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## Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

B Check if applicable Please C Name of organization number	
Address use IRS	
label or   label or     Print or   HEALTHY ACADIA   27-0548057	
X Initial return See Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number	
Termin-   Specific   D O BOX 962	
Instructions City or town, state or country, and ZIP + 4  F Group Exemption	
return	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: Cash X Ac	cruai
Schedule A (Form 990 or 990-EZ). Other (specify) ▶	
Website: ► WWW.HEALTHYACADIA.ORG   H Check ►   If the organization is not	
J Tax-exempt status (check only one) — X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990	
K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ	Or
Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	<del></del>
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 479, 4	<u>37.</u>
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received 1 466, 3	
2 Program service revenue including government fees and contracts 2 11, 4	<u>34.</u>
3 Membership dues and assessments 3	
4 Investment income 4	
5a Gross amount from sale of assets other than inventory 5a	
b Less: cost or other basis and sales expenses 5b	
c Gain or (loss) from sale of assets other than-inventory-(Subtract line 5b from line 5a)  5c	
9 6 Special events and activities (complete applicable parts of Schèdule G). If any amount is from gaming, check here ▶	
6 Special events and activities (complete applicable parts of Schèdule G). If any amount is from gaming, check here ▶	
reported on line 1)	
b Less: direct expenses other than fundraising expenses 6b 6b	
c Net income or (loss) from special-events and activities (Subtract line 6b from line 6a)	
7a Gross sales of inventory, less returns and allowances 7a	
b Less; cost of goods sold 7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	72.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	
10 Grants and similar amounts paid (attach schedule) 10	
11 Benefits paid to or for members 11	
202.2	$\overline{71}$ .
12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rept. utilities, and maintenance  SEE STATEMENT 4  14 14 14 14 . 0	
14 Occupancy, rent, utilities, and maintenance SEE STATEMENT 4 14 14,0	
	34.
16 Other expenses (describe ► SEE STATEMENT 1 ) 16 47.8	
17 Total expenses. Add lines 10 through 16	
118 Excess of (deficit) for the year (Subtract line 17 from line 9)	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20	
(must agree with end-of-year figure reported on prior year's return)	0.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  21 Net assets or fund balances at end of year Combine lines 18 through 20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	03.
	<del></del>
(See the instructions for Part II.)  (A) Beginning of year  (B) End of year	
22 Cash, savings, and investments 0.22 110,1	51.
23 Land and buildings	<del></del>
Part     Balance Sheets.     Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part II.)	31.
25 Total assets (0.55/105/25 127,5	
26 Total liabilities (describe ► SEE STATEMENT 3 ) 0.26 18,9	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  0.27 108,6	
932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	

Form 990-EZ (2009) HEALTHY ACADIA			<u> 41-</u>	<u>05480</u>	5/ Page	Z
Part III Statement of Program Service Accomplishmen	its (See the instructions for	Part III.)	·	Ex	rpenses	
What is the organization's primary exempt purpose? SEE STATEMENT	7				or section 501(c)(3)	
Describe what was achieved in carrying out the organization's exempt purp	ooses. In a clear and conc	ise manner, descr	be		i) organizations and 7(a)(1) trusts, option	
the services provided, the number of persons benefited, and other relevant	t information for each prog	gram title.		for others)	, (од 1, посто, орног	۵,
28 SEE STATEMENT 6						
	•					
(Grants \$ 169,010.) If this amount includes foreign g	rants, check here	<b>&gt;</b>		28a	170,583	
	SCHOOLS, AND	COLLEGES			-	_
WITH LOCAL GROWERS TO PROVIDE HEALT	HY FOOD AND S	UPPORT				
NUTRITION AND HEALTHY EATING						
(Grants \$ 94,902.) If this amount includes foreign g	rants, check here	•		29a	67,196	_
30 SYSTEM WIDE APPROACH TO HEALTH PROM		EASE			,	_
PREVENTION IN PUBLIC SCHOOLS IN THE	•	ISLAND				
REGION						
(Grants \$ 127,642.) If this amount includes foreign g	rants check here			30a	115,815	
31 Other program services (attach schedule) SEE STATEMENT				000	113,013	÷
(Grants \$ 86, 212.) If this amount includes foreign g				31a	17,240	
32 Total program service expenses (add lines 28a through 31a)	Tanto, Check Here			32	370,834	
Part IV List of Officers, Directors, Trustees, and Key E	mplovees, List each and a	on if not componented	(See the	JZ	570,054	÷
Partir Election of Directors, Francisco, and hely E	List each one ex	Ven ii not compensated		ntributions		-
	(b) Title and average hours	(c) Compensation	, ,	mployee	(e) Expense	
(a) Name and address	per week devoted to	(If not paid, enter	benet	it plans &	account and	
	position	-0- )		eferred	other allowance	S
	CUI TD		com	pensation		_
	CHAIR			•		
10 WAYMAN LANE, BAR HARBOR, ME 04609	2.00	0.		0.	0	•
	TREASURER				_	
STREET, BAR HARBOR, ME 04609	2.00	0.		0.	0	•
	SECRETARY			_	_	
322 MAIN STREET, BAR HARBOR, ME 04609		0.		0.	0	•
	BOARD MEMBER					
600 MAIN STREET, BAR HARBOR, ME 04609		0.	<u> </u>	0.	0	•
· · · · · · · · · · · · · · · · · · ·	BOARD MEMBER					
POINT ROAD, SOUTHWEST HARBOR, ME	2.00	0.		0.	0	•
	BOARD MEMBER					
409 HIGH STREET, ELLSWORTH, ME 04605	2.00	0.		0.	0	•
	EXECUTIVE DIR					
P.O. BOX 962, BAR HARBOR, ME 04609	40.00	67,606.	16	,182.	0	•
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Form **990-EZ** (2009)

33 Did the organization engage in any activity not previously reported to the IRS? If Yes, "attach a detailed description of each activity 34. Were any changes made to the organization or poverning documents? If Yes, "attach a conformed copy of the changes 35. If the organization hal incines from bissness activities, such as those reported on lines 26, and 74 (among others), but not reported on Form 900-T, attach a statement explaining why the organization did not report the income on Form 990-T, and proxy tax requirements? 36. Did the organization hal incines for this year? 37. Enter amount of political expenditures, dissolution, dissolution, termination, or significant disposition of net assets during the year? If Yes," and Political expenditures, dissolution, termination, or significant disposition of net assets during the year? If Yes," and Political expenditures, dissolution, termination, or significant disposition of net assets during the year? If Yes," and Political expenditures, direct or indirect, as described in the instructions.  37. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solitedule I, Part II and enter the total amount morbida?  38. If Yes, complete Solited	<u> Fa</u>	Other information (Note the statement requirements in the instructions for Part V)		Yes	No
34 Were any changes made to the organizating or governing documents? If "res," attach a conformed copy of the changes If the organization had income from bisuness activities, such as those reported on lines 2, 8, and 74 a forming others), but not reported on Form 990-T, attach a statement explaining why the organization and not report the income on Form 990-T.  3 Did the organization in the result of the properties of Form 990-T, attach a statement explaining why the organization and not report the income on Form 990-T.  3 Did the organization in the result of Sch. N  3 Ferral amount of political expenditures, direct or indirect, as described in the instructions.  3 Did the organization in the Form 1120-PU. For this year?  3 Did the organization in the Form 1120-PU. For this year?  3 Did the organization in the Form 1120-PU. For this year?  3 Did the organization in the Form 1120-PU. For this year?  3 Did the organization of political expenditures, direct or indirect, as described in the instructions.  3 Did the organization of the Form 1120-PU. For this year?  3 Did the organization of the Form 1120-PU. For this year?  3 Did the organization of the Form 1120-PU. For this year?  3 Did the organization of the Form 1120-PU. For this year?  3 Did the organization of the Form 1120-PU. For this year?  4 Did the organization of the Form 1120-PU. For this year?  4 Did the organization of the Form 1120-PU. For this year?  5 Section 50 10(3) organizations. Enter amount of tax imposed on the organization during the year or sill at ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction hims not benefit organizations. Enter amount of tax imposed on organization managers or sill assignment of the organization organization and prior year, and that the transaction hims not benefit the organizations in the organization and person in a prior year, and that the transaction hims not benefit the organizations. Enter amount of tax imposed on organization and prior	33	Did the groanization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach is attement explaining why the organization of not report the income on Form 990-T.  10 bid the organization have unrelated business gross is suchious of the organization of the companion of the companion of the provided provided provided business gross is such explained by the organization have unrelated business gross is such explained by the organization have unrelated business gross is such explained by the organization have unrelated business gross is such explained by the organization have unrelated business gross is such explained by the organization have unrelated business gross is such explained by the organization have unrelated business gross is such explained by the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy target in the provided by the provided proxy that the prox		·			X
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a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,*  50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,*  50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,*  51 Effet amount of political expenditures, direct or indirect, as described in the instructions.  5 Did the organization here form 1120-POL for this year?  5 Did the organization before without your loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obistanding at the end of the period covered by this return?  5 If Yes, 2000 the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obistanding at the end of the period covered by this return?  5 If Yes, 2000 the organization before without the organization involved  5 If Yes, 2000 the organizations. Enter and the organization disposition of the organization disposition disposition of the organization has not been reported on any of the organizations. British and the disposition of the organization has not been reported on any of the organizations. Profess and 458 excepts the organization has not been reported on any of the organizations. Profess and 458 excepts the organization has not been reported on any of the organizations. Profess and 458 excepts the organization has not been reported on any of the organizations. Profess and 458 excepts the organization has not been reported on any of the organizations. Profess and 458 excepts the organization has not been reported on any of the organizations. Profess and 458 excepts the organiz	•		•		
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b If Yes,* has it filed a tax return on Form 990-T for this year?  80 rule the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Sich. N  91 a filer amount of political expenditures, direct or indirect, as described in the instructions.  92 b Did the organization file Form 1120-PDL for this year?  93 a Did the organization flee Form 1120-PDL for this year?  94 b Did the organization flee Form 1120-PDL for this year?  95 b Did the organization flee Form 1120-PDL for this year?  96 b Did the organization flee Form 1120-PDL for this year?  97 b If Yes,* complete Schedule I, Part II and inderite the total amount involved  98 b N/A  99 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under:  99 a N/A  90 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Form 990 or 990-E72 If Yes,* complete Schedule I, Part I  90 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person in a prior year, and that the transaction as or disqualified person in a prior year, and that the transaction as or disqualified person in a prior year, and that the transaction as or disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction or an approximation and the organization and organization managers or disqualified person in a prior year, and that the transaction and the organization and organization a	-		35a		X
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.  b Did the organization the Form 1120-P0L for this year?  37b 27d 10 die norganization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the prinod cowered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A  38a X  38a X  38b N/A  38a N/A  38b N/A  38b N/A  39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year or sit aware that it engagind 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 organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under:  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed. ▶ NONE  2 Telephone no. ▶ 207-288-5331  2 Located at ▶ P.O. BOX 962, BAR HARBOR, ME  3 A transmit or during the claim and the direct organization and an analysis of the units of the prior of the authority over a financial account in a foreign country; ▶  3 A transmit on processing the prior of the organization have an interest in or a signature or other authority  3 A transmit or exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Account	b	· • • ·		N/	
as a complete applicable parts of Sch. N  27a					
The Enter amount of political expenditures, direct or indirect, as described in the instructions.    Did the organization like Form 1120-PCL for this year.	••		36		X
b Did the organization file Form 1120-POL for this year?  38a Ib the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b If Yes, 'complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter: Initiation fees and capital confirmations included on line 9  Gross receipts, included on line 9, for public use of club facilities  Bection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 900 or 990-E27 If Yes, complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  All List the states with which a copy of this return is filed. ▶ NONE  11 List the states with which a copy of this return is filed. ▶ NONE  12 Telephone no. ▶ 207-288-5331  Located at ▶ P.O. BOX 962, BAR HARBOR, ME  21 The organization's books are in care of ▶ DOUG MICHAEL  12 Located at ▶ P.O. BOX 962, BAR HARBOR, ME  22 The organization's books are in care of ▶ DOUG MICHAEL  13 Telephone no. ▶ 207-288-5331  24 The organization's books are in care of ▶ DOUG MICHAEL  24 The organization's books are in care of ▶ DOUG MICHAEL  25 Section 4947(a)(1) nonexempt charlated it rusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt i	37 a				
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  38b N/A  39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  39b N/A  39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. • ; section 4915 ▶ 0. • Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations forms 990 or 990-EZ? If Yes, complete Schedule I., Part I  5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 51(c)(4) organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  40c  X  41 List the states with which a copy of this return is filled. ▶ NONE  42a The organization is organization and filling requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  42b  X  42c  X  42d  X  43d  X  44d  X  45d  X  45d  X			37b		X
n a prior year and still outstanding at the end of the period covered by this return?  b if "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 38b N/A 38b N/A 39b N/A 3					
b If Yes, "complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  a Initiation less and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39	•••		38a		X
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0_c; section 4912 ▶ 0_c; section 4915 ▶ 0_c b Section 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0_c b Section 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  4 List the states with which a copy of this return is filed. ▶ NONE  42 The organization's books are in care of ▶ DOUG MICHAEL Telephone no. ▶ 207-288-5331  Located at ▶ P.O. BOX 962, BAR HARBOR, ME  5 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; ▶  42b X  42c X  42c X  44c X  45 Section 4917 (any time during the calendar year, did the organization maintain an office outside of the U.S.?  45 If 'Yes,' enter the name of the foreign country; ▶  5 Section 4947(a)(1) nonexemption that itsis filing form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  46 Did the organization maintain any donor advised funds? If 'Ye	h				
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 ergol-£2? If Yes; complete Schedule L, Part I  40b					
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11 List the states with which a copy of this return is filed. ► NONE  12 The organization's books are in care of ► DOUG MICHAEL Telephone no. ► 207-288-5331  Located at ► P.O. BOX 962, BAR HARBOR, ME  12 The organization that a copy of this return is filed. ► NONE  13 Located at ► P.O. BOX 962, BAR HARBOR, ME  24 Located at ► P.O. BOX 962, BAR HARBOR, ME  25 Located at ► P.O. BOX 962, BAR HARBOR, ME  26 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 accounts)  15 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  16 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  17 Yes," enter the name of the foreign country: ►  28 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  18 Yes No  19 Yes No  19 Yes No  19 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  19 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42c X  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1 Ves No  1 Ves No  Yes No  1 Ves No  1 Ve			<u>460</u>	9	
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completed instead of Form 990-EZ 45 X			44	ļ	X
	45				

Page 4

Par	t VI	Section 501(c)(3) organizations and section 49 organizations and section 4947(a)(1) nonexempt charitable t and 51.						
46	Did the	e organization engage in direct or indirect political campaign activities o	n behalf of or in opposition to o	andidates for public			Yes	No
		? If "Yes," complete Schedule C, Part I				46		<u>X</u>
		e organization engage in lobbying activities? If "Yes," complete Sche				47		X
		organization a school as described in section 170(b)(1)(A)(ii)? If "Yes, e organization make any transfers to an exempt non-charitable related o				48 49a		X
		e organization make any transfers to an exempt non-charitable related to ," was the related organization a section 527 organization?	n yanızanon r			49b		
50	Compl	lete this table for the organization's five highest compensated employee 100,000 of compensation from the organization. If there is none, enter	· ·	s, trustees and key er	nployees) who e	ach re	ceived r	nore
		(a) Name and address of each employee paid more than \$100,000  NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	a oth	e) Expe ccount er allow	and
51	Compl	number of other employees paid over \$100,000 lete this table for the organization's five highest compensated independ ization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more		ved more than \$100,	·		rom the	
	Total	number of other independent contractors each receiving over \$100,000						
Sign Here		Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete. Declaration of prepartir (other than officer) is based on all in Signature of officer	companying schedules and statemer	knowledge	knowledge and be	lief, it is	true,	
Paid Prepa Use C		Preparer's signature COSTON & MC ISAAC, CPA (self-employed), address, and ZIP+4 BAR HARROR ME 04609	12/22/10 emi		e►			
May t	he IRS	BAR HARBOR, ME. 04609  Soliscuss this return with the preparer shown above? See instructions		110.		ΧY		No

## SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number

			ACADIA			_			27	<u>7-0548057</u>
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	tructions.		
he organ	zation is not a	private foundation	because it is. (For lines 1	through 1	11, check	only one b	ox)		<u></u>	<del></del>
1 🗀	A church, cor	nvention of churches	s, or association of chur	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🔲			tal service organization of	-	n section	170(b)(1)	(A)(iii).			
4	-		operated in conjunction					(b)(1)(A)(ii	ii). Enter th	ne hospital's name,
	city, and state		•		•				•	•
5 🗀	•		benefit of a college or ur	niversity ov	vned or or	erated by	a governi	mental uni	t describe	ed in
-	_	(b)(1)(A)(iv). (Comple	_		•	•	J			
6 🗀			ent or governmental uni	t described	d in sectio	n 170(b)(1	IVAYv).			
7 X		_	eives a substantial part					r from the	neneral n	whic described in
,	•	<b>b)(1)(A)(vi).</b> (Comple	•	or no oupp	011 110111 4	govornino	mid dim c		gonorarp	745 NO 4555 NO 111
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II )					
9 🗔			eives (1) more than 33			rom contri	hutions m	nemhershi	n fees an	id aross receints from
•	_		nctions - subject to certa							-
		•	axable income (less sect	•		•				
		509(a)(2). (Complete	•	don 511 ta	x) 110111 bu	311103303 6	acquired b	y the orga	iriization a	iter dane 30, 1973.
10 🔲			perated exclusively to te	et for nubli	ic eafaty S	See coctio	n 500(a)(/	11		
	J		perated exclusively for the	•	•			•	v out the r	nurnoses of one or
	_	•	ations described in secti		•				•	
			organization and comple		•		., 000 300	/tion 505(	адол. опо	on the box that
	a Type I		7 <u> </u>		e III - Func		tegrated		d 🗆	Type III - Other
	* -		at the organization is not	-		•	•	r more dis		
•		•	han one or more publicly		•	•	•			
f		-	ten determination from t		-				-(-)(-)	
•	•	rganization, check th			,	P 1, - 1, P -	, , ,			
g		•	organization accepted ar	ny aift or co	ontribution	from any	of the follo	owina per	sons?	
3	-		irectly controls, either al			-				Yes No
	• •		upported organization?					,,,,,,		11g(i)
	•	• •	n described in (i) above?	•						11g(ii)
		•	person described in (i) o		9?					11g(iii)
h			about the supported or							
		Ū	••		` ,					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	u notify the	(vi) ls		(vii) Amount of
	anization	\", = "	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizati (i) organiz	on in col.   red in the	support
			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
•	-									
				İ	ŀ					
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 477,765. 477,765. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 477,765. 477,765. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 477,765. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007(d) 2008 (e) 2009 477,765. 477,765. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 1,672. 1,672. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 479,437. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.65 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Section A. Public Support	gamzationio			/(-/ (Complete only	7 II you checked the bo	ox on line 9 of Part I.
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	10/2000	1972000	(0) 2007	(4)	10/200	() (0.0.
membership fees received. (Do not						
include any "unusual grants ")						
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					<del></del>	
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						<del></del> ·
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		<u> </u>	L	1		
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	10/2000	107 = 500	107=55	1	(0)2000	(i) rotal
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	•			<del>                                     </del>		
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)				1		
14 First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2009 (liii	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2008	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 200	<b>)9</b> (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	=					
b 33 1/3% support tests - 2008. If the	=					and
line 18 is not more than 33 1/3%, chec						▶□
20 Private foundation. If the organization		•			=	<b>▶</b> □
				· · · · · · · · · · · · · · · · · · ·	hedule A (Form 99	0 or 990-E7\ 200

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
TRAVEL			5,4	18.
CONFERENCES			2,5	
PROGRAM EXPENSES			5,09	
MEDIA			4,2	
MISCELLANEOUS			1,78	
DUES				00.
INSURANCE OFFICE SUPPLIES			1,5° 3,1°	
CONSULTING			20,4	
TELECOMMUNICATIONS			3,3	
TOTAL TO FORM 990-EZ, LINE 16			47,8	23.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
PREPAID INSURANCE		0.		85.
PREPAID RENT		0.	3,7	
ACCOUNTS RECEIVABLE		0.	8,6	
OTHER DEPRECIABLE ASSETS		0.	4,5	
TOTAL TO FORM 990-EZ, LINE 24		0.	17,4	31.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
		<u> </u>	SIAIEMENI	
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE		0.	7,5	<u></u>
ACCRUED PAYROLL AND WITHHOLDIN	GS	0.	3,9	01.
DEFERRED REVENUE		0.	7,5	00.

HEALTHY	ACADIA

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FORM 990-EZ	OCCUPANCY,	RENT,	UTILITIES	AND	MAINTENANCE	STATEMENT	4
DESCRIPTION						AMOUNT	
DEPRECIATION OTHER EXPENSES	3					78 13,20	84. 60.
TOTAL TO FORM	990-EZ, LINE	14				14,04	44.

FOI	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT S	5
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	•	0
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	P[] YES [X] NO	0

990-EZ PG 2

STATEMENT

6

COMPREHENSIVE COMMUNITY HEALTH COALITIONS WORKING TO PROMOTE SUBSTANCE ABUSE PREVENTION, CHRONIC DISEASE SELF MANAGEMENT AND ENVIRONMENTAL CHANGES TO PROMOTE HEALTHY LIVING.

990-EZ PG 2

STATEMENT

7

BUILDING HEALTHY COMMUNITIES THROUGH COMMUNITY PLANNING AND BUILDING PARTNERSHIPS WITH ORGANIZATIONS THROUGHOUT MOUNT DESERT ISLAND FOR DISEASE PREVENTION, COMMUNITY HEALTH EDUCATION AND PROMOTION

FORM 990-EZ OTHER PROGRAM SERVICES	នា	PATEMENT 8
DESCRIPTION	GRANTS	EXPENSES
SUPPORT AND COMMUNITY PLANNING TO PROMOTE HEALTHY LIVING	86,212.	17,240.
TOTAL TO FORM 990-EZ, LINE 31	86,212.	17,240.