

Form **990**

# 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)

OMB No 1545-0047

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2004 calendar year, or tax year beginning **SEP 1, 2004** and ending **AUG 31, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PINE TREE SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS, INC.</b>	<b>D</b> Employer identification number <b>01-0212442</b>	
	Number and street (or P O box if mail is not delivered to street address) <b>149 FRONT STREET, PO BOX 518</b>	Room/suite 	<b>E</b> Telephone number <b>207-443-3341</b>
	City or town, state or country, and ZIP + 4 <b>BATH, ME 04530-0518</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ **N/A**

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,091,602.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		1a		1b		1c		1d	
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received								
	<b>a</b> Direct public support		1,140,111.						
	<b>b</b> Indirect public support								
	<b>c</b> Government contributions (grants)								
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,140,111. noncash \$ )								1,140,111.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)								1,879,577.
	<b>3</b> Membership dues and assessments								
	<b>4</b> Interest on savings and temporary cash investments								
	<b>5</b> Dividends and interest from securities								387,343.
	<b>6 a</b> Gross rents		6a						
	<b>b</b> Less rental expenses		6b						
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)								6c
<b>7</b> Other investment income (Describe ▶)								7	
Revenue	<b>a</b> Gross income from sales of assets other than inventory	(A) Securities		(B) Other					
	Less cost or other basis and sales expenses	716,451.	8a	17,300.	8b				
	Gain or (loss) (attach schedule)	625,169.	8b	11,115.	8c				
	<b>d</b> Net gain or (loss) (combine line 8c columns (A) and (B))	91,282.	8c	6,185.					8d
Revenue	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>								
	<b>a</b> Gross revenue (not including \$ 0. of contributions reported on line 1a)								
	<b>b</b> Less direct expenses other than fundraising expenses								
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)								9c
	<b>10 a</b> Gross sales of inventory, less returns and allowances								
Revenue	<b>b</b> Less cost of goods sold								
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								10c
	<b>11</b> Other revenue (from Part VII, line 103)								11
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)									12
Expenses	<b>13</b> Program services (from line 44, column (B))								13
	<b>14</b> Management and general (from line 44, column (C))								14
	<b>15</b> Fundraising (from line 44, column (D))								15
	<b>16</b> Payments to affiliates (attach schedule)								16
	<b>17</b> Total expenses (add lines 16 and 44, column (A))								
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)								18
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))								19
	<b>20</b> Other changes in net assets or fund balances (attach explanation)								20
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)								21

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