#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change Friends of Acadia Name change 01 - 0425071Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-207-288-3340 P.O. Box 45 Amended return 14,201,480. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Applica-Bar Harbor, ME 04609-0045 H(a) Is this a group return pending F Name and address of principal officer: David MacDonald for subordinates? same as C above H(b) Are all subordinates included? Yes ) ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ▶ www.friendsofacadia.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 1986 M State of legal domicile: ME Part I Summary 1 Briefly describe the organization's mission or most significant activities: Preservation and protection of **Activities & Governance** Acadia National Park 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 27 26 Number of independent voting members of the governing body (Part VI, line 1b) 31 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 2701 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 <u>0.</u> **b** Net unrelated business taxable income from Form 990-T. line 34 **Prior Year Current Year** 1,654,695. 3,296,193. Contributions and grants (Part VIII, line 1h) Revenue 4,107. 13,281. Program service revenue (Part VIII, line 2g) 1,753,884. 2,424,233. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 268,915. 324,953. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,681,601. 6,058,660. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 1,245,764. 1,247,711. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 1,068,589. 956,391. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u> **b** Total fundraising expenses (Part IX, column (D), line 25) 680,110. 591,869. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,882,265. 2,908,169. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 799,336. 3,150,491. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year** End of Year 20,927,523. 25,546,548. 20 Total assets (Part X, line 16) 200,959. 41,117. 21 Total liabilities (Part X. line 26) Met 20,726,564. 25,505,431. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Michael Cook, Treasurer Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature C05/12/14 self-emp<u>loyed</u> P00219457 Barbara J. McGuan, CPA Barbara J. McGuan, Paid Firm's name ▶ Berry Dunn McNeil & Parker, Firm's EIN 01-0523282 Preparer Firm's address P.O. Box 1100 Use Only Portland, ME 04104-1100 Phone no. (207) 775-2387 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Friends of Acadia preserves, protects, and promotes stewardship of the
	outstanding natural beauty, ecological vitality, and distinctive
	cultural resources of Acadia National Park and surrounding communities
	for the inspiration and enjoyment of current and future generations.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$562,996 • including grants of \$393,453 • ) (Revenue \$)
	Friends of Acadia (FOA) makes grants from its Acadia Trails Forever
	project fund to the ANP trails program to maintain the park's 130 miles
	of trails. Projects in 2013 included rehabilitating the stonework
	around Sieur de Monts Spring Pool using historic photos, hardening
	tread in highly eroded areas of the Deer Brook Trial, and repairing or
	rebuilding sixteen bridges throughout the trail system. In addition,
	the park completed the compliance needed for the 2014 trail work.
	227 521
4b	(Code:)(Expenses \$ 327,521. including grants of \$ 240,759.) (Revenue \$) The Island Explorer is a fare-free, seasonal, propane-powered bus
	system that runs through Acadia National Park and its surrounding
	gateway communities. Since its first day of operation in 1999, 4.98
	million visitors have ridden the bus, approximately 1.88 million
	private vehicle trips have been eliminated, reducing smog causing
	pollutants by an estimated 26.7 tons and green house gas emissions by
	over 17,400 tons. Friends of Acadia has been involved with the bus
	systems since its inception, granting \$2.6 million in funding, and
	securing more than \$2.76 million in grants from L.L. Bean and others to
	enable continued growth. Friends of Acadia's grant supplements the
	operating costs of 34 buses on Mount Desert Island, and one on the
	Schoodic peninsula.
4c	(Code:) (Expenses \$
	The Carriage Road maintenance grant makes possible the salaries of six
	Acadia National Park workers who perform regular maintenance of the
	park's 44 miles of historic carriage roads. In 2013, the workers
	rock-raked, dragged smooth, and rolled the entire carriage road system
	at and the beginning and end of the season. They replaced and added
	culverts on the Eagle Lake Loop. ANP also did GPS mapping of all the
	back drains designed to control the flow of water approaching the
	roads, most of which had never been cleaned since the park first took
	over the roads. In addition, they worked to keep beaver dams knocked
	down to prevent blocked culverts. This program uses thousands of
	volunteer hours from FOA's volunteer program, and also uses the Acadia
	Youth Conservation Corps student employees.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,141,017 • including grants of \$ 378,573 •) (Revenue \$ 13,281 •)
4e	Total program service expenses ► 2,357,753.
	Form <b>990</b> (2013)

332002 10-29-13

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.1		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 Ie		21
•	the organization's separate of 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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Λ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			200	

## Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
	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	240		
٨	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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 so,			
	complete Schedule L, Part II	26		X
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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34		34		Х
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1000		
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

# Form 990 (2013) Friends of Acadia Part V Statements Regarding Other IRS Filings and Tax Compliance

Section   Sect		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. Find applicable						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter of Irind applicable OIst the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. STATE The number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  31. If all least one is reported on line 2a, did the organization fall elequined federal employment tax returns?  3b. If all least one is reported on line 2a, did the organization fall elequined federal employment tax returns?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization thave unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization thave an interest in, or a signature or other authority over, a financial account or former financial account or control year.  3c. Did the organization in a foreign country; lew as a bank account, securities account, or other financial accounts?  3c. Did any taxelegate party notify the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year?  3c. Did any taxelegate party notify the organization file Form 8886.77  3c. Did any taxelegate party notify the organization file Form 8886.77  3c. Did any taxelegate party notify the organization file Form 8886.77  3c. Did the organization include with every solicitation an express statement that such contributions or gifts were not tax diductible?  3c. Did the organization include with every solicitation an express statement that such contributions or gifts were not tax diductible?  3c. Did the organization selection payment in excess of Sis's nade party as contributions or payment proposed and services provided to the payment organization include with every solicitation and pa	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.    Filed for the calendar year ending with or within the year covered by this return   2a   31	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resturn.    Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
freed for the calendar year ending with or within the year covered by this return    1		(gambling) winnings to prize winners?			1c	X	
b If a 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 <sup>1</sup> /bite (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have an inferrest 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 accountly?  4a At any time the name of the foreign country   ▶ See instructions for filing requirements for Form TD F 00 22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Z X  5c If Yes, it line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization neceive a payment in excess of 3/5 made party as a contribution and party for goods and services provided to the payor?  7b If Yes, if off the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Did the organization receive a payment in excess of 3/5 made party as a contribution or possible and party for goods and services provided to the payor?  7c Did the organization receive a payment in excess of 3/5 made party as a contribution or possible payment or possible personal property for which it was required to the Form 8282?  7d Did the organization or excess a payment in excess of 3/5 made party as a contribution or possible personal penefit co	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross norm of \$1,000 or more during the year?  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 (see has a bank account, securities)  5b If Yes, "enter the name of the foreign country. ▶  5ce instructions for filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial account;  5ce instructions for filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial Accounts.  5ce instructions for filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial Accounts.  5ce instructions for filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial Accounts.  5ce instructions for filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial Accounts.  5ce instructions for filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial Accounts.  5ce instructions for filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial Accounts.  5ce instructions for filing requirements for Form BBGF1?  5c If Yes, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions.  6c If Yes, "did the organization neith add with every solicitation an express statement that such contributions or gifts were not tax deductible a charitable contributions.  6c If Yes, "did the organization neith add with every solicitation and express statement that such contributions or gifts were not tax deductible as charitable contributions.  6c If Yes, "indicate the number of Foreign BBR and Financial Accounts of the August of the August of the August of the Organization or the August of the variation of the August of the Organizat		filed for the calendar year ending with or within the year covered by this return	2a	31			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filled a Form 980°T for this year? If "No," to line 3b, provide an explanation in Schedule O  4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5c b If "Yes," enter the name of the foreign country" ▶  5c se instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization of the foreign country to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 56t, did the organization file Form 8886.17  6c If "Yes," to line 5a or 56t, did the organization file Form 8886.17  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions?  6d X  6d	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly financial ac		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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?  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization required as whether transaction at any time during the tax year?  5a Was the organization that are from TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization that the shelt transaction at any time during the tax year?  5a Was the organization that dax shelter transaction at any time during the tax year?  5b Was the organization that will as well as the first transaction?  5c Was the organization that are not tax deductible as charitable contributions?  5b Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b Wres, 'did the organization roctive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 b Wres, 'did the organization notify the donor of the value of the goods or services provided?  9 b Wres, 'did the organization roctive apayment in excess of \$75 made partly as a contribution of property for which it was required to file Form 8282?  1 c Was well of the organization notify the donor of the value of the goods or services provided?  1 of Wes, 'indicate the number of Forms 8282 filed during the year  2 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 c X  7 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 c X  7 b Wes, 'indicate the number of Forms 8282 filed during the year will be property for which the supporting organization make a contribution of qualified	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial accountity?  b If "Yes," enter the name of the foreign country; "  See instructions for fling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any atsable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b D See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween or tax deductible as charitable contributions?  6a Z  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible as charitable contributions?  6b Z  7 Organizations that may receive deductible contributions under section 170(c).  a bill the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 If Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If If Yes, "indicate the number of Forms 8282 filed during the year  9 If If Yes," indicate the number of Forms 8282 filed during the year  10 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098. The payment is personal benefit contract?  9 If the organization make any taxable distributions under section 4968?  9 Sponsoring organization make any taxable distributions under section 4968?  9 Sponsoring organization make any taxable distributions under section 4968?  9 Sponsoring organization make any taxable distributions under section 4968?  9 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contribution	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b If "Yes," enter the name of the foreign country:   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  So United States of the Account of States of	4a			•			l
See instructions for filing requirements for Form TD F00-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization reace excepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  5 Sponsoring organizations maintaining donor advised funds and section 598(a)(3) supporting organization file a Form 1098-C?  5 Sponsoring organizations maintaining donor advised funds and section 598(a)(3) supporting organization file a Form 1098-C?  5 Section 501(c)(7) organizations. Finiter:  a Initiation fees and capital contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 520 form 989.0 part VIII, line 12  6 Gross income from there sources (Do not damination file of porm 980 in		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9  Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10  Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12  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. 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 13  Section 501(c)(29) (13  Section 720 to report these payments? If "No," provide an explanation in Schedule O. 14  Section 502 (14  Section 720 to report these payments? If "No," provide an explanation in Schedule O. 14  Section 503 (16  Section 720 to report these payments? If "No," provide an explanation in Schedule O.					711		
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a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  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  13b  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	9						
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  I 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.  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  13a  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12							
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11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		10b				
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?  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.  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  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	11	·					
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?  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.  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  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
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.  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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?	12a		
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.  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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	·	12b				
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		·					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	· · · · · · · · · · · · · · · · · · ·	١				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c		4.		v
							$\vdash$
	D	if res, has it filed a Form 720 to report these payments? If two, provide an explanation in Schedule	<i>-</i> ∪			990	(2012)

Friends of Acadia 01-0425071 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	AT T	3T7?	370
17	List the states with which a copy of this Form 990 is required to be filed AL, CA, FL, GA, ME, MD, MN, MI, NH			, NC
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	Diana McDowell - 207-288-3340			
	P.O. Box 45, Bar Harbor, ME 04609-0045  See Schedule O for full list of states	Eorn	990	(2012)
つつつへい				

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	box	not cl	Pos heck ss pe	more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	(list any hours for related	Η.								
	below line)	Individual trustee c	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Emily Beck	1.00								•	•
Secretary	1 00	Х		Х				0.	0.	0.
(2) Gail Clark	1.00									•
Director	1 00	Х						0.	0.	0.
(3) Andrew Davis	1.00									•
Director		Х						0.	0.	0.
(4) John Fassak	1.00									
Vice Chair		Х		Х				0.	0.	0.
(5) Nathaniel R. Fenton	1.00								_	
Director		Х						0.	0.	0.
(6) Edward Lipkin	1.00							_	_	_
Past Treasurer		Х		Х				0.	0.	0.
(7) Barbara McLeod	1.00									
Past Director		Х						0.	0.	0.
(8) Jack Russell	1.00									
Director		Х						0.	0.	0.
(9) Eleanor Sullivan	1.00									
Director		Х						0.	0.	0.
(10) Christiaan van Heerden	1.00									
Director		Х						0.	0.	0.
(11) Dick Wolf	1.00									
Director		Х						0.	0.	0.
(12) Bill Zoellick	1.00									
Director		Х						0.	0.	0.
(13) Joan Pew	1.00									
Director		Х						0.	0.	0.
(14) Edward L. Samek	1.00									
Chair		Х		X				0.	0.	0.
(15) Mike Siklosi	1.00									
Past Director		Х						0.	0.	0.
(16) Nina Horner	1.00									
Director		Х			L	L	L	0.	0.	0.
(17) John Kelley	1.00									
Director		Х						0.	0.	0.

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Form **990** (2013)

Form 990 (2013) Friends	of Acad:	ia							01-0425	071	Page	98 €
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Est	timated	
	hours per week	box	, unle	ss pe	rson lirecto	is bot	h an	compensation	compensation		ount of	
	(list any	$\vdash$	<u> </u>				, 	from the	from related		other	n
	hours for	or director				_		organization	organizations (W-2/1099-MISC)		oensatio om the	11
	related	e 0r (	stee			nsateo		(W-2/1099-MISC)	(** 27 1000 141100)		anization	
	organizations	trustee	al tru		) yee	om be				_	related	
	below	Individual 1	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			orga	nizations	3
	line)	ibul	Insti	Officer	Key	High	Forr					
(18) Meredith K. Moriarty	1.00										,	•
Director	1 00	Х						0.	0.			) <b>.</b>
(19) Donna Reis	1.00	١,,									,	`
Director	1 00	Х						0.	0.			<u>.</u>
(20) Fred Benson	1.00	Į.,									,	`
Director	1.00	Х						0.	0.			) <b>.</b>
(21) Everett Carson Director	1.00	X						0.	0.		,	).
(22) Hannah Sistare Clark	1.00	₽						0.	0.			<u> </u>
Director	1.00	x						0.	0.		(	).
(23) Anne Green	1.00	^						0.	0.			<u>, .</u>
Director	1.00	x						0.	0.		(	).
(24) Michael H. Cook	1.00								· ·			<u></u>
Treasurer	1.00	x		x				0.	0.		(	).
(25) C. Boyden Gray	1.00	<del> </del>		<del></del>								<u> </u>
Director		x						0.	0.		(	).
(26) David R. MacDonald	40.00							-				_
President		x		Х				123,614.	0.	24	4,737	7.
1b Sub-total	•						<b></b>	123,614.	0.		4,737	
c Total from continuation sheets to Part V							<b>•</b>	0.	0.		(	) .
d Total (add lines 1b and 1c)								123,614.	0.	24	4,737	7.
2 Total number of individuals (including but							no re	eceived more than \$100	0,000 of reportable			
compensation from the organization												1
											Yes N	lo
3 Did the organization list any former officer			e, ke	ey er	nplo	yee	, or h	nighest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for										3	2	<u> </u>
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15										4	2	<u> </u>
5 Did any person listed on line 1a receive or	•				•			•				_
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	on .				5	<u> </u>	K
Section B. Independent Contractors												

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.

(A) Name and business address	(B) Description of services	(C) Compensation
Goldman Sachs, 200 West Street, 39th Floor, New York, NY 10282	Asset Management	138,735.
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	

\$100,000 of compensation from the organization ► 1
See Part VII, Section A Continuation sheets

Form **990** (2013)

Form 990 Friends	01-0425071									
Part VII   Section A. Officers, Directors, Tru			oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	.o.				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099*****100)	organization
	related	ee or	stee			nsate		(** = / ********************************		and related
	organizations	Individual trustee or director	In stitutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	itutio	cer	emp	hesto	Former			
	line)	pul	lns	Officer	, Ke	Hig	For			
(27) Jan Karst	1.00									
Director	1 00	Х						0.	0.	0.
(28) Jill Goldthwait	1.00								0	0
Director	1 00	Х						0.	0.	0.
(29) Henry Schmelzer	1.00	<b>.</b> ,							0	0
Director (20) gl i P	1 00	Х						0.	0.	0.
(30) Chris Fogg Director	1.00	x						0.	0.	0.
Director		^						0.	0.	0.
		ł								
		ł								
		1								
		1								
		ł								
		ł								
		ł								
		ł								
		1								
		1								
		ł								
Total to Part VII, Section A, line 1c										

ıa					sponse	or note to any lin	e in this Part VIII			
			Check if Schedule O cont			,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a					
ìrai our			Membership dues	r	1b	381,751.				
s, G			Fundraising events		1c	211,571.				
ar /			Related organizations		1d					
s, ( mil			Government grants (contributi	I	1e					
ion			All other contributions, gifts, grant	· · ·						
the			similar amounts not included above		1f	2,702,871.				
jti		а	Noncash contributions included in lines		<u> </u>	358,837.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f	_			3,296,193.			
						Business Code				
g.	2	а	Miscellaneous Revenue			451211	13,281.	13,281.		
Ş <	_	b	-				,	,		
Sel		c	-							
am eve		d								
Program Service Revenue		e								
Pr			All other program service reve	nue						
			Total. Add lines 2a-2f				13,281.			
	3		Investment income (including				,			,
	_		other similar amounts)				569,316.			569,316.
	4		Income from investment of tax				,			,
	5		Royalties	=						
	Ū		noyamoo	(i) R		(ii) Personal				
	6	а	Gross rents		- Cui	(ii) i diddiiai				
	Ū		Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)			<b></b>				
	7		Gross amount from sales of	(i) Seci		(ii) Other				
	-	_	assets other than inventory		8,994.					
		b	Less: cost or other basis							
		-	and sales expenses	7,91	4,077.					
		С	Gain or (loss)							
		d	Net gain or (loss)			<b>•</b>	1,854,917.			1,854,917.
ø	8		Gross income from fundraising				, ,			, ,
	Ū	_	including \$ 211							
eve			contributions reported on line							
Other Revenu			Part IV, line 18	-		553,696.				
the		b	Less: direct expenses			228,743.				
0			Net income or (loss) from func				324,953.			324,953.
			Gross income from gaming ac	-						
	-	-	Part IV, line 19							
		b	Less: direct expenses			1				
			Net income or (loss) from gam			<b></b>				
			Gross sales of inventory, less		-					
			and allowances		а					
		b	Less: cost of goods sold			I I				
			Net income or (loss) from sale							
		_	Miscellaneous Revenu		,	Business Code				
	11	а								
	-	b								
		c								
			All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions.				6,058,660.	13,281.	0.	2,749,186.
33200 10-29	9 -13					<u> </u>		•		Form <b>990</b> (2013)

# Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	molete column (A)								
23011	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											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and			·	·							
	organizations in the United States. See Part IV, line 21	1,247,711.	1,247,711.									
2	Grants and other assistance to individuals in											
	the United States. See Part IV, line 22											
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	United States. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	148,351.	93,461.	26,703.	28,187.							
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	721,957.	514,415.	100,967.	106,575.							
8	Pension plan accruals and contributions (include	00.000	40.5-6									
	section 401(k) and 403(b) employer contributions)	20,080.	12,650.	3,615.	3,815. 20,997.							
9	Other employee benefits	111,250.	70,361.	19,892.	20,997.							
10	Payroll taxes	66,951.	47,715.	9,358.	9,878.							
11	Fees for services (non-employees):											
а	Management											
b	Legal											
С	Accounting	30,762.	19,380.	5,537.	5,845.							
	Lobbying	3,245.		3,245.								
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees	139,031.		139,031.								
g	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch O.)	95,753.	86,463.	2,853.	6,437. 99.							
12	Advertising and promotion	20,387.	20,194.	94.	99.							
13	Office expenses	158,302.	138,366.	9,697.	10,239.							
14	Information technology											
15	Royalties											
16	Occupancy	61,370.	38,888.	10,937.	11,545.							
17	Travel	41,708.	39,546.	1,052.	1,110.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	8,965.	5,648.	1,614.	1,703.							
23	Insurance	15,054.	9,484.	2,710.	2,860.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)											
а	Dues & Subscriptions	10,194.	8,558.	796.	840.							
b	Bad Debts	5,906.	3,721.	1,063.	1,122.							
С	Other Program Expenses	1,192.	1,192.	0.	0.							
d												
е	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	2,908,169.	2,357,753.	339,164.	211,252.							
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)											
22201	0 10-29-13		<u> </u>	•	Form <b>990</b> (2013)							

# Form 990 (2013) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			9,410.	1	140,749.
	2	Savings and temporary cash investments			893,571.	2	1,486,898.
	3	Pledges and grants receivable, net			281,560.	3	697,387.
	4	Accounts receivable, net			513.	4	351,044.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	14958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect		-			
ι		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use				8	
	9	D ::			30,691.	9	87,024.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	533,535.			
	b		10b	112,674.	545,810.	10c	420,861.
	11	Investments - publicly traded securities			19,098,554.	11	420,861. 22,267,734.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		67,414.	15	94,851.	
	16	Total assets. Add lines 1 through 15 (must equ			20,927,523.	16	25,546,548.
	17	Accounts payable and accrued expenses	30,959.	17	41,117.		
	18	Grants payable	170,000.	18	0.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
jab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			200 050	25	41 117
	26	Total liabilities. Add lines 17 through 25			200,959.	26	41,117.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
ses		complete lines 27 through 29, and lines 33 an			1 000 250		2 000 020
au	27	Unrestricted net assets	1,889,258.	27	2,089,039.		
Ba	28	Temporarily restricted net assets	8,874,115. 9,963,191.	28	12,376,854.		
Net Assets or Fund Balances	29			J, JUJ, 1J1.	29	11,039,538.	
Ę		Organizations that do not follow SFAS 117 (A	SC 958	3), check here $ ightharpoonup$			
S O		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			20,726,564.	32 33	25,505,431.
	33	Total link liking and not assets/fund balances			20,720,504.	33	25,546,548.
	34	Total liabilities and net assets/fund balances			40,741,343.	J4	Form <b>990</b> (2013)

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>60.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				69.
3	Revenue less expenses. Subtract line 2 from line 1	3				91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				64.
5	Net unrealized gains (losses) on investments	5	<u> </u>	628	8,3	76.
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	<u>25,</u>	<u>50'</u>	5, <u>4</u>	31.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			· · · · · · · · · · · · · · · · · · ·		Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Friends of Acadia

Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Friends of Acadia 01-0425071 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No

Form 990 or 990-EZ.

Total

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1,574,504.	1,937,725.	1,846,250.	1,654,695.	3,296,193.	10,309,367.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	1 574 504	1 027 725	1 046 250	1 (54 (05	2 206 102	10 200 267
	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a	1,574,504.	1,937,725.	1,846,250.	1,654,695.	3,296,193.	10,309,367.
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						1 /00 /60
6	· · · · · · · · · · · · · · · · · · ·						1,499,468. 8,809,899.
	Public support. Subtract line 5 from line 4.						0,009,099.
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(a) 2011	(d) 2012	(a) 2012	(f) Total
		1,574,504.	1,937,725.	(c) 2011 1,846,250.	1,654,695.	(e) 2013 3,296,193.	10,309,367.
	Amounts from line 4 Gross income from interest,	_,,	_,,	_,,	_,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	444,436.	502,071.	476,688.	539,658.	569,316.	2,532,169.
9	Net income from unrelated business	,	, ,	.,	, , , , , ,	, , ,	
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						12,841,536.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,307,303.
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	_	······································		•		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	68.60 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	63.38 %
	33 1/3% support test - 2013. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>\</b> X
b	b 33 1/3% support test - 2012. 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 qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>ere.</b> Explain in Pa	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		<b>&gt;</b>
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization						
						dule A (Form 990	

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

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

Section A. Public Support	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and		, , , , , , , , , , , , , , , , , , ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	, ,	, ,		.,
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and <b>stop here</b>	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

Schedule A	(Form 990 or 990-EZ) 2013 Friends of Acadia	01-0425071 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Employer identification number

2013

I	Friends of Acadia	01-0425071
Organization type (check	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule  For an organizat	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in manplete Parts I and II.	
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regro(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the end in (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributio	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrins of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or editorulated to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is che purpose. Do not	11(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to ecked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because in the etc., contributions of \$5,000 or more during the year	tal to more than \$1,000.  Ely religious, charitable, etc., t received nonexclusively
· ·	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B	, , , , , , , , , , , , , , , , , , , ,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

# Friends of Acadia

01-0425071

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number** 

# Friends of Acadia

01-0425071

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - \$				
		- Γ Ψ				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		-   \$				
(a)						
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		- -   \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		- - -				
202452 10 0	440	Schedule R (Form 6	990-F7 or 990-PF\ (2013)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number Friends of Acadia 01-0425071 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 10-24-13

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

<ul> <li>Section 5</li> </ul>	01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of orga				Emp	loyer identification number
	Friends	of Acadia			01-0425071
Part I-A	Complete if the org	ganization is exempt un	der section 501(c	) or is a section 527 o	organization.
2 Political	expenditures	zation's direct and indirect polit		<b>&gt;</b> 9	<b>.</b>
Part I-B	Complete if the ord	ganization is exempt un	der section 501(c	)(3).	
		incurred by the organization ur			 B
2 Enter the	amount of any excise tax	incurred by organization mana	gers under section 495	<b>&gt;</b> 55	<u> </u>
3 If the org	anization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
		······································			
	describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt un	der section 501(c	), except section 501	(c)(3).
1 Enter the	amount directly expended	d by the filing organization for s	ection 527 exempt fun	ction activities	\$
2 Enter the	e amount of the filing organ	nization's funds contributed to c	other organizations for		
					δ
		s. Add lines 1 and 2. Enter here			
line 17b				<b>&gt;</b> \$	\$
		1120-POL for this year?			
made pa contribut	yments. For each organizations received that were pr	mployer identification number (E ation listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or	nization's funds. Also enter t ganization, such as a separa	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

Part II-A   Complete if the org	ritelius of	mpt under sectio	n 501(c)(3) and fil	ed Form 5768	4230/1 Page 2
(election under sec		pt ander scotto	55 1(5)(6) and m	0	
	<u>``</u>	liated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
B Check ► if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.		-
	ts on Lobbying Expe ditures" means amou	nditures unts paid or incurred.	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)		3,245.	
c Total lobbying expenditures (add li	nes 1a and 1b)			3,245.	
d Other exempt purpose expenditure				2,904,924.	
e Total exempt purpose expenditure				2,908,169.	
f Lobbying nontaxable amount. Ent		e following table in bot	h columns.	295,408.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	. , ,		
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			73,852.	
h Subtract line 1g from line 1a. If zer	,			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze					
reporting section 4911 tax for this	year?				Yes No
		eraging Period Under			
		ection 501(h) election e instructions for line			
		nditures During 4-Yea	<u> </u>	19C 4.)	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	262,272.	293,313.	294,113.	295,408.	1,145,106.
<b>b</b> Lobbying ceiling amount					1 717 650
(150% of line 2a, column(e))					1,717,659.
c Total lobbying expenditures	4,321.	7,159.	2,935.	3,245.	17,660.
d Grassroots nontaxable amount	65,568.	73,328.	73,528.	73,852.	286,276.
e Grassroots ceiling amount	23,330.	7373201	7373201	, 3, 332.	200,2,00
(150% of line 2d, column (e))					429,414.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

# Schedule C (Form 990 or 990-EZ) 2013 Friends of Acadia 01-042507 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did t file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying and political expenditures from the prior year?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  1 Dues, assessments and similar amounts from members 5 Dit (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Vere substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization make only in-house lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
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i Other activities? j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Di(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year
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2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year
expenses for which the section 527(f) tax was paid).  a Current year
a Current year 2a
b Carryover from last year
c Total2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political
expenditure next year?
5 Taxable amount of lobbying and political expenditures (see instructions)5
Part IV Supplemental Information
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1.
Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2013

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# 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 www.irs.gov/form990

OMB No. 1545-0047

Inspection

**Employer identification number** Name of the organization Friends of Acadia 01-0425071 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

	t III Organizations Maintaining C	ollections of Ar	t. Historical Tr	easures, or (	)ther		ar Asse			age Z
3	Using the organization's acquisition, accession									
3	(check all that apply):	on, and other record	s, check any or the	Tollowing that are	a sigi	IIIICant	use or its	Collection	ı ileli	.5
_	Public exhibition	a	Loop or ove	hanaa neaaeama						
	b Scholarly research e Other									
C	Preservation for future generations	lla ationa and avalate		h			i- D-:	4 VIII		
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit or to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang									<u> </u>
	reported an amount on Form 990, Par		te ii tile organizatio	manswered rec	,	01111 000	, raitiv,	iii iC 3, 0i		
	Is the organization an agent, trustee, custodia		iary for contribution	s or other assets	not in	ncluded				
ıu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a							<b> 103</b>		- INO
-	Too, oxplain the arrangement in rate xin t		iowing table.					Amount	·	
С	Beginning balance					1c		7 11 11 0 0 11 11	-	
	Additions during the year					-				
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIII.									]
	t V Endowment Funds. Complete if					).				
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	17,093,099.	15,689,713.	16,134,3	93.	14,3	09,647.	12	,375,	,125.
	Contributions	835,440.	299,690.	473,2	15.	3	74,385.		217,	,185.
С	Net investment earnings, gains, and losses	3,513,960.	1,751,346.	-239,8	95.	1,8	72,549.	1,890,49		497.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	937,437.	647,650.	678,0	00.	4	22,188.		173,	,160.
f	Administrative expenses									
g	End of year balance	20,505,062.	17,093,099.	15,689,7	13.	16,1	34,393.	14	,309,	647.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	4.54	_%							
	Permanent endowment ► 51.25	<u></u> %								
С	Temporarily restricted endowment ▶4	<u>4.21</u> %								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered	for the	e organiz	zation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
								3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered						ı			
	Description of property	(a) Cost or ot	' '		-	cumulate		( <b>d</b> ) Bool	k valu	е
		basis (investm	,	(other)	depr	reciation		20	<u> </u>	06
	Land		39	6,196.				39	ο, Ι	96.
	Buildings			0 670		20 6	65		0 0	1 2
	Leasehold improvements			8,678. 6,019.		20,6 89,3	67			13.
	Equipment	<b>I</b>	10					Τ.	0,0	52 <b>.</b>
	Other (Column (d) must on	•	V column (D) limit	2,642.		2,6	44.	12	<u>η ρ</u>	61.
ıota	I. Add lines 1a through 1e. (Column (d) must ed	juai Fuiiii 990, Part i	∧, colullii (b), line i	U(U)./				44	· , o	о т •

Schedule D (Form 990) 2013

Schedule D	(Form 990) 2013 Friends of	Acadia		01-0425071 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes	to Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financia	al derivatives			
	held equity interests			
3) Other	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization 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: Cost or	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	L		
	Complete if the organization answered "Yes	to Form 990. Part IV.	line 11d. See Form 990. Part X. line 15.	
		Description		(b) Book value
(1)	•			,,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lir	ne 15 )		<b>•</b>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes	to Form 990. Part IV.	line 11e or 11f. See Form 990. Part X. line	25.
1.	(a) Description of liability		(b) Book value	
	leral income taxes			
(2)	is a modified taxoo			
(3)				
(4)				
(5)				
(6)				
(3)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

			0425071	Page		
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	7,557	,360		
_	Assessments in absoluted and the state of th					

1	Total revenue, gains, and other support per audited financial statements	1	7,557,360		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	1,628,376.		
b	Donated services and use of facilities	2b	9,355.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,637,731
3	Subtract line 2e from line 1			3	5,919,629
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	139,031.		
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	139,031
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,058,660

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" to Form 990, Part IV, line 1.	2a.			
1	Total expenses and losses per audited financial statements			1	2,778,493.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	9,355.		
b	Prior year adjustments	2b			
С		ا مو ا			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	9,355.
3	Subtract line 2e from line 1			3	2,769,138.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	139,031.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	139,031.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,908,169.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part V, line 4:

Explanation: Friends of Acadia uses its endowment assets as an attempt to provide a predictable stream of funding to the programs supported by its endowments while seeking to maintain the purchasing power of the endowment assets. The investments aim to provide appropriate stewardship of Friends of Acadia's financial assets and secure long-term financial stability and income to support the Organization's commitments to Acadia National Park and Friends' operations and programs as budgeted annually by the investment and finance committee and approved by the Organization's board of directors.

Schedule D (Form 990) 2013	Friends of	Acadia	01-0425071	Page 5
Schedule D (Form 990) 2013  Part XIII   Supplemental Info	rmation (continued)			
	,			
-				
-				
-				

#### **SCHEDULE G**

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

Inspection ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990 Inspection

| Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

OMB No. 1545-0047

**Open To Public** 

Friends	of Acadia				01-042	5071																																														
Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-E	Z filers are not																																														
<ul> <li>Indicate whether the organization rais</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includ	non-governising of	overnment grants nment grants events fficers, directors, true undraising services?	stees or Ye																																															
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		have custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No																																																	
otal			<b>&gt;</b>																																																	
<ol><li>List all states in which the organization or licensing.</li></ol>	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from	registration																																														

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 Friends of Acadia 01-0425071 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events 2013 BenefitPot & Kettle (add col. (a) through Club Event Green Gala col. (c)) (total number) (event type) (event type) Revenue 740,917. 18,000. 6,349. 765,266. 1 Gross receipts 211,571 0 211,571. 2 Less: Contributions 529,346. 18,000. 6,349 553,695. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 48,450. 48,450. Rent/facility costs 113,587. 4,490. 118,077. 7 Food and beverages 1,600 1,600. 8 Entertainment ..... 52,058. 60,615. Other direct expenses 228,742. 10 Direct expense summary. Add lines 4 through 9 in column (d) 324,953. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) \_\_\_\_\_**>** Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 FILENCS OF ACACIA UI	-0425	0	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
12	Indicate the percentage of gaming activity operated in:		1	
		120		0/
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ▶			
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
134	Does the organization have a contract with a third party from whom the organization receives garning revenue?		163	140
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	☐ No
	retain the state gaming license?	<u> </u>	163	110
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	,		
<b>D</b> -	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		, 9b, 10	0b, 15b, 

Schedule G	i (Form 990 or 990-EZ)	Friends of	Acadia	01-0425071	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		, , , , , , , , , , , , , , , , , , , ,			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Friends o	f Acadia						01-0425071
Part I General Information on Grants a	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						tion X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990 Part	IV line 21 for any
recipient that received more than		-			amzation anoworoa	100 101 01111 000, 1 411	11, mile 21, 161 arry
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Acadia National Park P.O. Box 177 Bar Harbor, ME 04609		Government	670,081.	79,792.	Cost		Provide assistance to ensure the protection of the Acadia National Park region
Downeast Transportation P.O. Box 914 Ellsworth, ME 04605	01-0371992	501(c)(3)	220,338.	0.			Provide support for the Island Explorer propane bus service
Maine Coast Heritage Trust Bowdoin Mill, 1 Maine Street Topsham , ME 04086	23-9077105	501(c)(3)	180,000.	97,500.	Other - Maine Open Space Tax Law Valuation	Conservation Easement	Provide support to be matched for the protection of land at Schoodic
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				3.
3 Enter total number of other organization							

Schedule I (Form 990) (2013) Friends of Acad	dia				01-0425071	Page 2
Part III Grants and Other Assistance to Individuals in the Ur Part III can be duplicated if additional space is needed.		nplete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash a	assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lir	ne 2, Part III, columi	n (b), and any other a	dditional information.		
Part I, Line 2:						
Explanation: The Organization main	ntains a	policy des	signed to m	onitor the		
grant arrangements the Organization	on enters	into. The	e Organizat	ion sends		
letters specifying what the grant	is for a	nd request	ting a retu	rn letter		
that the grant will be used for the	ne intend	ed purpose	e. The Orga	nization		
meets with Acadia National Park st	taff twic	e a year v	who provide			
documentation of where and how the	grants	were used	. The Islan	d Explorer		
bus system is monitored by the Org	ganizatio	n's consei	rvation dir	ector who		

Schedule I (Form 990)

# SCHEDULE M (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

August to Form 000

Attach to Form 990.

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

Friends of Acadia

Employer identification number 01-0425071

Pai	rt I Types of Property				•			
	•	(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		ina	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu		•	.s
1	Art - Works of art	Х	40	26,405.	Fair Market	. Va	1ue	
2	Art - Historical treasures			•				
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		8,235.	Fair Market	. Va	1ue	
6	Cars and other vehicles	Х	1	45,000.	Fair Market	. Va	1ue	
7	Boats and planes	Х	2		Fair Market			
8	Intellectual property							
9	Securities - Publicly traded	Х	20	78,890.	Market Pric	e		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	77	1.0	10 020	T			
25	Other Camera Equipm	X	10		Invoice Cos		77-	1
26	Other (Auction Items)	X	88	0.	Donor Estim	ate	va	<u> rue</u>
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organifor which the organization completed Form 82		-				2	
	for which the organization completed Form 62	os, Part IV,	Donee Acknowled(	gement [29]			Yes	$\overline{}$
302	During the year, did the organization receive b	v contributio	on any proporty ror	ported in Part Llines 1 28	that it must hold for		162	No
ooa	at least three years from the date of the initial	-						1
	the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.					554		_ <u>-</u> _
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	Х	
	Does the organization hire or use third parties							
	contributions?		_			32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of proper	rty for which column (a) is cl	necked,			
	describe in Part II.							

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

Schedule M (Form 990) (2013)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Schedule M, Line 32b:
Explanation: The Organization uses an auctioneer who donates their time
to run the event. In addition, the Organization sells contributions of
securities through its investment broker. All gifts of securities are
sold as soon as administratively possible.
Schedule M, Line 33:
Explanation: For various auctioned items, the Organization does not
record revenue when items are donated, rather when the items are sold
at the auction event. The donor estimated value of auctioned items was
\$243,714.

#### SCHEDULE O (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Open to Public Inspection

01-0425071

Department of the Treasury Internal Revenue Service

Name of the organization

carriage roads.

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

Employer identification number

Friends of Acadia

Form 990, Part III, Line 4d, Other Program Services:

Additionally, Friends of Acadia contributes to a variety of community outreach events such as Take Pride in Acadia Day, National Trails Day, Earth Day Roadside Clean-up, Family Fun Day, and National Public Lands Day. In partnership with Acadia National Park, Friends implements and contributes to other programs including the Ridge Runners, the Wild Gardens of Acadia, the Acadia Winter Trails Association, invasive plant eradication, wheelchair accessible carriages and trails, Acadia Quest, the Acadia Youth Technology Team, the night sky initiative, the peregrine falcon and hawk watch program, Teacher Ranger Teacher Program, water quality monitoring and a volunteer program that contributes over 2,700 hours of time to maintain Acadia's trails and

Expenses \$ 1,141,017. including grants of \$ 378,573. Revenue \$ 13,281.

Form 990, Part VI, Section A, line 4:

Explanation: The Organization's by-laws were amended in May of 2013 to change the maximum number of Directors that sit on the Board of Directors from 25 to 29. The additional maximum allowable Directors will be for a maximum of 6 years. No later than 2019, the maximum allowable Directors will revert back to 25.

Form 990, Part VI, Section B, line 11:

Explanation: The Form 990 is reviewed by the audit committee. After discussion with the lead and managing auditors the return is signed and filed. Additionally, the full board reviews the Form 990 prior to its

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Employer identification number 01-0425071

filing. However, due to the wishes of a donor who would like to remain anonymous, in 2014 the full board will review the copy for public inspection that excludes the names of donors on Schedule B. In 2015, the board will revert to reviewing the full Form 990.

Form 990, Part VI, Section B, Line 12c:

Explanation: Once a year, a disclosure form is mailed to each board member as well as the members of the development committee and the investment and finance committee. That form is also delivered to the staff. Completion of each form is required; those who do not return the form are mailed another. The answers are then reviewed by the governance/nominating committee who report to the board.

Form 990, Part VI, Section B, Line 15:

Explanation: The policy of the Organization is to periodically use the

Maine Association of Non-Profit's salary and benefits survey to review

current positions and related salaries. Also taken into consideration is

cost of living and rate of inflation statistics. Board's executive

committee sets the president's salary.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, CA, FL, GA, ME, MD, MN, MI, NH, NJ, NY, NC, PA, VA, WA

Form 990, Part VI, Section C, Line 19:

Explanation: The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.