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EXTENSION GRANTED TO 2/15/2013

JUL 1.

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2011

and ending JUN 30.

OMB No 1545-0047

Open to Public Inspection

C Name of organization D Employer identification number Check if applicable Address change MAINE AQUACULTURE INNOVATION CENTER Name change 01-0467869 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-5717 CORBETT HALL, ROOM 438 207-581-2263 Amended return 282,556. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-ORONO, ME 04469-5717 H(a) Is this a group return pending F Name and address of principal officer CHRISTOPHER DAVIS, PHD for affiliates? Yes X No 5717 CORBETT HALL, ORONO, ME 04473 H(b) Are all affiliates included? Yes No Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.MAINEAQUACULTURE.ORG H(c) Group exemption number Year of formation: 1988 M State of legal domicile: ME K Form of organization: X Corporation Part I | Summary Briefly describe the organization's mission or most significant activities. TO STRENGTHEN THE COMPETITIVE Activities & Governance POSITION ON THE DEVELOPMENT AND COMMERCIALIZATION OF NEW MARKETABLE if the organization discontinued its operations or disposed of more than 25% of its net assets 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 2 13 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, line-34 Current Year Prior Year 615,682 267,429. Contributions and grants (Part VIII, line 1h) RS-OSC Revenue <u>9,450.</u> Program service revenue (Part VIII, line 2g) 9,450. Investment income (Part VIII, column (A), lines 3, 4 and 70 FEB 0 4 2013 542. 377. Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e) 16.009. 4.534. 11 281,790. 641,683. Total revenue - add lines 8 through 11 (must equal Part VIII) 60 mm - A line 12) 12 87,080. Grants and similar amounts paid (Part IX, column (A); lines 1-3) 48,318. Benefits paid to or for members (Part IX, column (A), line 4) О. 0. 734. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 52,839. 16a Professional fundraising fees (Part IX, column (A), line 11e) Ο. b Total fundraising expenses (Part IX, column (D), line 25) 118,801. 121,452. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 219,958. 270,266. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 421,725. 11,524. Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 719,741. 20 Total assets (Part X, line 16) 643,707**.** 83,967 148,477. Total liabilities (Part X, line 26) <u>Set</u> 559,740. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of periury, 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 office ⊗ Sign ⊗ Here CHRISTOPHER DAVIS, PHD, EXECUTIVE DIRECTOR Type or print name and title PTIN Preparer's signature Print/Type preparer's name 1.15.13 Vicki Or Vi P00158538 Paid VICKI J VINCENT Firm's name HAVERLOCK, ESTEY & CURRAN Preparer Firm's EIN Firm's address ▶ 8 COMMERCE COURT Use Only

X Yes No Form **990** (2011)

Phone no. 207-945-5695

HAMPDEN, ME 04444-1538

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

	990 (2011) MAINE AQUACULTURE INNOVATION CENTER	01-0467869	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO STRENGTHEN THE COMPETITIVE POSITION ON THE DEVELOPMEN	NT AND	
	COMMERCIALIZATION OF NEW MARKETABLE SPECIES OF FINFISH,		
	AND SEA VEGETABLES BY DEVELOPING TECHNOLOGY TO LOWER INT		AND
	PROVIDE EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	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?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	9
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g		
	others, the total expenses, and revenue, if any, for each program service reported	granto ana anocationo	
4a	(Code) (Expenses \$ 269,500 · including grants of \$) (Revenue)	- Q	750.)
44	TO STRENGTHEN THE COMPETITIVE POSITION ON THE DEVELOPMEN		730.
	COMMERCIALIZATION OF NEW MARKETABLE SPECIES OF FINFISH,		ΔND
	SEA VEGETABLES BY DEVELOPING TECHNOLOGY TO LOWER INDUSTR		AND_
	PROVIDE EDUCATION.	CI COBI AND	
	FROVIDE EDUCATION.		
		<u> </u>	
			
4b	(Code) (Expenses \$) (Revenue)	e \$)
			
			
		<u> </u>	
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$)
4d	Other program services (Describe in Schedule O)	<u></u>	
	(Expenses \$ including grants of \$) (Revenue \$		
40	Total program service expenses ▶ 269.500.		

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21; 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		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		_ 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	1		
	as applicable.	1		
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			}
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	├─	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2011)
		FOrm	99U (ンロココト

01-0467869 Form 990 (2011) MAINE AOUACULTURE INNOVATION CENTER Page 4 Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 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 X 24a Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of X section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 X Form 990 (2011)

36

37

X

X

37

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Page 5

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 4 1a 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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 to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1:	2		
	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	1b	1:	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u>X</u>
6	Did the organization have members or stockholders?			6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?			7b		<u>X</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ne 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 real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
þ	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy beto	ore filing the form?	11a	Х	
b					v	
12a	· · · · · · · · · · · · · · · · · · ·		- (I 1 - O	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk			12b	Λ_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res, a	escribe	40-	х	
40	In Schedule O how this was done			12c	Λ	v
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?	al by i	adopondont	14		
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		idependent			
_	The organization's CEO, Executive Director, or top management official			15a		<u>x</u>
a	Other officers or key employees of the organization			15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
.00	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					,
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		•			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.		•			
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, a	nd 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 a	and red	ords of the organiz	ation 🕨		
	CHRISTOPHER V. DAVIS, Ph.D 207-581-2263					
	5717 CORBETT HALL, ROOM 438, ORONO, ME 04469-571	7				

orm 990 (2011)	MAINE	AQUACULTURE	INNOVATION	CENTER	01-0467869	Page
Part VII Compensation	of Office	rs, Directors, Trus	tees, Key Emplo	yees, Highest Com	pensated	

Employees, and Independent Contractors

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

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

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

Check this box if neither the organizat	ion nor any related	orga	nıza	tion	cor	npei	nsat	ed any current officer, o	director, or trustee	
(A)	(B)							(D)	(E)	(F)
Name and Title	Average	(do			ition	than	one	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	\vdash	ceran	o a o	recto	r/trus	100)	from	from related	other
	(describe	recto						the	organizations	compensation
	hours for related	or d	豐			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trustee or director	Trus		, s	mpen		(***271099***********************************		and related
	ın Schedule	dual t	Itona		g	St CO	<u>~</u>			organizations
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Form			- 3
(1) BRIAN BEAL										
TREASURER	1.00	X		X				0.	0.	0.
(2) PAUL ANDERSON										
DIRECTOR	1.00	X			_		_	0.	0.	0.
(3) JOHN WHALEN	1 00									
PRESIDENT	1.00	X		X		-		0.	0.	0.
(4) GREG LAMBERT	1 00	, .				i		0.	0.	0.
DIRECTOR	1.00	Λ	\vdash		-			U •	0.	0.
(5) SEBASTIAN BELLE	1.00	v						0.	0.	0.
DIRECTOR		Λ						<u>.</u>	· · ·	<u>.</u>
(6) DR. IRA LEVINE, PHD	1.00	y '						0.	0.	0.
DIRECTOR (7) CARTER NEWELL, PHD	1.00	Λ						<u> </u>	<u>.</u>	•
DIRECTOR	1.00	x						12,150.	0.	0.
(8) NICK BROWN	1.00							12/1301	<u> </u>	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(9) IAN BRICKNELL									•	
DIRECTOR	1.00	х		Ì		1		0.	0.	0.
(10) SOREN HANSEN							-			
DIRECTOR	1.00	Х				١		0.	0.	0.
(11) JON LEWIS										
DIRECTOR	1.00	Х						0.	0.	0.
(12) CATHERINE RENAULT, PHD										
DIRECTOR	1.00	X						0.	0.	0.
							1			
			<u> </u>	_	_	<u> </u>	_			
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ			
					-	 	 			
	-	-	-	-			╁╌			
						1				
		•	•		_		_	·	• • • • • • • • • • • • • • • • • • • •	

rar	T VII Section A. Officers, Directors, Tru		nplo	yee			ligh	<u>est</u>	Compensated Employ	ees (continued)	 -			
	, (A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average		not cl		more	than		Reportable	Reportable	Ì		imate	
		hours per week	box	, unle:	ss pe	rson	is boti or/trus	h an	compensation	compensation			ount	of
		(describe						,	from the	from related organizations			other oensa	tion
		hours for	Individual trustee or director			l	L		organization	(W-2/1099-MISC			om the	
		related	0.0	stee			sate		(W-2/1099-MISC)	(** 27 1000 141100	"		ınızat	
		organizations	trusti	al tru		yee	шре		(_	relat	
		ın Schedule	ngna	institutional trustee	ıa	Key employee	Highest compensated employee	海				orga	nızatı	ons
		O)	Ę	Insti	Officer	Key	e ge	Former						
		1										•		
		ļ					<u> </u>							
											ļ			
		<u></u>												
										!				
			<u>.</u>											
		<u> </u>		L	L	L	L	L						
1b	Sub-total Sub-total								12,150.		0.			<u>0.</u>
¢	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)					· ···-	<u> </u>		12,150.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportable				_
	compensation from the organization													0
											Г		Yes	No
3	Did the organization list any former officer			e, ke	y er	npic	yee.	or	highest compensated e	mployee on				7.7
	line 1a? If "Yes," complete Schedule J for s										ŀ	3		X
4	For any individual listed on line 1a, is the si									the organization				.,
	and related organizations greater than \$15			•							- 1	4		<u>X</u> _
5	Did any person listed on line 1a receive or							elat	ted organization or indiv	dual for services		_		.,
	rendered to the organization? If "Yes," con	nplete Schedul	e <i>J</i> 1	or si	uch	per	son				!	5		<u> </u>
	tion B. Independent Contractors							4	U A	£400,000 - £				
1	Complete this table for your five highest co										ensa	uon ti	OITI	
	the organization Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	ıtmır		year			٠,	
	(A) Name and business	address	NI	INC	7				(B) Description of s	services	C	(C omper		n
			TA	OTAT	-							•		
								_						
								l						
								-	_					
								ᅥ						
2	Total number of independent contractors (includina but r	ot l	mite	d to	tho	se li	stec	d above) who received n	nore than				
_	\$100,000 of compensation from the organ	· · · · · · · · · · · · · · · · · · ·					0		,					
						•				· · · · · · · · · · · · · · · · · · ·		Form S	9 90 (2011)

	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	nts, and notes and notes are notes and notes are notes a	267,429.				
<u>8</u> 8	h	Total. Add lines 1a-1f			267,429.			
				Business Code				
ဗ	2 a	PARTICIPATION E	FEE	541380	9,450.	9,450.		
Program Service Revenue	b							
en Si	С							
e a	d							
5	е							
<u>-</u> ا	f	All other program service reve	enue					
\rightarrow	g	Total. Add lines 2a-2f		•	9,450.			
	3	Investment income (including	dividends, intere	est, and				
ŀ		other similar amounts)	>	377.			3.77.	
	4	Income from investment of ta	x-exempt bond p	roceeds				
ŀ	5	Royalties	[•				
		_	(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	•						
	С	, ,		L				
		Net rental income or (loss)		•			-	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
- 1		and sales expenses		-				
		Gain or (loss)	<u> </u>					
	d	• , ,		<u> </u>				
e	8 a	Gross income from fundraisin	-					
Other Reven		including \$	of					
æ		contributions reported on line	•	5,000.				
þe	L	Part IV, line 18	a b	766.				
ŏ		Less: direct expenses Net income or (loss) from fund		700.	4,234.			4,234.
		Gross income from gaming ad	=		4,434.			4,234.
	9 4	Part IV, line 19	a a					
	h	Less direct expenses	b					
		Net income or (loss) from gan	_					
		Gross sales of inventory, less	-					
	.o u	and allowances	а					
	b	Less cost of goods sold	b					
		Net income or (loss) from sale		•				
T		Miscellaneous Revenu		Business Code				
T	11 a	PROJECT SPONSOR		541900	300.	300.		
	b							
	c							
- 1	d	All other revenue	•					
- 1	е	Total. Add lines 11a-11d		. •	300.			
	12	Total revenue See instructions.		_>	281,790.	9,750.	0.	4,611.
13200 01-23	9 12							Form 990 (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respons	se to any question in thi	s 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	87,080.	87,080.		
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	54,040.	54,040.		
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				
8	Pension plan accruals and contributions (include				
-	section 401(k) and section 403(b) employer contributions)	2 200	2 200		
9	Other employee benefits	3,388. 4,306.	3,388. 4,306.		
10	Payroll taxes	4,300.	4,300.		 ·
11	Fees for services (non-employees)				
a	Management				
b	LegalAccounting	2,310.	2,310.		
	Lobbying	2,510.	2,510.		
d	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	58,584.	58,584.		
12	Advertising and promotion	4,626.	4,626.		
13	Office expenses	416.	<u>, </u>	416.	
14	Information technology				
15	Royalties				
16	Occupancy	22,084.	22,084.		
17	Travel	7,960.	7,960.		
18	Payments of travel or entertainment expenses			:	
	for any federal, state, or local public officials		<u></u>		
19	Conferences, conventions, and meetings				····
20	Interest				
21	Payments to affiliates	4			
22	Depreciation, depletion, and amortization	1,354.	1,354.		
23	Insurance				
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	BAD DEBTS	9,308.	9,308.		
b	SUPPLIES & MATERIALS	5,385.	5,385.		
С	MEETINGS/CONFERENCES	2,975.	2,975.		
d	SMALL EQUIPMENT	2,499.	2,499.		
е	All other expenses	3,951.	3,601.	350.	
25	Total functional expenses. Add lines 1 through 24e	270,266.	269,500.	766.	0.
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)				Form 990 (2011)

Pa	rt X	Balance Sheet					
	į				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			332,190.	. 1	533,601.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			307,303.	4	181,130.
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employee		· ·			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)					
	•	employers and sponsoring organizations of sect		•			
		employees' beneficiary organizations (see instru		· 1		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost or other	1				
		basis Complete Part VI of Schedule D	10a	36,310.			
	ь	Less accumulated depreciation	10b	31,300.	4,214.	10c	5,01 <u>0</u> .
	11	Investments - publicly traded securities				11	
	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			15	,	
	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	643,707.	16	719,741.
	17	Accounts payable and accrued expenses		3,590.	17	7,471.	
	18	Grants payable		80,377.	18	141,006.	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
Ś	21	Escrow or custodial account liability Complete I	⊃art IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trus	tees, key employees,			
abi		highest compensated employees, and disqualifi	ed per	sons Complete Part II			
J		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		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				25	
	26	Total liabilities. Add lines 17 through 25			83,967.	26	148,477.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
ũ	27	Unrestricted net assets			559,740.	27	571,264.
3als	28	Temporarily restricted net assets				28	
ğ	29	Permanently restricted net assets				29	
Fund Balances		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔲 and			
ō	l	complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
455	31	Paid-in or capital surplus, or land, building, or ed	Juipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Ž	33	Total net assets or fund balances			559,740.	33	571,264.
	34	Total liabilities and net assets/fund balances			643,707.	34	719,741.

Orn	1990 (2011) MAINE AQUACULTURE INNOVATION CENTER	01-046	7869	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets				<u> </u>		
	Check if Schedule O contains a response to any question in this Part XI						
				-			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28	1,7	90.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	27	0,2	66.		
3	Revenue less expenses. Subtract line 2 from line 1	3			24.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55	9,7	40.		
5	5 Other changes in net assets or fund balances (explain in Schedule O) 5						
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6							
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				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	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schi	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
За	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?	J	3a		Х		
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				
			Form	990 (2011)		
			2	- v			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

			QUACULTURE I						0.1	L-0467869
Part I	Reason f	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part) See inst	ructions		
The organ	ızatıon ıs not a	private foundation l	pecause it is: (For lines 1	through 1	1, check o	only one be	ox.)			
1 🔲	A church, cor	nvention of churches	, or association of churc	ches descr	ibed in se	ction 170(b)(1)(A)(i)	•		
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E)						
з 🔲	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(A)(iii).			
4	A medical res	earch organization of	perated in conjunction	with a hos	oital descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter t	he hospital's name,
	city, and state	e								
5 🗔	An organization	on operated for the	penefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unit	t describe	ed in
	section 170((b)(1)(A)(ıv). (Comple	te Part II)							•
6	A federal, sta	te, or local governme	ent or governmental unit	described	l in section	n 170(b)(1)(A)(v).			
7 X	An organization	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic described in
	section 170(l	b)(1)(A)(vi). (Comple	te Part II)							
8 🔲			ection 170(b)(1)(A)(vi). (Complete	Part II.)					
9 🔲	An organization	on that normally rec	eives (1) more than 33 1	/3% of its	support fr	om contril	outions, m	nembership	o fees, ar	nd gross receipts from
			ctions - subject to certa							
			axable income (less sect							
		509(a)(2) . (Complete								
10	An organization	on organized and op	erated exclusively to te	st for publi	c safety S	ee sectio	n 509(a)(4	l).		
11 🔲	An organizati	on organized and or	erated exclusively for th	ne benefit d	of, to perfo	rm the fur	ictions of,	or to carry	y out the	purposes of one or
	more publicly	supported organiza	tions described in section	on 509(a)(1) or sectio	n 509(a)(2) See sec	tion 509(a	a)(3). Che	eck the box that
	describes the	type of supporting	organization and comple	ete lines 1	le through	11h				
	a Type I	b] Type II c	: 🔲 Тур	e III - Func	tionally int	egrated		d L	Type III - Other
е 🗀	By checking t	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	r more disc	qualified p	persons other than
	foundation m	anagers and other t	nan one or more publicly	y supporte	d organiza	itions desc	ribed in s	ection 509	a)(1) or	section 509(a)(2)
f	If the organiza	ation received a writ	ten determination from t	he IRS tha	ıt ıt ıs a Ty	pe I, Type	II, or Type	e III		
	supporting or	rganization, check th	is box							
g	Since August	17, 2006, has the c	rganization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?	
	(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	escribed i	ın (ıı) and (ı	III) below,	Yes No
	the gove	erning body of the si	ipported organization?							11g(ı)
	(ii) A family	member of a persor	n described in (i) above?							11g(II)
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	?					11g(iii)
h	Provide the fo	ollowing information	about the supported or	ganızatıoni	(s)					
		,		,				,		
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio	the	(vii) Amount of
org	anization		(described on lines 1-9	in col. (i) lis governing				l(i) organiz	ed in the	support
			above or IRC section					U.S.		
			(see instructions))	Yes	No	Yes	No	Yes	No	
						'				
]						1	
					-			ļ		
								ļ		
				 			_			
					<u> </u>					

Schedule A (Form 990 or 990-EZ) 2011 <u>M</u>	ATNE AOUA	CULTURE T	NNOVATTON	CENTER	01-046	7869 Page 2
Part II Support Schedule for	Organizations	Described in	Sections 170	b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)
(Complete only if you checked fails to qualify under the tests			_	n failed to qualify u	inder Part III. If the	organization
	listed below, plea	se complete Part i	"'	·	·	
Section A. Public Support	() 0007	# > 0000	4 > 0000	(.), 2010	(-) 0011	(0 T-1-1
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received (Do not)					ļ	
include any "unusual grants ")	183,893.	605.066.	174.529.	625,132.	276,879.	1865499.
2 Tax revenues levied for the organ-	200,000		2,2,323.	023,2021	2,0,0.53	
ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities					-	
furnished by a governmental unit to		İ				
the organization without charge						
4 Total. Add lines 1 through 3	183,893.	605,066.	174,529.	625,132.	276,879.	1865499.
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11, column (f)						
• •						1865499.
6 Public support. Subtract line 5 from line 4 Section B. Total Support						1003433.
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	183,893.	605,066.	174,529.	625,132.	276,879.	1865499.
8 Gross income from interest,					, _ ,	
dividends, payments received on		İ				
securities loans, rents, royalties						
and income from similar sources	6,846.	1,882.	828.	542.	377.	<u> 10,475.</u>
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital	9,334.			23,957.	300.	33,591.
assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10	3,334.			43,931.	300.	1909565.
12 Gross receipts from related activities,	etc (see instruction	ne)	1		12	107,824.
13 First five years. If the Form 990 is for	•	•	d. fourth. or fifth ta	ו ax vear as a section		107,021.
organization, check this box and stor	J	,	a, roam, or min to	. ,		
Section C. Computation of Publ		rcentage				
14 Public support percentage for 2011 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	97.69 %
15 Public support percentage from 2010	Schedule A, Part	II, line 14			15	97.64 %
16a 33 1/3% support test - 2011. If the o	-			14 is 33 1/3% or m	nore, check this bo	
stop here. The organization qualifies						► [X]
b 33 1/3% support test - 2010. If the				line 15 is 33 1/3%	or more, check th	nis box
and stop here. The organization qual	•	• •		10 10 10-		▶ ـ
17a 10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	THECK A DOX ON LINE	: 13, 16a, or 166, a	ma line 14 is 10%	or more,

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

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

Schedule A (Form 990 or 990-EZ) 2011 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						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude 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					 	
7a Amounts included on lines 1, 2, and					 	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received				1	 	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		1	l	1		L
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	(a) 2001	(6) 2000	(6) 2003	(4) 2010	(6) 2011	(1) 10.0.
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income					 	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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.)		 			 	
13 Total support (Add lines 9, 10c, 11, and 12)14 First five years. If the Form 990 is for	the organization!	e first socood the	d fourth or fifth to	av vear as a sect		ration.
•	the organization	s mst, second, thir	u, rourtii, or iiith ti	an year as a sect	on sortojoj organiz	.a.ioii,
check this box and stop here Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2011 (li			column (fl)		15	
			SOIGHTH (I))		15	
16 Public support percentage from 2010 Section D. Computation of Inves					16	
			no 12 polymp (f)		47	
17 Investment income percentage for 20			ie io, column (i))		17	
18 Investment income percentage from 2			on line 4.4 cmd time	0 16 10 mars the=	18	17 is not
19a 33 1/3% support tests - 2011. If the						ı ∕ıs not ⊾ ┌─
more than 33 1/3%, check this box ar	•	-	· · · · · · · · · · · · · · · · · · ·	· · ·		▶ ∟
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, che	CK this dox and s	top here. The orga	anization qualifies	as a publicly sup	ported organization	▶ <u>∟</u>

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. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

MAINE AQUACULTURE INNOVATION CENTER

Employer identification number 01-0467869

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	si delle devices, el le dis, elle parpees	Yes No
Pai		ganization answered "Yes" to Form 990. F	
1	Purpose(s) of conservation easements held by the organizat		·
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired	• •	
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	
Ū	year ▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		luring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pai	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
·	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	if the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS		
а			> \$
	Assets included in Form 990, Part X		. • \$

_	dule D (Form 990) 2011 MAINE AQU									Page <u>2</u>
Par	t III Organizations Maintaining Coll	ections of Ar	t, Hist	orical Tre	easures, c	or Other	Simil	<u>ar Asse</u>	ts (contin	nued)
3	Using the organization's acquisition, accession,	and other records	s, check	any of the	following tha	t are a sig	nıfıcant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d		Loan or excl	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explair	n how th	ey further th	ne organizati	on's exem	pt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or re									
-	to be sold to raise funds rather than to be maint								Yes	☐ No
Par	t IV Escrow and Custodial Arrange					"Yes" to F	orm 990	Part IV.	line 9, or	
	reported an amount on Form 990, Part X			3					•	
	Is the organization an agent, trustee, custodian		lary for	contribution	s or other as	sets not ir	ncluded		-	
10	on Form 990, Part X?				0 0, 0 11, 0, 00				Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV and	d complete the fol	llowing 1	ahle						
U	in res, explain the arrangement in rate XIV and	2 complete the for		abic					Amount	
	Paginning halanga						1c		Amount	
C	Beginning balance						1d			
d	Additions during the year									
e	Distributions during the year						1e			
f	Ending balance	OOO Doot V line	010				1f		Yes	□ No
2a	Did the organization include an amount on Form	1 990, Part A, line	217						_ res	NO
Par	t V Endowment Funds. Complete if the		awarad	"Vaa" ta Fa	rm 000 Dod	N/ line 10				
Fai	······································	<u>-</u>			ĭ			b	() Court	
	 	a) Current year	(b) P	rior year	(c) Two year	rs back (c	i) Three y	ears back	(e) Four	years back
1a	Beginning of year balance						<u> </u>			
þ	Contributions									
¢	Net investment earnings, gains, and losses									
d	Grants or scholarships				·					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	t year end balanc	e (line 1	g, column (a	ı)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	equal 100%								
За	Are there endowment funds not in the possession	on of the organiza	ation tha	at are held a	nd administe	red for the	e organiz	zation	_	
	by								,	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required o	n Sched	dule R?					3ь	
4	Describe in Part XIV the intended uses of the or	ganization's endo	<u>wment</u>	funds						
Par	t VI Land, Buildings, and Equipmer	1t. See Form 990), Part X	, line 10						
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Acc	cumulate	∌d	(d) Book	value
	• • • •	basis (investm	nent)		(other)	depi	eciation			
1a	Land									
	Buildings								-	
c	Leasehold improvements									
d	Equipment			2	7,498.		23,5	92.	3	3,906.
	Other				8,812.		$\frac{-0,0}{7,7}$,104.
	Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part	Y colur	nn (P) line 1		-				

Schedule D (Form 990) 2011

(9) (10) (11)

	dule D (Form 990) 2011 MAINE AQUACULTURE INNOVATION CEN		01-0467869 Page 4
Par	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited	Financial Stat	ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	<u> </u>
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses .	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10 Dor	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 † XII Reconciliation of Revenue per Audited Financial Statements With	Povonuo por	Poturn
		nevenue per	
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12		1
2	i i		
a			-
b			
C	, , ,		-
d	Other (Describe in Part XIV) Add lines 2a through 2d		7 20
e	Subtract line 2e from line 1		2e 3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4a 4b		-
b	Add lines 4a and 4b		- _{4c}
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
	rt XIII Reconciliation of Expenses per Audited Financial Statements With	n Expenses pe	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		7
c	Other losses 2c		7
d	Other (Describe in Part XIV)		7
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Pai	rt XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines	1b and 2b, Part V, line 4, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this pa	rt to provide any a	dditional information
			
			· <u> · · · · · · · · · · · · · · ·</u>

2 | Employer identification number 01 - 0467869Open to Public OMB No 1545-0047 CONDUCTING RESEARCH ON 2011 Inspection (h) Purpose of grant or assistance X Yes BEHALF OF MAIC Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization (below if applicable cash grant assistance cash grant loops).

(d) Amount of cash grant II can be duplicated if additional space is needed in additional space in additional space is needed in additional space is needed in additional space in additional space is needed in additional space in additional space is needed in additional space in additional space is needed in additional space in additional space is needed in additional space in additional space is needed in additional space in additional space is needed in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in additional space in add Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. BOOK Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ο. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 87,080 MAINE AQUACULTURE INNOVATION CENTER 01-6000769 General Information on Grants and Assistance cntena used to award the grants or assistance? 1 (a) Name and address of organization UNIVERSITY OF MAINE Name of the organization 5717 CORBETT HALL Department of the Treasury ORONO ME 04469 Internal Revenue Service SCHEDULE (Form 990) Part Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Page 2 (f) Description of non-cash assistance 01-0467869 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed EXPENDITURES ASSOCIATED WITH THE GRANT TO ENSURE THAT MONEY IS BEING SPENT Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: REPORTS ARE PREPARED AND REVIEWED FOR (d) Amount of non-cash assistance MAINE AQUACULTURE INNOVATION CENTER (c) Amount of cash grant (b) Number of recipients PROPERLY FOR EACH GRANT PURPOSE. (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III

132102 01-27-12

SCHEDULE O

(Form 990 or 990-EZ)

, Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number MAINE AOUACULTURE INNOVATION CENTER 01-0467869 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SPECIES OF FINFISH, SHELLFISH AND SEA VEGETABLES BY DEVELOPING TECHNOLOGY TO LOWER INDUSTRY COST. ALSO PROVIDING EDUCATION. FORM 990, PART VI, SECTION B, LINE 11: EACH BOARD MEMBER REVIEWS THE 990 RETURN BEFORE RETURN IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: AT EACH BOARD MEETING BOARD MEMBERS ARE REMINDED OF THE TERMS OF THE CONFLICT OF INTEREST POLICY AND ASKED TO DISCLOSE ANY CONFLICTS IF THEY BELIEVE THERE MAY BE ONE. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION MAINTAINS GOVERNING DOCUMENTS & FINANCIAL STATEMENTS ON FILE IN OFFICE AND MADE AVAILABLE UPON REQUEST.

4562 Form

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

➤ Attach to your tax return.

OMB No 1545-0172
2011

Attachment Sequence No 179

tment of the freasury at Revenue Service (99) ► See separate instructions.

Business or activity to which this form relates

990

Sequence No 17
Identifying number

MAINE AQUACULTURE INNO						PAGE 10		01-0467869
Part Election To Expense Certain Property	Under Section 17	79 Note: If yo	ou have any lis	ted pro	perty,	complete Part	V before y	
1 Maximum amount (see instructions)	1	500,000.						
2 Total cost of section 179 property placed	2							
3 Threshold cost of section 179 property b	3	2,000,000.						
4 Reduction in limitation Subtract line 3 from	om line 2 If zero	or less, ente	er -0-				4	
5 Dollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter	-0- If married fil	ing separately, see	nstruct	ions		5	
6 (a) Description of prop	erty		(b) Cost (busin	ess use o	only)	(c) Elected	cost	
				1				
7 Listed property. Enter the amount from li			-\	<u>,</u>	7	•		
8 Total elected cost of section 179 proper	•	in column (c), lines 6 and	1			8	
9 Tentative deduction Enter the smaller of							9	· · -
10 Carryover of disallowed deduction from I					_		10	
11 Business income limitation. Enter the sm					ne 5		11	
12 Section 179 expense deduction Add line				ne 11			12	
13 Carryover of disallowed deduction to 20					13			
Note: Do not use Part II or Part III below for				da liata				·
Part II Special Depreciation Allowan 14 Special depreciation allowance for qualif		· -	•					
	ied property (of	ier man iiste	ed property) pr	aceu ii	Servic	Se during	144	
the tax year							14	
15 Property subject to section 168(f)(1) elec	tion						15	1,354.
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not				<u>, </u>			16	1,354.
Part III MACRS Depreciation (Do not	include listed pr		ection A	<u>, </u>				
				_			47	<u> </u>
17 MACRS deductions for assets placed in	•	_	_				¬ <u>17</u>	<u> </u>
18 If you are electing to group any assets placed in service Section B - Assets F							tion Syst	
Section B - Assets F	(b) Month and		or depreciation				lion Syst	
(a) Classification of property	year placed in service	(business/i	investment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				2	5 yrs		S/L	
	/			27	5 yrs	ММ	S/L	
h Residential rental property	/				.5 yrs	MM	S/L	
	/			1	9 yrs	ММ	S/L	
i Nonresidential real property	/					MM	S/L	
Section C - Assets PI	aced in Service	During 201	1 Tax Year U	sing th	ne Alte	rnative Depre	ation Sy	stem
20a Class life							S/L	
b 12-year				1	2 yrs.		S/L	
c 40-year	/			4	0 yrs.	MM	S/L	
Part IV Summary (See instructions)								
21 Listed property Enter amount from line	28						21	
22 Total. Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 2	0 in column (g), and	lıne 21			
Enter here and on the appropriate lines	of your return. P	artnerships :	and S corpora	tions -	see in:	str	22	1,354.
23 For assets shown above and placed in s	ervice during the	e current ye	ar, enter the					
portion of the basis attributable to section	on 263A costs				_23			

	•														
For	m 4562 (2011)	MAI	NE AQUAC	ULTU	JRE I	INNO	VATI	ON	CENTE	R		01-	0467	869 1	Page 2
P	art V Listed Propert amusement)	ty (include a	utomobiles, cert	ain othe	er vehicl	es, cert	ain comp	puters	, and prop	erty use	d for er	ntertainm	ent, rec	reation, o	or
	Note: For any	vehicle for wi Section A, all	hich you are usii of Section B, ai	ng the s nd Secti	tandard ion C if a	mileage applicat	e rate or ole.	deduc	ting lease	expense	e, comp	lete only	y 24a, 24	1b, colun	nns (a)
	Section A -	Depreciation	on and Other In	format	ion (Cau	ution: S	ee the in	struci	tions for lii	nits for p	asseng	er auton	nobiles.)		
248	Do you have evidence to s	support the bu	siness/investment	use clai	ımed?	<u></u> Y€	s 🗔	No	24b If "Y	es," is t <u>h</u>	e evidei	nce writt	en?	Yes [☐ No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	l oth	(d) Cost or er basis		(e) s for depre iness/inves use only)	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Elec sectio co	n 179
25	Special depreciation allo		•	operty	placed ii	n servic	e during	the ta	x year an	d			-		
_	used more than 50% in										25		-		
<u>26</u>	Property used more tha	n 50% ın a q		s use								1		-	
_			%			_									
_			%	 		 									
	<u> </u>	<u>L </u>	<u>%</u>	l								<u> </u>		<u> </u>	
<u>27</u>	Property used 50% or le	ess in a quali	1	se.										- -	
	•	.	<u>%</u>							S/L -		 			
		 	<u>%</u>	 						S/L ·		 -			
_		<u> </u>	%	<u> </u>						S/L -	T				
	Add amounts in column		_			line 21,	page 1				28	<u> </u>	Т	-	
<u>29</u>	Add amounts in column	(I), line 26 E	· · · · · · · · · · · · · · · · · · ·				on Use o	- 6 3 7 - 1-					29		
	mplete this section for ve ou provided vehicles to y														
tho	se vehicles		es, ilist aliswer	·				see if y				· -		ſ	
_	se vehicles			(a))	(t)		(c)	(c	(t	(4	e)	(f))
_	se vehicles Total business/investment	miles driven d		·))				(t	· -	e)	ſ)
30	se vehicles Total business/investment year (do not include comm	miles driven d	uring the	(a))	(t)		(c)	(c	(t	(4	e)	(f))
30	se vehicles Total business/investment year (do not include community total commuting miles of	miles driven d nuting miles) driven during	uring the	(a))	(t)		(c)	(c	(t	(4	e)	(f))
30	se vehicles Total business/investment year (do not include commoting miles of Total commuting miles of	miles driven d nuting miles) driven during	uring the	(a))	(t)		(c)	(c	(t	(4	e)	(f))
30 31 32	Total business/investment year (do not include commuting miles of Total other personal (no driven	miles driven d nuting miles) driven during ncommuting	uring the	(a))	(t)		(c)	(c	(t	(4	e)	(f))
30 31 32	Total business/investment year (do not include commuting miles of Total other personal (no driven Total miles driven during	miles driven d nuting miles) driven during ncommuting g the year	uring the	(a))	(t)		(c)	(c	(t	(4	e)	(f))
30 31 32 33	Total business/investment year (do not include commutating miles of Total other personal (no driven Total miles driven during Add lines 30 through 32 Was the vehicle availab	miles driven d nuting miles) driven during ncommuting g the year	uring the the year n) miles	(a))	(t)		(c) ehicle	(c	t)	(4	e)	(f))
30 31 32 33 34	Total business/investment year (do not include commuting miles of Total commuting miles of Total other personal (no driven Total miles driven during Add lines 30 through 32 Was the vehicle availab during off-duty hours?	miles driven d nuting miles) driven during ncommuting g the year le for person	uring the	(a) Vehii) icle	(the Veh	o) icle	V	(c) ehicle	(c Veh	icle	Veh	e) nicle	(f) Veh) icle
30 31 32 33 34	Total business/investment year (do not include commuting miles of Total commuting miles of Total other personal (no driven Total miles driven during Add lines 30 through 32 Was the vehicle availab during off-duty hours? Was the vehicle used printing and the second process of the second process.	miles driven d nuting miles) driven during ncommuting g the year de for person	uring the	(a) Vehii) icle	(the Veh	o) icle	V	(c) ehicle	(c Veh	icle	Veh	e) nicle	(f) Veh) icle
30 31 32 33 34 35	Total business/investment year (do not include commuting miles of Total other personal (no driven Total miles driven during Add lines 30 through 32 Was the vehicle availab during off-duty hours? Was the vehicle used pithan 5% owner or related	miles driven d nuting miles) driven during ncommuting g the year le for person rimarily by a led person?	uring the I the year I) miles al use more	(a) Vehii) icle	(the Veh	o) icle	V	(c) ehicle	(c Veh	icle	Veh	e) nicle	(f) Veh) icle
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Form '**8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			► LX.
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	this form)		
Do not co	emplete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a co	poration
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for 1	ransfers A	Associated With (Certain
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the elec	ctronic filing of this	s form,
visit www	irs gov/efile and click on e-file for Chanties & Nonprofits	1			_	
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and o	complete		
Part I only	,		_			
	orporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to reques	t an exter	ision of time	
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification nui	nber (EIN) or
print	 MAINE AQUACULTURE INNOVATION	ON CEI	NTER	X	01-04678	869
File by the due date for	Number, street, and room or suite no. If a P.O. box, s				curity number (SS	
filing your	5717 CORBETT HALL, ROOM 438				carry namber (Sc	J14)
return See instructions	City, town or post office, state, and ZIP code For a for ORONO, ME 04469-5717		lress, see instructions.			
Enter the	Return code for the return that this application is for (file	a conara	to application for each return)			0 1
	Total Total Total Trial trial application is for the	a sopara	te application for each return,			
Application	on	Return	Application			Return
Is For		Code	Is For		-	Code
Form 990		01	Form 990-T (corporation)			07
Form 990	BL	02	Form 1041-A			08
Form 990	EZ	01	Form 4720			09
Form 990	PF	04	Form 5227		··	10
Form 990	T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above)	06	Form 8870			12
• The bo	CHRISTOPHER V. oks are in the care of 5717 CORBETT H		-	E -	04469-571	.7
Teleph	one No ▶ <u>207-581-2263</u>		FAX No 🕨			
	rganization does not have an office or place of busines				Ī	L
If this is	s for a Group Return, enter the organization's four digit	1				
box 🕨 L	If it is for part of the group, check this box	and atta	ich a list with the names and EINs of	all memb	ers the extension	ıs for
	quest an automatic 3-month (6 months for a corporation	•	•			
· · · · · · · · · · · · · · · · · · ·	FEBRUARY 15, 2013 , to file the exemp	t organıza	tion return for the organization name	ed above	The extension	
ıs fo	or the organization's return for					
►L	calendar year or					
►L	X tax year beginning JUL 1, 2011	, an	d ending <u>JUN 30, 2012</u>			
2 If th	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on	Fınal retur	'n	
	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		-	
	refundable credits. See instructions			3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	•				_
	mated tax payments made Include any prior year overp		****	3b	\$	0.
	ance due. Subtract line 3b from line 3a Include your pa	•	• • •			_
	using EFTPS (Electronic Federal Tax Payment System)			3c		0.
Caution.	If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Fo	orm 8879-	EO for payment in	structions