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Form 990-EZ

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization <b>BIDDEFORD POOL IMPROVEMENT ASSOCIATION</b>	D Employer identification number <b>04-2707411</b>
Number and street (or P O box, if mail is not delivered to street address) <b>P.O. BOX 254</b>	Room/suite
City or town state or country, and ZIP + 4 <b>BIDDEFORD POOL ME 04006-0254</b>	F Group Exemption Number ►

G Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_

I Website: ► **N/A**

J Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

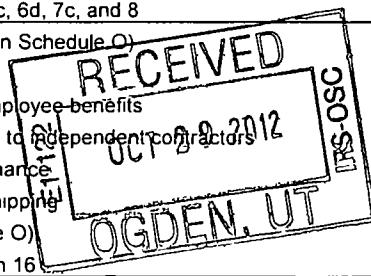
K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **11,114**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 <b>6,990</b>
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 <b>4,111</b>
	4 Investment income	4 <b>13</b>
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	6a
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	of contributions
Expenses	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 <b>11,114</b>
	10 Grants and similar amounts paid (list in Schedule O)	10 <b>10,544</b>
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 <b>1,018</b>
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 <b>861</b>
	16 Other expenses (describe in Schedule O)	16 <b>2,573</b>
	17 Total expenses. Add lines 10 through 16	17 <b>14,996</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <b>-3,882</b>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 <b>37,493</b>
For Paperwork Reduction Act Notice, see the separate instructions.	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <b>33,611</b>



Form 990-EZ (2011) **BIDDEFORD POOL IMPROVEMENT**

04-2707411

Page 2

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	36,910	22	33,028
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	583	24	583
<b>25 Total assets</b>	<b>37,493</b>	<b>25</b>	<b>33,611</b>
26 Total liabilities (describe in Schedule O)	0	26	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>37,493</b>	<b>27</b>	<b>33,611</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Schedule O

(Grants \$ **10,544**) If this amount includes foreign grants, check here  28a **12,322**

29

(Grants \$ **)** If this amount includes foreign grants, check here  29a

30

(Grants \$ **)** If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ **)** If this amount includes foreign grants, check here  31a

32 Total program service expenses (add lines 28a through 31a) **32** **12,322****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JACK MCKENNEY PO BOX 235	BIDDEFORD POOL ME 04006 2.00	DIRECTOR 0	0	0
OLIVER BRAHMST 154 TITCUS RD	NORTH SALEM NY 10560 2.00	DIRECTOR 0	0	0
RANDY PEASE 8 SECOND ST	BIDDEFORD POOL ME 04006 2.00	DIRECTOR 0	0	0
MARY ELLEN POWERS 15 1ST STREET	BIDDEFORD POOL ME 04006 2.00	DIRECTOR 0	0	0
MARY BLAKE PO BOX 150	BIDDEFORD POOL ME 04006 2.00	DIRECTOR 0	0	0
PETER MCPHEETERS PO BOX 224	BIDDEFORD POOL ME 04006 2.00	DIRECTOR 0	0	0
MICHELLE FOSTER 1 L B ORCUTT BLVD	BIDDEFORD POOL ME 04006 2.00	DIRECTOR 0	0	0
LESLIE WAGNER 19 LESTER B. ORCUTT BLVD	BIDDEFORD POOL ME 04006 2.00	DIRECTOR 0	0	0
CARYN FIREBAUGH PO BOX 308	BIDDEFORD POOL ME 04006 2.00	DIRECTOR 0	0	0
TONY DIBONA PO BOX 55	BIDDEFORD POOL ME 04006 4.00	PRESIDENT 0	0	0
TONI SIPKA PO BOX 285	BIDDEFORD POOL ME 04006 4.00	SECRETARY 0	0	0
CHARLES DELONG PO BOX 252	BIDDEFORD POOL ME 04006 4.00	VICE PRES 0	0	0

DAA



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33  X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  34  X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a  X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c  X

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  36  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a  37b  X

b Did the organization file Form 1120-POL for this year?  38a  38b  38c  X

c Was the organization a section 501(c)(7) organization? Enter  39a  39b

d Initiation fees and capital contributions included on line 9  40a  40b  X

e Gross receipts, included on line 9, for public use of club facilities  40c  40d  40e  X

f Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911  40f  40g  40h  40i  40j  40k  40l  40m  40n  40o  40p  40q  40r  40s  40t  40u  40v  40w  40x  40y  40z  40aa  40ab  40ac  40ad  40ae  40af  40ag  40ah  40ai  40aj  40ak  40al  40am  40an  40ao  40ap  40aq  40ar  40as  40at  40au  40av  40aw  40ax  40ay  40az  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  
Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

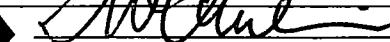
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	  Signature of officer WILLIAM C. ENGLEISER - Treasurer Type or print name and title	Date 10/24/12
Paid Preparer Use Only	Print/Type preparer's name Aubrey G. Engstrom, Jr. Firm's name ► Simensky, Engstrom & Associates, CPA's Firm's address ► P.O. Box 760 Saco, ME 04072	Preparer's signature Aubrey Engstrom Date 10/17/12 Firm's EIN ► 01-0353028 Phone no 207-284-5943

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

►  Yes  No

**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

**2011**Open to Public  
Inspection

Name of the organization

**BIDDEFORD POOL IMPROVEMENT  
ASSOCIATION**Employer identification number  
**04-2707411**
**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)

2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)

10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,799	10,315	11,850	10,531	11,101	52,596
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,799	10,315	11,850	10,531	11,101	52,596
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)						
6 Public support. Subtract line 5 from line 4						3,202
						49,394

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,799	10,315	11,850	10,531	11,101	52,596
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,037	511	30	34	13	1,625
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						54,221
12 Gross receipts from related activities, etc (see instructions)					12	4,111
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	91.10 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	90.32 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**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) ►

1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")

2 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

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

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6 )

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

9 Amounts from line 6

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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))

15 %

16 Public support percentage from 2010 Schedule A, Part III, line 15

16 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))

17 %

18 Investment income percentage from 2010 Schedule A, Part III, line 17

18 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV 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. Also complete this part for any additional information (See instructions)

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

 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

**BIDDEFORD POOL IMPROVEMENT  
ASSOCIATION**Employer identification number  
**04-2707411**
**Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations**

Name and Address	Class of Activity	Date of Gift
	Desc. of Property	
	Cash Contrib.	Noncash Contrib.
	Book Value	BV Expl.
		FMV Expl.

**BIDDEFORD POOL LAND TRUST****PO BOX 306**

BIDDEFORD POOL, ME 04006	\$ 9,044	\$ 0
	\$ 0	

**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
	\$ 1,287
<b>PROPERTY MAINTENANCE</b>	\$ 1,263
<b>MISCELLANOUS</b>	\$ 23
<b>Total \$</b>	<b>2,573</b>

**Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
<b>Prepaid Expenses and Deferred Charges</b>	\$ 583	\$ 583
<b>Total \$</b>	<b>583</b>	<b>583</b>

**Form 990-EZ, Part III - Primary Exempt Purpose**
**THE ASSOCIATION ENDEAVORS TO PROMOTE THE CONSERVATION AND**

## Schedule O (Form 990 or 990-EZ) (2011)

Page 2

Name of the organization

BIDDEFORD POOL IMPROVEMENT

Employer identification number

04-2707411

PRESERVATION, FOR THE BENEFIT OF THE GENERAL PUBLIC, OF THE NATURAL RESOURCES OF THE CITY OF BIDDEFORD, MAINE AND THE AREAS CONTIGUOUS TO IT, INCLUDING LAND AND WATER RESOURCES, PLANT AND ANIMAL LIFE, AND SCIENTIFIC, AGRICULTURAL, NATURAL AND HISTORIC AREAS THEREIN.

Form 990-EZ, Part III, Line 28 - First Accomplishment

CONSERVATION ACTIVITIES INCLUDING EARTH DAY OBSERVANCE, EDUCATIONAL PROGRAMS FOR ADULTS AND CHILDREN, MAINTENANCE OF WALKING PATHS, AND GENERAL PRESERVATION AND BEAUTIFICATION OF OPEN SPACES IN AND AROUND BIDDEFORD POOL.