

**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)

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 2006 calendar year, or tax year beginning **SEP 1, 2006** and ending **AUG 31, 2007**

<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	Please use IRS label or print or type See Specific Instructions	<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) Room/suite <b>149 FRONT STREET, PO BOX 518</b>		<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).

*Hand 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 **N/A**

**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

**I** Group Exemption Number **N/A**

**G** Website: **N/A**

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

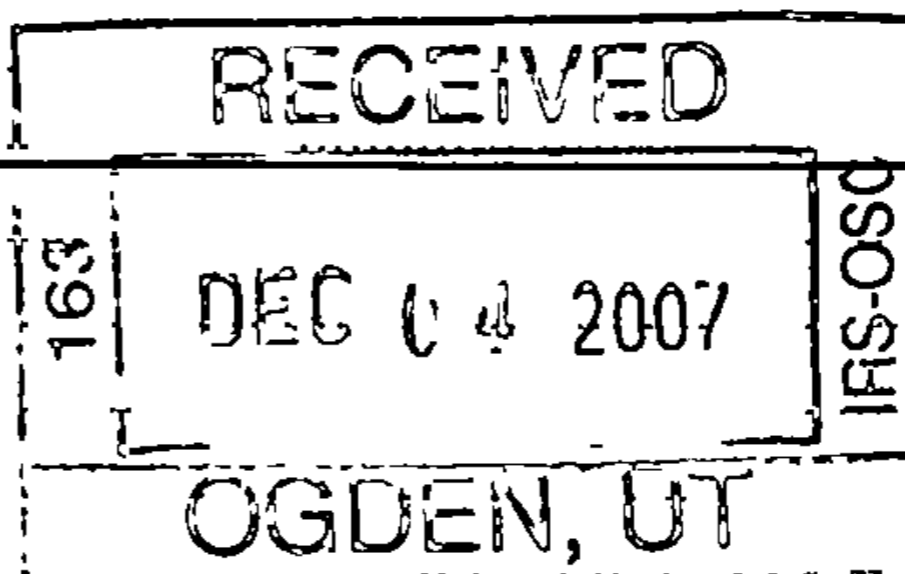
**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **8,501,262.**

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

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b	1,389,608.		
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>1,389,608.</b> noncash \$ )	1e		1,389,608.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,267,191.	
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			
	<b>5</b> Dividends and interest from securities	5		564,757.	
	<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				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a			
	3,301,567.	8a			
	<b>b</b> Less: cost or other basis and sales expenses	8b	3,000.		
	2,514,427.	8b			
<b>c</b> Gain or (loss) (attach schedule)	8c	-3,000.			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1	STMT 2	784,140.	
<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 \$ <b>0.</b> of contributions reported on line 1b)	9a	438,401.		
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 3	438,401.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a	556,741.			
	<b>b</b> Less: cost of goods sold	10b	278,512.		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	STMT 4	278,229.	
<b>11</b> Other revenue (from Part VII, line 103)	11		-17,003.		
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		5,705,323.		
Expenses	<b>13</b> Program services (from line 44, column (B))	13	3,705,419.		
	<b>14</b> Management and general (from line 44, column (C))	14	325,064.		
	<b>15</b> Fundraising (from line 44, column (D))	15	109,433.		
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17		4,139,916.	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		1,565,407.		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		18,210,262.		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 5	351,376.		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		20,127,045.		



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