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Form **990-EZ**

Department of the Treasury Internal Revenue Service

DAA

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$5,00,000 and total assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the	2009 calend	ar year,	or tax year beginning	07/01/09	and ending	06/	30/10)			
В	Check if	applicable	Please	C Name of organization	n					D	Empl	oyer identification number
-	Address Name ch	•	use IRS label or	BIDDEFORD 1	POOL COMMUN	тту сьи	3				01-	-0435893
H	Initial ret	•	print or type.		O box, if mail is not deliver			-	Room/suite	E		phone number
\vdash	Termina		See	P.O. BOX 24		34 15 511551 45411	,,,,		1100111100110	-	•	7-282-5845
H	Amende		Specific	City or town, state or cour						F		p Exemption
П		ion pending	Instruc- tions.	BIDDEFORD I	•	ME 040	06-	0247			Numl	
				zations and 4947(a)(1)	•	trusts must a	ttach		G Accounting	ng mei	thod	Cash X Accrual
		, , ,	a coi	npleted Schedule A (Fe	orm 990 or 990-EZ).				Other (specify) >		
ī	Websit	te: N/	Ά						H Check ▶	X	ıf the	organization is not
J	Tax-exe	empt status (ch	eck only on	e) – X 501(c) (3) ∢ (insert no)	4947(a)(1)	or	527	required 1 990-EZ, c	o átta or 990	ch Sche -PF)	organization is not idule B (Form 990,
K	Check	▶ □	ıf the or	ganization is not a section	on 509(a)(3) supporting	organization a	nd its g	gross rece	eipts are norm	ally n	ot mor	re than \$25,000 A
	Form 9	90-EZ or Forn	n 990 re	turn is not required, but i	f the organization choo	ses to file a ret	urn, be	sure to f	le a complete	retur	n	
<u>L</u>				to determine gross receipts							▶ \$	30,471
F	art i	Reven	ue, Ex	penses, and Chan	ges in Net Assets	or Fund B	alanc	es (S	<u>ee the inst</u>	<u>ucti</u>	ons f	
	1	Contributions,	gıfts, graı	nts, and similar amounts rec	eived					1	1	50
	2			enue including governme	ent fees and contracts	_	_				2	
	3	•		d assessments		Se	ee S	state	ment 1	-	3	7,035
;	4	Investment					1 _	ı		-	4	8,660
	5a			ale of assets other than	•		5a	 				
	b			asis and sales expenses of assets other than invento		no 50)	5b			\dashv	-	
. 0	6 c			rities (complete applicable p	• •	•	amina	chack har		1 F	5c	
, nue	a	•		ncluding \$		ntributions	anning	, CHECK HE		J		
Revenue	"	reported on	•	Ψ		THI BUILDING	6a	1	14,7	26	1	
Ŀ	b	•	•	s other than fundraising	expenses		6b		5,6	73		
	C		•	from special events and	•	6b from line 6					6c	9,053
	7a			tory, less returns and all	,		7а					<u>, </u>
	b	Less cost of		•			7b					
	С	Gross profit	or (loss)	from sales of inventory	(Subtract line 7b from li	ne 7a)					7c	
	8	Other revenu	ue (desc	ribe 🕨	•	P				_) [8	
_	9	Total reven	ue. Add	lines 1, 2, 3, 4, 5c, 6c, 7d	c, and 8	REC	<u> </u>	<u>/ED</u>		▶	9	24,798
	10	Grants and s	sımılar aı	mounts paid (attach sche	edule)				<u> </u>	L	10	4,050
	11	Benefits paid	d to or fo	r members		8 иол	26	2010	ŏ	Ļ	11	
_ s	12			ensation, and employee		<u></u>			0-8	-	12	
Sesue FUIN	13			d other payments to inde	•	<u> </u>			ıκ	}	13	985
	14			ities, and maintenance		OGE	<u>)FN</u>	<u>, U I</u>		- }	14	6,957
₩ Exp	15			, postage, and shipping						. }	15	667
	'*			cribe See St	atement 2				<u> </u>	`	16	5,404
ا	17	•		lines 10 through 16	47 from line (1)	····					17	18,063 6,735
ţş.	18 19	· ·		r the year (Subtract line alances at beginning of y	•	na (A)) (must a	araa			-	18	0,733
i se	19			ported on prior year's rel	•	iiii (A)) (iiiust a	gree w	nu i			19	240,383
NOWED Net Assets	20	•	•	assets or fund balances	•					ŀ	20	
Žž	21	•		alances at end of year C	• • •	ah 20					21	247,118
F	art II			ets. If Total assets on			more. 1	file Form	990 instead of	Forn		
ئىسىن بو				(See the instructions for			,	T .	Beginning of year			(B) End of year
22	Cash, s	savings, and ii	nvestme		•				18,4	63	22	25,198
23	Land a	nd buildings							221,9	20	23	221,920
24	Other a	assets (descri	be 🕨)				24	
25	Total a	ssets							240,3	83	25	247,118
		i ab ılıties (des		·)			0	26	0
_				s (line 27 of column (B)					240,3	83	27	247,118
FΩ	r Privac	v Act and Par	nerwork	Reduction Act Notice	see the senarate inst	tructions						Form 990-F 7 (2009)

Form 990-EZ (2009) BIDDEFORI	D POOL COMMUNITY CL	<u>UB 01</u>	<u>-0435893</u>			Page_2
Part III Statement of Progra	am Service Accomplishments	(See the instruct	ons for Part III	.)	Ex	penses
What is the organization's primary exempt	purpose?				(Required	for section
See Statement 3					501(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying ou					organizatio	ons and section
manner, describe the services provided, th	e number of persons benefited, or other	r relevant information foi	•		4947(a)(1)	trusts, optional
each program title		<u> </u>			for others)
28 MAINTAINED A FREE LENDING I	LIBRARY OFFERING A VARIETY OF					
READING MATERIALS AND STRUC	CTURED ACTIVITIES TO THE					
RESIDENTS AND VISITORS OF B	BIDDEFORD, MAINE.				ļ	
(Grants \$	If this amount includes foreign grants,	check here	•		28a	3,958
29 MADE CHARITABLE GRANT TO B	IDDEFORD FREE CLINIC, AN					
ORGANIZATION PROVIDING ACC	ESSIBLE AND FREE OUTPATIENT					
CARE TO ADULTS AND CHILDREN	N WITHOUT HEALTH INSURANCE.					
(Grants \$ 1,800)	If this amount includes foreign grants,	, check here	_		29a	4,469
30 COORDINATED SUMMER CONCERT	SERIES THAT WOULD OTHERWISE					
BE DIFFICULT TO ATTAIN IN I	BIDDEFORD POOL AREA.					
(Grants \$ 2,250)	If this amount includes foreign grants,	, check here	<u> </u>		30a	8,909
31 Other program services (attach sched	ule)					
(Grants \$	If this amount includes foreign grants,	, check here			31a	<u> </u>
32 Total program service expenses (ad	id lines 28a through 31a)			▶_	32	17,336
Part IV List of Officers, Director	rs, Trustees, and Key Employees. List	t each one even if not co	mpensated (See the			Part IV)
		(b) Title and average	(c) Compensation		Contributions to yee benefit plans &	(e) Expense
(a) Nam	e and address	hours per week devoted to position	(If not paid, enter -0)		red compensation	account and other allowances
SUSAN MACCALOUS	BIDDEFORD	DIRECTOR				
278 WEST STREET	ME 04005	2.00	l 0		0	o
EVE MCPHEETERS	BIDDEFORD POOL	DIRECTOR				
PO BOX 224	ME 04006	2.00	0		0	٥
AL SHINKEL	BIDDEFORD POOL	DIRECTOR		-		
PO BOX 206	ME 04006	2.00	0		0	
BETH BASKIN	BIDDEFORD	DIRECTOR			.	
456 WEST STREET	ME 04005	2.00	0		0	
LEON TRANCHEMONTAGNE	BIDDEFORD	DIRECTOR	<u>-</u>		<u>.</u>	
92 OLD POOL ROAD	ME 04005	2.00			0	,
ALLEN EASTWOOD	BIDDEFORD	EX-OFFICIO	 			
108 GRANITE ST	ME 04005	4 00			0	
ADA GOFF	BIDDEFORD	PRESIDENT	<u>-</u>			<u>-</u>
456 WEST ST	ME 04005	4.00			0	0
BONNIE TALLAGNON	BIDDEFORD	DIRECTOR	 			
40 GRANNETT POINT RD	ME 04005	2.00			n	ا
MATHEW POFTAK	BIDDEFORD POOL	TREASURER	· · · · · · ·			×
	ME 04006	4.00			0	, ا
67 ORCUTT BLVD	BIDDEFORD	VICE PRES				<u>×</u>
GARNET COLPITTS			_		0	, ا
11 OCEANVIEW DRIVE MARYSUE EINHISER	ME 04005	4.00 SECRETARY	-			
	BIDDEFORD POOL				0	,
15 SEVENTH ST	ME 04006	d.00	<u> </u>			
TONI SIPKA	BIDDEFORD POOL		,		0	,
115 MILE STRECH ROAD	ME 04006	2.00				
				 		
			1			
				-		-
			1			
			 	-		
			1	-		
			 			

Pa	Other Information (Note the statement requirements in the instructions for I	<u>'art V.)</u>			
	•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				l
	description of each activity		33	 	X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	reported			Ė
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				ĺ
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				
	6033(e) notice, reporting, and proxy tax requirements?		35a	\vdash	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	$\vdash \vdash \vdash$	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N	1	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	<u> </u>	┨	1 1	
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	!			
_	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	1	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		-[ĺ
39	Section 501(c)(7) organizations Enter				ĺ
a	Initiation fees and capital contributions included on line 9	 	-		
b	Gross receipts, included on line 9, for public use of club facilities		-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			1 1	Ī
	section 4911 ►				ĺ
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benef	it		1	ŧ
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		ŀ		ĺ
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		404		x
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		_^
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958 Section 501(a)(2) and 501(a)(4) accompations. Enter amount of tay on line 40a				
- d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
_	reimbursed by the organization				
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		40e		х
41	List the states with which a copy of this return is filed None		1406	<u> </u>	
42a		Telephone no ▶ 207	7-28	2-5	845
72a	67 ORCUTT BLVD	elephone no P 201			0 10
	Located at ▶ BIDDEFORD POOL, ME	ZIP+4 ▶ 04 0	006		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	211 / 4 /			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b	. 33	X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	 			
	and Financial Accounts.				I
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		x
•	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
	,	. (
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If				
	"Yes," Form 990 must be completed instead of Form 990-EZ		45]]	x
		F	orm 99	0-EZ	(2009

11/15/10

Associates,

employed >

Form 990-EZ (2009)

01-0353028

207-284-5943

Yes

P00047158

EIN

Phone

Paid

Preparer's

Use Only

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed).

dimensky,

P.O.

May the IRS discuss this return with the preparer shown above? See instructions

Saco,

Box

ME

760

04072

Engstrom &

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 2009

Open to Public Inspection

Name of the organization
BIDDEFORD POOL COMMUNITY CLUB

Employer identification number

01-0435893

Pa	art I	Reas	on for Public Charity S	Status (All organizations	must c	omplete	this p	art.) S	ee ins	tructio	ons		
he	orga	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box)	-						
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A	A)(i).						
2	\Box		cribed in section 170(b)(1)(A										
3	П			e organization described in secti	on 170(b	(1)(A)(iii)							
4	П	•	•	in conjunction with a hospital de	• •			(A)(iii).	Enter th	e hospi	tal's name.		
		city, and state	•	,						·-·	•		
5		-		a college or university owned or	operated	by a gove	ernmenta	al unit de	escribed	ın			
		=	b)(1)(A)(iv). (Complete Part I			-, - ,							
6		•		vernmental unit described in sec	tion 170(b)(1)(A)(v	r).						
7	П		-	ubstantial part of its support from			•	n the ae	neral pu	blic			
	_		section 170(b)(1)(A)(vi). (Co		J								
8				70(b)(1)(A)(vi). (Complete Part II	1)								
9	X	•		more than 33 1/3 % of its suppo	•	ntribution	s, memb	ership fe	ees, and	d gross			
. -				ot functions—subject to certain e				-		-			
		-	•	d unrelated business taxable inco	•								
		acquired by the	- he organization after June 30	, 1975 See section 509(a)(2). (Complete	Part III)	•						
10		An organizati	on organized and operated e	xclusively to test for public safety	y See sec	tion 509(a	a)(4).						
11		An organizati	on organized and operated e	xclusively for the benefit of, to pe	erform the	functions	of, or to	carry ou	it the				
		purposes of c	one or more publicly supporte	d organizations described in sec	tion 509(a)(1) or se	ction 509	9(a)(2) S	See sec	tion			
		509(a)(3) . Ch	eck the box that describes th	e type of supporting organization	n and com	plete lines	11e thr	ough 11	h				
		a 🗌 Type	I b Type II	c Type III–Functions	ally integra	ated	d [Тур	e III-Ot	her			
е		By checking t	his box, I certify that the orga	inization is not controlled directly	or indirec	tly by one	or more	disqual	ıfied				
		persons other	r than foundation managers a	and other than one or more public	cly suppor	ted organ	ızatıons	describe	ed in sec	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organization	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	Type III s	upportin	ıg				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	ion from a	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	ith person	s describe	ed in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(ı)		
		•	member of a person describe	**							11g(ii)		<u> </u>
•		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)		<u> </u>
h		Provide the f	ollowing information about the	e supported organization(s)	,								
(1)		e of supported	(II) EIN	(iii) Type of organization		organization		rou notify	(vi) organizat	s the	(vii) Am		
	Oig	janization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nization in of your		zed in the	supp	οστ	
				(see instructions))			sup	oort?	U	S?			
					Yes	No	Yes	No	Yes	No			
					-								
					-			 			··-		
				-	ļ								
		·_			 			-					
ota	ı				1	1	1						

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

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the

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

organization 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

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Page 3

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.)

Sec	tion A. Public Support		<u> </u>				
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,740	6,304	25,406	7,836	7,085	51,371
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,454	10,073	10,988	9,887	14,726	59,128
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	18,194	16,377	36,394	17,723	21,811	110,499
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	180	210	1,310	290	310	2,300
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	180	210	1,310	290	310	2,300
, 8	Public support (Subtract line 7c from line 6)						108,199
Sec	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	18,194	16,377	36,394	17,723	21,811	110,499
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,800	7,823	7,421	9,500	8,660	42,204
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	8,800	7,823	7,421	9,500	8,660	42,204
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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)	26,994	24,200	43,815	·	30,471	152,703
14	First five years. If the Form 990 is for the o	•	second, third, fourth	n, or fifth tax year a	is a section 501(c)(3)	
500	organization, check this box and stop here ction C. Computation of Public Sup		<u></u>				
15	Public support percentage for 2009 (line 8,			······································		15	70.96%
16	Public support percentage from 2008 Sched		•	10)		16	70.86% 70.56%
	ction D. Computation of Investmen						70.30 %
17	Investment income percentage for 2009 (lin			olumn (fl)		17	28 %
18	Investment income percentage from 2008 S		· ·	J. J		18	28 %
19a	33 1/3 % support tests—2009. If the organ			4, and line 15 is m	ore than 33 1/3 %,		
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	x and stop here. T	he organization qu	alifies as a publicly	supported organiz	atıon	▶ [3
-	line 18 is not more than 33 1/3 %, check this						▶ □
20	Private foundation. If the organization did	=	-				> [

Schedule A (Form 990 or 990-EZ) 2009 BIDDEFORD POOL COMMUNITY CLUB

01-0435893

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

BPCC5893 11/15	/2010 1 57 P	М						
Form 9	90		Special Eve	nts Schedule	-			2009
`		For calendar year 2009, or t	ax year beginning	07/01/09	, and ending	06	/30/10	
Name							Employer Ide	ntification Number
BIDDEF	ORD PO	OOL COMMUNITY C	LUB				01-0435	5893
		(A)	(B)	(C)		Others		Total
Gross receipt		11,804	2,922		0		0	14,72
Less contrit			0 000		0		0	14 704
Gross revenu		11,804	2,922 3,989		0		0 -	14,720 5,673
Less direct Net income (le		10,120	-1,067		 0		$\frac{0}{0}$ $-$	9,05
iver income (ii	033)	= 10,120	= 1,007		=		<u> </u>	
Description	(A)	OTHER COMMUN	ITY EVENTS					
•	(B)	SUMMER CONCE	р т с	i				
	(6)	BORRAIN CONCE.						
	(C)							
	Others							
			 -					
			-					
								
								
		- :: -						
								

14,726

14,726 5,673 9,053

01-0435893

Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount
ANNUAL DUES	\$ 7,035
Total	\$ 7,035

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount
Expenses	\$
Office	1,108
INSURANCE	1,250
LIBRARY PROGRAM COSTS	399
LICENSES & PERMITS	100
BANK FEES	10
SUPPLIES	 2,537
Total	\$ 5,404

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE EDUCATIONAL , INFORMATIVE OR ARTISTIC PROGRAMS FOR CHILDREN AND ADULTS IN THE GREATER BIDDEFORD POOL AREA.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev 4-2009)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Chanties & Nonprofits.	Internal Reveni		File a separate application for each return.		
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