on Form 990, Part VII, Section A,	line 12, with respect to the filing					
4	organization or a re		, line ra, with respect to the filling					
а	-				4a		x	
b		eive payment from, a supplemental nonqualified re	atirement plan?				X	
							X	
U	c Participate in, or receive payment from, an equity-based compensation arrangement?							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the org	-	n				
-	contingent on the r							
а	•				5a		х	
b	Any related organiz	ation?					X	
		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the org	anization pay or accrue any compensatio	n				
	contingent on the net earnings of:							
а	a The organization?					Х		
		ation?					X	
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the org	panization provide any nonfixed payments					
				7		Х		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
		ption described in Regulations section 53.4958-4(a)			8		Х	
9								
		53.4958-6(c)?		<u></u>	9			
LHA		eduction Act Notice, see the Instructions for Form			lule J (Forn	n 990)	2019	

01-0518193

Page 2

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred		(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & compensation incentive compensation		(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DANIEL SOSLAND	(i)	220,808.	0.	0.	7,873.	5,339.	234,020.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			1	1			

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

RENT PAYMENTS WERE MADE TO DANIEL SOSLAND'S SPOUSE FOR USE OF SPACE IN HER

HOME. THE PAYMENTS WERE NOT INCLUDED IN DANIEL'S TAXABLE COMPENSATION.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

01-0518193

ACADIA CENTER

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A STRONGER, MORE EQUITABLE ECONOMY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF THE REGION'S RESIDENTIAL HEATING TO HEAT PUMPS IN ALIGNMENT WITH

ENERGYVISION 2030, BY BUILDING COALITIONS, ADVANCING STATE POLICIES,

AND EDUCATING CONSUMERS AND VENDORS ABOUT HEAT PUMPS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CLEAN ENERGY POWER SECTOR:

DECARBONIZE THE ELECTRIC POWER SECTOR AND ACCELERATE THE SUPPLY OF

CLEAN, RELIABLE ENERGY. MAKE THE CASE AGAINST FOSSIL FUEL EXPANSION.

ADVANCE STATE AND REGIONAL POLICIES COMMITTING TO AND IMPLEMENTING

FURTHER LARGE-SCALE NONCARBON EMITTING ENERGY SUPPLY AND STORAGE.

REFORM REGIONAL ELECTRICITY SYSTEM PLANNING AND MARKET RULES TO REMOVE

BARRIERS.

EXPENSES \$ 244,755. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC ENGAGEMENT:

INCREASE PUBLIC SUPPORT AND RAISE GREATER AWARENESS FOR A CLEAN ENERGY

ECONOMY THAT BENEFITS ALL THROUGH CLEAR MATERIALS AND ANALYSES. PRODUCE

ENGAGING, THOUGHT LEADING MATERIALS THAT CONNECT CLEAN ENERGY AND

CLIMATE PROGRESS WITH ISSUES OF CONCERN TO THE PUBLIC AND THEIR DAILY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

Schedule O (Form 990 or 990 EZ) (2019) Page 2				
Name of the organization ACADIA CENTER	Employer identification number $01 - 0518193$			
LIVES, SUCH AS ECONOMIC PROSPERITY, EQUITY, HEALTH AND CLI	MATE			
BENEFITS. DEMONSTRATE THE BENEFITS OF ACADIA CENTER'S CLEA	N ENERGY			

PRIORITIES TO SHIFT PUBLIC NARRATIVES AND ACCELERATE CONSUMER ADOPTION.

MAXIMIZE PUBLIC FORUMS FOR ACADIA CENTER ISSUE EXPERTS, ANALYSIS, AND

REPORTS.

EXPENSES \$ 245,524. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CLIMATE AND ENERGY ANALYSIS:

PRODUCE ANALYTIC MATERIALS AND DEVELOP THOUGHT LEADERSHIP POSITIONS

DEMONSTRATING WHERE CLEAN ENERGY ALTERNATIVES CAN MEET ENERGY NEEDS AT

LOWER COSTS, LOWER EMISSIONS AND BETTER CONSUMER IMPACTS.

EXPENSES \$ 22,938. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CLIMATE PLANNING AND POLICIES:

DRIVE THE REGION TOWARDS CLEAR, COMPREHENSIVE, INCLUSIVE AND EQUITABLE
POLICIES AND PLANNING TO ACHIEVE THE CLIMATE GOALS NEEDED BY 2030 AND
2050. INFLUENCE AND PARTICIPATE IN A ROBUST APPROACH TO REGIONAL
CLIMATE PLANNING, SUPPORTING PROCESSES THAT EFFECTIVELY PRIORITIZE
INPUT FROM MANY STAKEHOLDERS TO SHAPE CLIMATE POLICIES. EXPAND AND
ACCELERATE STATE AND REGIONAL ACTION ACCORDING TO ENERGYVISION 2030,
NEW ANALYSES, AND EXTERNAL RESOURCES TO ACHIEVE DEEP REDUCTIONS IN
EMISSIONS BY 2030 TOWARDS 2050. DEVELOP AND ADVANCE AMBITIOUS,
ACHIEVABLE "NEXT GENERATION" CLIMATE POLICIES THAT ADDRESS THE 2030 AND
2050 GOALS.
EXPENSES \$ 235 732 INCLIDING GRANTS OF \$ 0 REVENUE \$ 0

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FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED IN FINAL DRAFT FORM TO THE BOARD UPON RECEIPT FROM THE INDEPENDENT ACCOUNTING FIRM. THE BOARD IS PROVIDED AN 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 DIRECTOR 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

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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Name of the organization

ACADIA CENTER

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

POSITIONS THROUGH INFORMATION AVAILABLE IN 990 FILINGS, 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 PUBLIC INSPECTION

REQUIREMENT AND PROVIDES MATERIALS ON ITS WEBSITE AND OFFERS TO MAKE

MATERIALS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. 990 RETURNS AND

ANNUAL REPORTS ARE AVAILABLE TO THE PUBLIC.

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Form	887	'9-	E	0
Form	001	J		

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury	
Internal Revenue Service	

For calendar year 2019, or fiscal year beginning ______, 2019, and ending ______

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2019

Name of exempt organization

Employer identification number

01-0518193

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ACADIA CENTER

Name and title of officer
DANIEL SOSLAND
PRESIDENT
Part I Type of Return and Return Information (Whole Dollars Only)
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 one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,949,808.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	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 2019 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 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 WIPFLI LLP	to enter my PIN 12345
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed ret is being filed with a state agency(ies) regulating charities as part of the IRS 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 indicated within this return that a copy of the return is being filed with a st program, I will enter my PIN on the return's disclosure consent screen.	5 , j
Officer's signature 🕨 Maril L. Andre	Date 11/16/2020
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.	01195154403 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 e confirm that I am submitting this return in accordance with the requirements of Put <i>e-file</i> Providers for Business Returns.	
ERO's signature JEFFREY HUBERT, CPA	Date 11/16/20
ERO Must Retain This Form -	See Instructions
Do Not Submit This Form to the IRS U	nless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2019)
923051 10-03-19	