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**Return of Organization Exempt From Income Tax** 

DLN: 93493320071385

OMB No 1545-0047

Form **990** 

Department of the Treasury Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

Open to Public Inspection

A Fo	r the 2	2014 cal	endar year, or tax year beginning	01-01-2014 , and ending 12-31	-2014			
		pplicable	C Name of organization ACADIA CENTER	·		D Emplo	yer identi	fication number
┌ Ad	dress ch	ange	ACADIA CENTER			01-0	518193	
┌ Na	me char	nge	Doing business as					
┌ Inı	tıal retur	m				E Teleph	one numbe	r
Fir	al urn/tern	nınated	Number and street (or P O box if mages 8 SUMMER STREET PO BOX 583	ail is not delivered to street address) Roo	om/suite		236-64	
_	ended r		City or town, state or province, coun	try, and 7IP or foreign postal code		(207)	230 04	
_		pending	ROCKPORT, ME 048560583	try, and ZIP of foreign postar code		<b>G</b> Gross i	eceipts \$ 1	,703,115
			<b>F</b> Name and address of prin	cıpal officer	H(a)	Is this a group	return fo	r
			DANIEL SOSLAND 8 SUMMER STREET PO BOX	(583		subordinates?		┌ Yes 🗸 No
			ROCKPORT,ME 04856058	3	Н(b)	Are all subord	nates	┌ Yes ┌ No
	v-ovom	npt status	<u> </u>	nsert no )		included?	s liet (e	ee instructions)
				nsert no )   4947(a)(1) or   527				
			VW ACADIACENTER ORG		H(c)	Group exempt	ion numb	er <b>F</b>
			Corporation Trust Association	Other 🕨	<b>L</b> Yea	r of formation 19	998 <b>M</b> St	ate of legal domicile ME
Pa	rt I		<b>imary</b> escribe the organization's missio					
Activities & Governance	2 0 3 N 4 N 5 T	Check th Number Number Total nu	of voting members of the governi of independent voting members o mber of individuals employed in c	continued its operations or dispong body (Part VI, line 1a) of the governing body (Part VI, line 2 lendar year 2014 (Part V, line 2 lecessary)	 e 1b) a)		net asse 3 4 5 6	2ts 7 6 15
	1			art VIII, column (C), line 12 .			7a	0
	ь١	Net unre	elated business taxable income fr	om Form 990-T, line 34			7b	0
						Prior Year		Current Year
ā	8			ne 1h)		1,917,		1,696,478
Rayenue	9 10			ne 2g)		2	0 463	1,552
2	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		·	339	5,085
	12		<del>-</del>	(must equal Part VIII, column (A		1.024	1 2 0	
	13			IX, column (A ), lines 1–3 )		1,924,	000	1,703,115
	14			X, column (A), line 4)		<del></del>	0	
	15			e benefits (Part IX, column (A), lı		1,259,	005	1,188,950
\$		5-10				1,233,	0	
Expenses	16a		indraising expenses (Part IX, column (D)	column (A), line 11e)	• •		0	0
Δ	Ь				<del>-</del>			
	17 18			ines 11a-11d, 11f-24e) st equal Part IX, column (A), line 2		543, 1,842,		334,524 1,523,474
	19		·	18 from line 12			963	179,641
ኤ ያ						inning of Curre		End of Year
9 et a						Year		
Ass Ba	20					2,290,		2,447,551
Not Assets or Fund Balances	21 22			ine 21 from line 20		2,248,	396 360	18,176 2,429,375
	1011		nature Block		•	2,240,	300	2,423,373
Unde my k	r pena nowled	lties of dge and	perjury, I declare that I have exa	mined this return, including according plete. Declaration of preparer (otl				
		****				2015-11-16		
Sign		Signa	ature of officer			Date		
Her	е		IEL SOSLAND PRESIDENT e or print name and title					
		, y D C						
			Print/Type preparer's name	Preparer's signature	Date	Check ☐ if	PTIN	
Pai	d		·	THOMAS EMERY	Date	Check If self-employed Firm's EIN ► 0	P0053259	2

Firm's address ► 20 LONG CREEK DRIVE

SOUTH PORTLAND, ME 04106

May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer

**Use Only** 

Phone no (207) 773-2986

✓ Yes ☐ No

	990 (2	,	2
Part	1111	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly	y describe the organization's mission	_
ENER FRIEI	GY FU	INTER IS A NON-PROFIT RESEARCH AND ADVOCACY ORGANIZATION COMMITTED TO ADVANCING THE CLEAN TURE ACADIA CENTER IS AT THE FOREFRONT OF EFFORTS TO BUILD CLEAN, LOW CARBON AND CONSUMER CONOMIES ACADIA CENTER PROVIDES ACCURATE AND RELIABLE INFORMATION, AND OFFERS A REAL-WORLD AN INSIVE APPROACH TO PROBLEM SOLVING THROUGH INNOVATION AND COLLABORATION	D —
2	the pri	e organization undertake any significant program services during the year which were not listed on for Form 990 or 990-EZ?	_
3	Did the	s," describe these new services on Schedule O e organization cease conducting, or make significant changes in how it conducts, any program es?	
4	Descri expens	ibe the organization's program service accomplishments for each of its three largest program services, as measured by ses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, tal expenses, and revenue, if any, for each program service reported	
4a	PROMU INVES' EFFIC: ENERGA AND R LEADII ECONG THAT I STROM CENTE EFFIC: RHODI REACH MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT MODES GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT GREAT	(Expenses \$ 768,579 including grants of \$ ) (Revenue \$ )  GY EFFICIENCY & ENERGY GRID ENERGY EFFICIENCY -ENERGY EFFICIENCY IS A CORE PART OF AN EFFECTIVE CLIMATE STRATEGY ACADIA CENTER OTES POLICY MODELS THAT YIELD NATION-LEADING INVESTMENTS, INSTITUTIONALIZE EFFICIENCY AS A TOP RESOURCE AND ENSURE THAT EFFICIENCY THENTS THING AND EXPAND OVER TIME ENERGY EFFICIENCY IS A CORNERSTONE OF GOOD STATE AND REGIONAL ENERGY POLICY. INVESTMENTS IN IENT EQUIPMENT LIKE LIGHTING, APPLIANCES AND INDUSTRIAL MOTORS REDUCE CONSUMER ENERGY BILLS AND ALSO REDUCE THE NEED FOR EXPENSIVE SY INFRASTRUCTURE LIKE TRANSMISSION LINES AND POWER PLANTS ACADIA CENTER WORKS TO ENSURE THAT PROGRAMS ARE EFFECTIVE, WELL-FUND IEACH A WIDE SPECTRUM OF CUSTOMERS WITH THE DEEPEST POSSIBLE ENERGY AND COST SAVINGS FOR EACH PARTICIPANT EFFICIENCY INVESTMENTS IN STATES HAVE DEFERED THE NEED FOR ENERGY HALF A BUILLON DIALAGE IN NEW EMERGY FOR INFRASTRUCTURE PROJECTS, PRODUCED \$19 5 BILLION IN OMIC SENEFTS, CUT FUEL USE BY 124,000 GWH AND AVOIDED \$1 3 MILLION METRIC TONS OF CO2 POLILUTION ACADIA'S MACROECONOMIC STUDIES SHE OFFICIENCY INVESTMENTS IN THAT ARE AVAILABLE AND COST FEFECTIVE. WELL-FUND HAVE SHEED THE NEED FOR REACH PARTICIPANT EFFICIENCY INVESTMENTS THAT ARE AVAILABLE AND COST EFFECTIVE ACADIA CENTER PIONEERS THAT HAVE LED STATES TO TOP-IN-THE-NATION INVESTMENTS THAT ARE AVAILABLE AND COST EFFECTIVE ACADIA CENTER PIONEERS DEFINED AS A MEMBRIA OF ENSURING CONSISTENT IMPLEMENTATION, EVALUATION AND DIVERSE REPRESENTATION IN THE ENERGY ENCY PROCUREMENT PROCESS STAFF MEMBERS CURRENTLY HOLD APPOINTED SEATS ON THESE COUNCILS IN MASSACHUSETTS, CONNECTICUT, AND ESISAND ACADIA CENTER WORKS WITH BUSINESSES, UTILITIES, REGULATORS AND OTHERS TO MAKE SURE THAT PROGRAMS MEET THEIR GOALS AND HALL CUSTOMERS ENERGY GRID -ACADIA CENTER IS WORKING TO REFORM THE PLANTATION, EVALUATION AND DIVERSE REPRESENTATION IN THE ENERGY ENCY ENCOURSE THE POWER GRID TO HELP MAD AND A CONTROL OVER ENERGY COSTS AND HELP CENTER PLEAD AND A CONTROL OVER ENERGY GRID -ACADIA CENTER	ED N DW IIS
4b	(Code	) (Expenses \$ 309,276 including grants of \$ ) (Revenue \$ )	_
	CLEAN ALL SE RENEV ROOFT MARKI RENEV THAT I CONSI FOR R APPLIE REDUC SHOUL EMISS LARGE TYPES CONSI LIFECY THERM SAVE ( GHG E	I ENERGY ACADIA CENTER ADVOCATES AND DESIGNS MARKET-BASED STRATEGIES AND OTHER POLICIES THAT FOSTER CLEANER ENERGY SUPPLIES ACROS COTORS ENERGY PRODUCTION HAS BEEN ONE OF THE LEADING CONTRIBUTORS TO CLIMATE CHANGE MEANWHILE, THE POTENTIAL FOR ADDITIONAL WABLE ENERGY IN THE REGION IS ENORMOUS - BOTH FOR LARGER GENERATING STATIONS LIKE WIND FARMS TO SMALL, DISTRIBUTED SYSTEMS LIKE TOP SOLAR THE COSTS OF RENEWABLE ENERGY ARE DROPPING RAPIDLY, MAKING RENEWABLES MORE AFFORDABLE AND VIABLE FOR THE CONSUMER ET ACADIA CENTER ADVANCES POLICIES THAT LEVEL THE PLAYING FIELD SO RENEWABLE POWER CAN FAIRLY COMPETE AND FLOURISH POLICIES LIKE WABLE PORTFOLIO STANDARDS (RPS) PROVIDE INCENTIVES FOR CLEAN ENERGY OPTIONS, ALLOWING THEM TO COMPETE WITH FOSSIL FUEL-BASED ENERGY WABLE PORTFOLIO STANDARDS (RPS) PROVIDE INCENTIVES FOR CLEAN ENERGY OPTIONS, ALLOWING THEM TO COMPETE WITH FOSSIL FUEL-BASED ENERGY MABLE PORTFOLIO STANDARDS (RPS) PROVIDE INCENTIVES FOR CLEAN ENERGY OPTIONS, ALLOWING THEM TO COMPETE WITH FOSSIL FUEL-BASED ENERGY MABLE PORTFOLIO STANDARDS (RPS) PROVIDED	D D D D D D D D D
4c	ORDEFIS THE ATLAN EITHER CEFIN EMISS INTEN INITIA SUPPL CHAM, CLEAN EMISS ON ELL ELECT SEIZE	PORTATION, ACADIA CENTER PROMOTES CUTTING BACK ON OIL IMPORTS AND REPLACING THEM WITH ELECTRICITY AND OTHER ALTERNATIVE FUELS IN REPORTATION, ACADIA CENTER PROMOTES CUTTING BACK ON OIL IMPORTS AND REPLACING THEM WITH ELECTRICITY AND OTHER ALTERNATIVE FUELS IN REPORTATION, INCREASE CONSUMER CHOICE, AND SAVE MONEY CUTTING EMISSIONS FROM TRANSPORTATION -THE TRANSPORTATION SECTOR SECOND LARGEST SOURCE OF U.S. GHG EMISSIONS, RESPONSIBLE FOR 28% OF EMISSIONS NATIONALLY, AND NEARLY 40% IN NORTHEAST AND MIDTIC STATES TRANSPORTATION FUELS, NOTABLY GASOLINE AND DIESEL, MUST BE PRICED IN A WAY THAT REFLECTS THE COST OF THESE EMISSIONS, RETHROUGH A CARBON TAX OR THE REGIONAL GREENHOUSE GAS INITIATIVE (RGGI), WHICH CURRENTLY REGULATES POWER PLANT EMISSIONS ACADIA RE IS WORKING TO CHANGE POLICIES SO THEY ACCOUNT FOR THE FULL LIFECYCLE OF THE GREENHOUSE GAS EMISSIONS FUELS PRODUCE GASOLINE ED FROM TAR SANDS, FOR EXAMPLE, HAS VERY HIGH EXTRACTION EMISSIONS SEVERAL DIFFERENT POLICIES COULD ADDRESS THESE UPSTREAM JONS, SUCH AS THE LOW CARBON FUEL STANDARD (LCFS) PROGRAM IN CALIFORNIA THE LCFS SETS TARGETS FOR LOWERING THE LIFECYCLE CARBON SITY OF FUELS AND ALLOWS THE MARKET TO DETERMINE THE MOST COST-EFFECTIVE FUELS AND STRATEGIES FOR ACHIEVING THOSE TARGETS A GOOD LISTEP WOULD BE TO REQUIRE TRACKING AND REPORTING BY OIL IMPORTERS AND WHOLESALERS TO ALLOW STATES TO DETERMINE HOW THEIR FUEL DIST COST OF ELECTRIC VEHICLES (EVS), BUILD OUT CHARGING INFRASTRUCTURE AND EDUCATE CONSUMERS ON THE BENEFITS OF EVS IT IS POSSIBLE TATICALLY INCREASE THE ADOPTION OF EVS OVER THE NEXT FEW YEARS ELECTRIFICATION OF THE VEHICLE FLEET IS ONE OF THE KEY PATHWAYS TO IMPORTAND A PROBLEM TO A FULLY ELECTRIC VEHICLE CAN REDUCE GHG ISONS BY GOW IN THE NORTHEAST AS CLEANER SOURCES POWER THE ELECTRIC GRID, THESE BENEFITS WILL INCREASE IN ADDITION, VEHICLES RUNNING ECTRICITY DON'T EMIT ANY OF THE LOCAL POLLUTANTS THAT COME FROM GAS ENGINES EVS SAVE MONEY, TOO SWITCHING FROM GASOLINE TO THE OPPRIORITIES ARE TO EXPLORE WHOSE SOFTEN AND ADDRESS POTENTIAL IMP	⁻o G

See Additional Data

4d

4e

Other program services (Describe in Schedule O )
(Expenses \$ 138.835 including gra

Total program service expenses ▶

138,835 including grants of \$

1,368,275

Form **990** (2014)

)

) (Revenue \$

Part IV	Checklist of	Required	<b>Schedules</b>

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
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		No
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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		N o
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		N o
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		N o
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			1
		28a	Yes	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
4	Estantla number respected in Day 2 of Farms 1000 Faton 0 of materialistics.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 17  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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			Ti.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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	Yes	
b	If "Yes," enter the name of the foreign country ▶CA  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
<b>F</b> -	(FBAR)	F-		NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		- 140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
	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).	7-		N
	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		N o
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
9a	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
  - ✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ♦ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) ELIZABETH CARROLL	1 00	Х		х				0	0	0
CHAIR										
(2) HOWARD GRAY JR  TREASURER	1 00	х		х				0	0	0
(3) DAVID SUTHERLAND SECRETARY	1 00	Х		х				0	0	0
(4) DOUGLAS C BASTON DIRECTOR	1 00	Х						0	0	0
(5) MITCHELL TYSON DIRECTOR	1 00	Х						0	0	0
(6) DON WINEBERG DIRECTOR	1 00	Х						0	0	0
(7) DANIEL SOSLAND PRESIDENT	50 00	Х		х				158,750	0	11,636
(8) JAMES HOWLAND	40 00					х		100 410	0	14,688
DIRECTOR OF CLIMATE AND ENERGY ANALYSIS CENTER								100,410	U	14,688

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	Þ			
d	Total (add lines 1b and 1c)	•	259,160	0	26,324

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Description of services	Compensation
_	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Form 99		<u> </u>						Page <b>9</b>
Part V	4 + + 1							_
		Check ii Schedi	ule O contains a respoi	ise of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated cam	paigns 1a					
s, Grants Amounts	ь	Membership du	es 1 <b>b</b>					
) 101								
s, ( An	C		ents <b>1c</b>					
ons, Gift Similar	d	Related organiz	zations 1d					
S, C	e	Government grants	s (contributions) <b>1e</b>					
om Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,696,478				
tributio Other	-	sımılar amounts no						
걸	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		1,696,478			
				Business Code				
Program Serwoe Revenue	2a			Busiliess Code				
ver	b							
2 <u>2</u>								
МС	С							
Sei	d							
Ē	е							
uDo	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a – 2f					
	3		ome (ıncludıng dıvıden		1,552			1,552
	_		ar amounts) stment of tax-exempt bond		1,332			1,332
	4 5							
	3	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Keal	(II) F ersonar				
	ь	Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	<b></b> _	Gross amount	(ı) Securities	(II) Other				
	7a	from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses						
	С	Gain or (loss)						
	d		ss)					
nue	8a	Gross income f events (not inc	luding 					
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a					
hei	ь	Less direct ex	penses b					
5			(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin						
			a					
			penses <b>b</b> (loss) from gamıng actı	Vutios b				
		Gross sales of returns and allo	ınventory, less	vicies				
			a					
			oods sold <b>b</b>					
	С		(loss) from sales of inv					
	4.	Miscellaneous		Business Code 900099	5,085	5,085		
	11a	MISCELLANEC	ous	900099	5,085	5,085		
	Ь							
	С							
	d		ue					
	12	Total revenue		•	5,085			
	12	iocai revenue.	See Instructions .		1,703,115	5,085	0	1,552

# Form 990 (2014) Part IX Statement of Functional Expenses

CHAPA CHARCITOTT ATTOMORIAL EXPONENTS	
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A	)
Check if Schedule O contains a response or note to any line in this Part IX	

Check if Schedule O contains a response or note to any line in this Part IX							
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21						
2	Grants and other assistance to domestic individuals See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	170,386	127,790	20,446	22,150		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	837,712	786,186	17,337	34,189		
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	35,267	32,004	1,347	1,916		
9	Other employee benefits	68,289	62,026	3,861	2,402		
10	Payroll taxes	77,296	70,848	2,370	4,078		
11	Fees for services (non-employees)						
а	Management						
b	Legal						
С	Accounting	12,102	9,793	1,990	319		
d	Lobbying	856	441	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 Schedule O)	133,504	112,954	18,824	1,726		
12	Advertising and promotion						
13	Office expenses	28,807	25,306	2,051	1,450		
14	Information technology	4,997	4,446	409	142		
15	Royalties	70.000	64.744	2.400			
16	Occupancy	70,293	64,711	3,489	2,093		
17 18	Travel	36,988	34,927	1,179	882		
19	Conferences, conventions, and meetings	10,767	9,765	850	152		
20	Interest	10,707	5,703	030	132		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	4,207	3,913	168	126		
23	Insurance	5,672	2,383	3,211	78		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		,				
а	OTHER EXPENSES	14,099	10,241	2,985	873		
b		9,303	9,261	31	11		
c	BOOKS AND SUBSCRIPTIONS	1,941	1,209	702	30		
d	BANK FEES	988	71	773	144		
е	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	1,523,474	1,368,275	82,438	72,761		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				rm <b>990</b> (2014)		

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X		_	
			(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing	28,171	1	48,332
	2	Savings and temporary cash investments	2,230,257	2	2,308,004
	з	Pledges and grants receivable, net	3,890	3	36,854
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, ke	·v		
		employees, and highest compensated employees Complete Part II of Schedule L		_	
×	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
<u>8</u>				6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,194	9	14,909
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a 50,6	53		
	Ь	Less accumulated depreciation 10b 38,0	26 5,836	<b>10</b> c	12,627
	11	Investments—publicly traded securities	7,110	11	9,660
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,298	15	17,165
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,290,756	16	2,447,551
	17	Accounts payable and accrued expenses	42,396	17	18,176
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
аę		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
	l	D	12.000	25	10.170
	26	Total liabilities. Add lines 17 through 25	42,396	26	18,176
on do		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	1,310,860	27	1,395,075
Assets or Fund Balance	28	Temporarily restricted net assets	937,500	28	1,034,300
<u> </u>	29		337,300	29	1,004,000
ĭ	29	Permanently restricted net assets		23	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
ets ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
45.5	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	2,248,360	33	2,429,375
ž	34	Total liabilities and net assets/fund balances	2,290,756		2,447,551
		rotal habilities and net assets/fulla balances	2,290,756	54	2,447,001

Pai	Reconcilliation 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		1,7	03,115
2	Total expenses (must equal Part IX, column (A), line 25)				523,474
3	Revenue less expenses Subtract line 2 from line 1	3		1	.79,641
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			248,360
5	Net unrealized gains (losses) on investments	5		· ·	1,374
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,4	29,375
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### **Additional Data**

Software ID: Software Version:

**EIN:** 01-0518193

Name: ACADIA CENTER

### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

Form 990, Part III	- Line 4c: Program	Service A	accomplishments (	See the Instructions)	
(Code	) (Expenses \$	85,120	including grants of	) (Revenue \$	)
				) CENTER BRIDGES THE GAP BETV	
CHALLENGES AND A	CTION THE CLEAN CE	NTER BRING	IS TOP-QUALITY ANAL	YSIS TO ANSWER PRESSING QUE:	STIONS,
SUPPORT GOOD IDE	AS, FIGHT MISINFORM	ATION, AND	FIND FIRM, COMMON	GROUND FOR DIVERSE STAKEHO	LDERS ACADIA'S
CLEAN CENTER MAIN	ITAINS ONE OF THE M	OST COMPR	EHENSIVE COLLECTION	ONS OF ENERGY AND EMISSIONS :	INFORMATION
IN THE REGION IT D	RAWS ON MULTIPLE S	OURCES WH	ICH ARE CROSS-REFE	RENCED AND UPDATED REGULARL	Y TO ENSURE
	•			PACTS AND BENEFITS, EMISSION	•
				ERGY INITIATIVES THE CLEAN C	
	•			GAGES WITH A WIDE RANGE OF AU	
,			,	FECTIVE WAYS TO PRESENT IT TH	
			•	ES, WEATHER TRENDS, AND MANY	
				NG THE ANALYSES AND WORK PRO	
				S LIKE HOW CAN WE GET TO 80%	
				NOMIC IMPACTS OF IMPORTING	
				EL IS SAVED BY DRIVING ELECTR	,
				ONSUMPTION AND COSTS LOOK I	
				ANALYSIS CAPABILITIES INCLUD	
				CONSTRUCTION, ENERGY AND E	
				CONSUMPTION/EMISSIONS SCEN	
				ALIZATIONS, GRAPHS, REPORTS, 1	
				DIA'S CLEAN CENTER FIELDS REQ	
		,	•	GOVERNMENT, BUSINESS AND IND	
AND MORE THE ORG	ANIZATION'S MATERI	ALS HAVE A	STRONG REPUTATIO	N FOR BEING FAIR, CREDIBLE AND	EFFECTIVE
(Code	) (Expenses \$	53,715	including grants of s	\$ ) (Revenue \$	)
OTHER PROGRAMS					
J					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320071385

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization ACADIA CENTER					Employer Identifica	ation number						
ACADI	A CLIVI	ILK					01-0518193					
Pa	rt I	Reason for Publi	ic Charity S	Status (All organiza	itions must co	mplete this p		ons.				
The	rganı	zation is not a private f	oundation bec	ause it is (For lines 1	through 11, ch	eck only one bo	)х )					
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> b	)(1)(A)(i).					
2	$\Gamma$	A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach S	chedule E )							
3	Г	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital c	lescribed in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter the				
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by a	governmental unit d	escribed in				
	•	section 170(b)(1)(A)			,	,	<b>.</b>					
6	Г			t or governmental unit	described in <b>s</b> e	ection 170(b)(1	)(A)(v).					
7	Ī			ves a substantial part				ieneral public				
-	,	_	•	vi). (Complete Part II	• •	om a governme		,				
8	Γ	A community trust de	scribed in <b>sec</b>	tion 170(b)(1)(A)(vi)	(Complete Par	tII)						
9	Γ	An organization that r	normally receiv	ves (1) more than 33:	1/3% of its supp	ort from contril	outions, membership	fees, and gross				
		receipts from activitie	es related to it	s exempt functions—s	ubject to certai	n exceptions, a	nd (2) no more than 3	331/3% of				
		its support from gross	ınvestment ır	ncome and unrelated b	usiness taxable	e income (less :	section 511 tax) from	businesses				
		acquired by the organ	ızatıon after Jı	une 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Par	tIII)					
10	Γ	An organization organ	uzed and opera	ated exclusively to tes	t for public safe	ety See <b>section</b>	509(a)(4).					
11	$\Gamma$	An organization organ	uzed and opera	ated exclusively for th	e benefit of, to p	erform the fund	tions of, or to carry o	ut the purposes of				
				nızatıons described in	•							
_	_	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the										
а	ı					a majority of the directors or trustees of the supporting						
				rt IV, Sections A and	-	cy or the uncer	or crustees or the	Supporting				
b	Γ	Type II. A supporting	organization s	supervised or controlle	d in connection	• •						
		=			same persons t	hat control or n	or manage the supported organization(s) <b>You</b>					
_	_	must complete Part I	•	<b>and C.</b> supporting organizatio	n aparatad in a	onnoction with	and functionally into	aratod with its				
С	,			ructions) <b>You must co</b>				grated with, its				
d	Г			<b>d.</b> A supporting organi				anızatıon(s) that ıs				
		not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement										
	_			ete Part IV, Sections A								
е	1	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III function integrated, or Type III non-functionally integrated supporting organization					ype III functionally					
f		Enter the number of supported organizations										
g				out the supported orga								
-		-			` ,							
	(i)N	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of				
organization		organızatıon		organization	listed in your		monetary support	other support (see				
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	ınstructions)				
				section (see								
				instructions))								
					Yes	No						
			1	1	1			<b>i</b>				

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,477,252 1,912,542 1,720,937 1,917,328 1,696,478 8,724,537 include any "unusual grants ") 7 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 1,477,252 1,912,542 1,720,937 1,917,328 1,696,478 8,724,537 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 3,519,864 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 5,204,673 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 **(c)** 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 1,696,478 1,477,252 1,912,542 1,720,937 1,917,328 8,724,537 Amounts from line 4 Gross income from interest, dividends, payments received on 15,020 7,962 5,060 2,463 1,552 securities loans, rents, royalties 32,057 and income from similar sources 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 8,756,594 10 Gross receipts from related activities, etc (see instructions) 12 12 16,217 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) 13 ... Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 59 440 % 14 Public support percentage for 2013 Schedule A, Part II, line 14 15 15 62 760 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. 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 - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2013. 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

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
-----------------------------------------

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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 $(2)^7$ 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.	4c		
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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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 II of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
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).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

### Part V - Type III Non-Functionally 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 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
c From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
<ul> <li>h Applied to 2014 distributable amount</li> <li>i Carryover from 2009 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493320071385

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to 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" to 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" to 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

	me of the organization NDIA CENTER			Employer ide	ntification number
ACF	CENTER .			01-051819	3
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(	c) or is a section 52	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I=: Complete if the or	ganization is exempt unde	r section 501(	(c)(3).	
1		e tax incurred by the organization i			\$
2	,	e tax incurred by organization mana			\$
3	·	ection 4955 tax, did it file Form 4	_		⊤ Yes
4a	Was a correction made?	,	,		☐ Yes ☐ No
ь	If "Yes," describe in Part IV				, ,
		ganization is exempt unde	r section 501(	c), except section 5	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganization's funds contributed to	other organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	¢
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			<sup>→</sup>
	amount of political contribution separate segregated fund or a	For each organization listed, entering received that were promptly and political action committee (PAC)	directly delivered If additional space	to a separate political org	panization, such as a ation in Part IV
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received
For 5	Paperwork Peduction Act Notice of	æ the instructions for Form 990 or 9	90-57		(Form 990 or 990-EZ) 2014

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	·►□	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Check Fr in the ining organization checked bo.	x A and infliced colletor provisions apply					
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals			
1	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)					
)	Total lobbying expenditures to influence a legisla	6,410					
2	Total lobbying expenditures (add lines 1a and 1b	o)		6,410			
i	Other exempt purpose expenditures	1,517,064					
2	Total exempt purpose expenditures (add lines 1	c and 1d)		1,523,474			
•	Lobbying nontaxable amount Enter the amount f	rom the following table in both		226,174			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000					
j	Grassroots nontaxable amount (enter 25% of lin	e 1f)		56,544			
1	Subtract line 1g from line 1a If zero or less, ente	er -0-		0			
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		0			
j	If there is an amount other than zero on either lir	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720					

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 225,007 236,028 242,108 226,174 929,317 Lobbying nontaxable amount Lobbying ceiling amount 1,393,976 (150% of line 2a, column(e)) 21,704 Total lobbying expenditures 7,562 11,093 6,410 46,769 Grassroots nontaxable amount 56,252 59,007 60,527 56,544 232,330 Grassroots ceiling amount 348,495 (150% of line 2d, column (e)) Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section	)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493320071385

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

Nar	me of the organization DIA CENTER	,	Employer identification number
Pa	rt I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		unds or Accounts. Complete if the
	organization answered Tes to Form 550,	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate value of contributions to (during year)		
}	Aggregate value of grants from (during year)		
ļ	Aggregate value at end of year		
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		nor advised Yes No
3	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?		
a.	rt II Conservation Easements. Complete if	the organization answered "Yes" t	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga	anization (check all that apply)	
	lacksquare Preservation of land for public use (e g , recreation	or education) $ extstyle egin{array}{cccccccccccccccccccccccccccccccccccc$	n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the form of a conservation
			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
3	Number of conservation easements on a certified history	rıc structure ıncluded ın (a)	2c
i	Number of conservation easements included in (c) acquirely historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferre the tax year ▶	ed, released, extinguished, or terminat	ed by the organization during
	Number of states where property subject to conservation	on easement is located ►	
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	dling of violations, and  Yes No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation ease	ments during the year
	A mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	s during the year
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	) above satisfy the requirements of sec	ction 170(h)(4)(B)(i) Yes No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the organization's financia	
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures,	or Other Similar Assets.
a	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve s held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue s held for public exhibition, education,	statement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b></b>
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		or financial gain, provide the
a	Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Accets included in Form 990 Part V		<b>b-</b> ¢

	Organizations Maintaining Collec	<u>tions of Art,</u>	<u>, Hist</u>	<u>:ori</u>	<u>cal T</u>	<u>reasur</u>	es, or O	thei	· Similar As	sets	; (con	tınued)
	Using the organization's acquisition, accession, a collection items (check all that apply)	and other record	ds, che	eck	any of	the follo	wing that a	re a	significant us	e of its	3	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams				
b	Scholarly research		e	$\Gamma$	Othe	er						
c	Preservation for future generations											
4	Provide a description of the organization's collect Part XIII	ions and explai	ın how	the	y furth	er the or	ganızatıon	s ex	empt purpose	ın		
	During the year, did the organization solicit or red assets to be sold to raise funds rather than to be								ılar	<b>Γ Υ</b> ∈	-s	□ No
Part		ents. Comple	te if t	the	orgar	nization			es" to Form	,		110
	Is the organization an agent, trustee, custodian concluded on Form 990, Part X?						rother ass	ets n	ot	ΓYe	es	□ No
b	If "Yes," explain the arrangement in Part XIII an	d complete the f	follow	ıng t	able							
									Aı	nount	:	
С	Beginning balance							1c				
d	Additions during the year						_	1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Form 9	90, Part X, line	21, fo	ores	crow	or custo	dıal accour	ıt lıa	bility?	ΓY€	es [	□ No
b	If "Yes," explain the arrangement in Part XIII Cl	neck here if the	expla	natı	on has	been pr	ovided in P	art >	(III		. [	
	t V Endowment Funds. Complete if the											
	(a	)Current year		Prior					hree years back	<b>(e)</b> Fo	ur yea	ars back
1a	Beginning of year balance											
b	Contributions					<u> </u>						
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses					ļ						
g	End of year balance											
2	Provide the estimated percentage of the current	ear end balanc	e (lıne	e 1g	colur	nn (a)) h	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ▶											
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should e	qual 100%										
	Are there endowment funds not in the possession	ı of the organıza	ation tl	hata	are he	d and ac	lmınıstered	for	the	_		
	organization by								_		Yes	No
	(i) unrelated organizations			•				•	3a	(i)   (ii)	$\dashv$	
	(ii) related organizations		· d on So	• chec	·	, .		٠		<u>ь</u>	$\dashv$	
4	Describe in Part XIII the intended uses of the organization							-		<u>- 1</u>		
Part	VI Land, Buildings, and Equipment.					n answ	ered 'Yes'	to	Form 990, P	art IV	/, line	e
	11a. See Form 990, Part X, line 10.			Τ,	a) Cost	or other	(b)Cost or o	thor	(c) Accumulate	ad 17	d) Boo	ok value
	Description of property					or other estment)	basis (oth		depreciation		u) D00	ok value
<b>1a</b> l	and			t								
-	Buildings											
ЬE	-			$\vdash$			<del>                                     </del>					
	easehold improvements						3	,176		- 1		3,176
<b>c</b> L	easehold improvements						1	,176 ,477	38,	026		3,176 9,451
c L d E	·						1		38,	026		

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. C	Complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. Complete if the org		-
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		7
		-
		-
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>F</b>	
2 Linkship for an arrange to a position of the Doub VIII manage	do the tayt of the feet - t-	************************************

Par	Presented in the American Revenue per Audited Financial Statements With the organization answered 'Yes' to Form 990, Part IV, line 12a.	th Revenue p	er R	<b>eturn</b> Complete If
1	Total revenue, gains, and other support per audited financial statements		1	1,704,489
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments 2a	1,374		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII ) 2d			
e	Add lines <b>2a</b> through <b>2d</b>		2e	1,374
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,703,115
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII )			
c	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		5	1,703,115
Par	Reconciliation of Expenses per Audited Financial Statements W	ith Expenses	per	Return. Complete
1	If the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements		1	1 522 474
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1,523,474
	Donated services and use of facilities			
a h	Prior year adjustments			
b				
C				
d	Other (Describe in Part XIII )		2e	
е 3	Subtract line <b>2e</b> from line <b>1</b>		3	1,523,474
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,523,474
	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
a b	Other (Describe in Part XIII ) 4b			
c	Add lines <b>4a</b> and <b>4b</b>		<b>4</b> c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)		5	1,523,474
	rt XIII Supplemental Information			1,323,474
P rov Part	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, rt V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also compormation			de any additional
	Return Reference Explanation			
PART	THE ORGANIZATION FOLLOWS THE PROVISIONS OF INCOME TAXES AS PROVIDED FOR IN THE INCOME ACCOUNTING STANDARDS CODIFICATION THIS STANDARDS CODIFICATION THIS STANDARDS CODIFICATION THIS STANDARDS CODIFICATION THIS STANDARDS CODIFICATION THAT AN INDIVIDUAL TAX POSITION MUST SATISF OF THAT POSITION TO BE RECOGNIZED IN AN ENTIPPRESCRIBES A RECOGNITION THRESHOLD OF MORE MEASUREMENT ATTRIBUTE FOR ALL TAX POSITION A TAX RETURN, IN ORDER FOR THOSE TAX POSITION FINANCIAL STATEMENTS THERE WERE NO LIABILIT REFUNDABLE) FOR UNRECOGNIZED TAX BENEFITS AND INTEREST OR PENALTIES WERE ACCRUED THE CAUDIT UNDER THE STATUTE OF LIMITATIONS BY THE STATE TAXING AUTHORITIES FOR THE YEARS ENDE	TAXES TOPIC ( TATEMENT CLA Y FOR SOME O TY'S FINANCI E LIKELY-THAN S TAKEN OR E NS TO BE RECO TES (OR REDUC T DECEMBER T ORGANIZATION HE INTERNAL R	DFTH RIFIE R ALL AL ST -NOT PECT GNIZ CTION B1, 20 N IS C EVEN	E FASB S THE CRITERIA OF THE BENEFITS ATEMENTS IT ALSO , AND A ED TO BE TAKEN ON ZED IN THE N IN AMOUNTS 14 AND 2013 AND URRENTLY OPEN TO UE SERVICE AND

Jenedale 2 (1 31111 33 3) 23 13		i age <b>S</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493320071385

OMB No 1545-0047

2014

# | 4

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE F

(Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

Open to Public Inspection

$\Lambda \subset \Lambda \Gamma$	DIA CENTER					
A CAL	OLA CLIVILIN				01-0518193	
Par	<b>General Information</b> "Yes" to Form 990, Par			he United States. C	complete if the organiza	ation answered
1	For grantmakers. Does the o	organization m	naıntaın record	ls to substantiate the	amount of its grants	
	and other assistance, the gra	ntees' eligibil	ity for the grai	nts or assistance, and	the selection criteria	
	used to award the grants or a	assistance? .				│ Yes │ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ring the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional sp	pace is needed )	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
(1)	CANADA	1	1	PROGRAM SERVICES	ENVIRONMENTAL RESEARCH	79,372
( 2)						
(3)						
(4)						
(5)						
За	Sub-total	1	1			79,372
b	Total from continuation sheets to Part I	0	0			C
С	<b>Totals</b> (add lines 3a and 3b)	1	1			79,372
					N	

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
( 18)							
	1			l .			

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<b>~</b>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

#### **Additional Data**

Software ID: Software Version:

**EIN:** 01-0518193

Name: ACADIA CENTER

Schedule F (Form 990) 2014

Page **5** 

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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DLN: 93493320071385

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization ACADIA CENTER

**Employer identification number** 

01-0518193

Pa	rt I Questions Regarding Compensation		·			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\sqcap$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b	Yes	
2	Did the organization require substantiation prior to re directors, trustees, officers, including the CEO/Execu			2	Yes	
					165	
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all the used by a related organization to establish compensa	it appl	y Do not check any boxes for methods			
	Compensation committee	$\sqcap$	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		No
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons mi	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
_	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa	ııd or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)^{\gamma}$	rebutt	able presumption procedure described in Regulations	9		

### 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	·	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
	(i) (ii)	158,750 0	0	0	7,110	4,526 0	170,386	0

Schedule J (Form 990) 2014

### 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

Return Reference Explanation

Schedule J (Form 990) 2014

DLN: 93493320071385

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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lationship	ıp <b>(c)</b>	( <b>d)</b> Loar	n to (	principal	` '		In				
J	loan	n organizat	cion,	aillouilt		defau	ılt?	by boar			
		То	From			Yes	No	Yes	No	Yes	No
ıf the orga			"Yes" on For	rm 990, Pa			ıstanc	e ( <b>e</b> )	<b>)</b> Purpos	se of ass	ıstanc
		r Assistance Be	► \$ r Assistance Benefiting In the organization answered	► \$ r Assistance Benefiting Interested Pour of the organization answered "Yes" on Fo	► \$ r Assistance Benefiting Interested Persons. If the organization answered "Yes" on Form 990, Pa	** \$  ** Assistance Benefiting Interested Persons.**  If the organization answered "Yes" on Form 990, Part IV, line 2  ** d (b) Relationship between (c) Amount of assistance (d) Type	*** *** *** *** *** *** *** *** *** **	► \$ r Assistance Benefiting Interested Persons. If the organization answered "Yes" on Form 990, Part IV, line 27. If the Organization answered "Yes" on Form 990, Part IV, line 27. In (b) Relationship between (c) Amount of assistance (d) Type of assistance	*** *** *** *** *** *** *** *** *** **	► \$ r Assistance Benefiting Interested Persons. If the organization answered "Yes" on Form 990, Part IV, line 27.	** ** ** ** ** ** ** ** ** ** ** ** **

Part IV Business Transactions Involving Interested P	ersons.
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Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's
				Yes	No
(1) DANIEL SOSLAND	PRESIDENT	3,600	RENTAL PAYMENTS FOR OFFICE SPACE/HEADQUARTERS LOCATED IN ROCKPORT, ME		No

Part V	Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320071385

OMB No 1545-0047

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### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

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

Name of the organization **Employer identification number** ACADIA CENTER 01-0518193

### 990 Schodula O. Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IN 2014, ENVIRONMENT NORTHEAST UNDERWENT A LEGAL NAME CHANGE. THEY ARE NOW CALLED ACADIA CENTER
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE 2014 FORM 990 WAS PROVIDED IN FINAL DRAFT FORM TO THE BOARD UPON RECEIPT FRO M OUR INDEPENDENT ACCOUNTING FIRM THE BOARD WILL BE PROVIDED AN OPPORTUNITY TO REVIEW THE 990 AND DISCUSS IT AT A REGULAR OR SPECIAL BOARD MEETING ACADIA CENTER WILL THEN FILE TH E 990 AFTER BOARD COMMENT AND REVIEW
FORM 990, PART VI, SECTION B, LINE 12C	ACADIA CENTER HAS A CONFLICT OF INTEREST POLICY IN OUR PERSONNEL HANDBOOK THAT BARS EMPLOY  EES, INCLUDING KEY EMPLOYEES, FROM ACTIVITIES THAT COULD EITHER BE REAL OR PERCEIVED CONFL  ICTS OF INTEREST WE TAKE THAT POLICY VERY SERIOUSLY AND MONITOR IT BY REQUIRING STAFF TO  PROVIDE INFORMATION ON ANY POTENTIAL CONFLICT TO THE MANAGEMENT TEAM ACADIA CENTER HAS NO  T REQUIRED ANNUAL WRITTEN DECLARATIONS OF POTENTIAL CONFLICTS, WE HAVE FELT THAT GIVEN THE  SMALL SIZE OF THE BOARD THAT SUCH A PROCEDURE IS NOT NECESSARY TO DISCOVER OR DISCLOSE PO  TENTIAL CONFLICTS THE BOARD MAY REVISIT THIS PROCEDURE IN THE FUTURE
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S SALARY LEVEL WAS REVIEWED BY THE BOARD IN CLOSED SESSION INFORMATION COMP ARING THE SALARY LEVEL TO OTHER NON-PROFITS OF COMPARABLE SIZE AND SKILL WERE RESEARCHED B Y ACADIA CENTER'S MANAGEMENT AND PROVIDED IN SUMMARY FORM FOR OTHER EMPLOYEES, ACADIA CEN TER'S PROCEDURE IS FOR THE PRESIDENT TO ESTABLISH INDIVIDUAL COMPENSATION LEVELS ACADIA C ENTER REVIEWS COMPENSATION LEVELS OF EMPLOYEES OF COMPARABLE NON-PROFITS AND GOVERNMENT PO SITIONS 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 PROVIDES ACCESS TO ORGANIZATION MATERIALS UPON REQUEST AUDITS, FINANCIAL ST ATEMENTS AND GOVERNING DOCUMENTS ARE ROUTINELY PROVIDED TO FOUNDATIONS AND OTHER DONORS UP ON REQUEST ACADIA CENTER FORM 990'S ARE POSTED ON GUIDESTAR AND CHARITY NAVIGATOR WEBSITE S THE AUDITED FINANCIAL STATEMENTS AND 990, PLUS ANNUAL REPORTS ARE ALSO POSTED ON ACADIA CENTER'S WEBSITE
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED