Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BAR HARBOR HISTORICAL SOCIETY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
127 WEST STREET

City or town, state or province, country, and ZIP or foreign postal code
BAR HARBOR ME 04609

CLIENT COPY

D Employer identification number
01-0342596

E Telephone number
207-288-0000

G Gross receipts $ 502,648

F Name and address of principal officer:
RICHARD COUGH
PO BOX 52
BAR HARBOR ME 04609

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.BARHARBORHISTORICAL.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1976

M State of legal domicile: ME

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
PRESERVATION OF HISTORICAL LANDMARKS, DOCUMENTS, ETC. AND PROVISION OF ACCESS TO SAID DOCUMENTS TO THE PUBLIC.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	9
6 Total number of volunteers (estimate if necessary)	6	41
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	317,388	206,996
9 Program service revenue (Part VIII, line 2g)	141,907	178,369
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,760	15,768
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,469	15,471
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	474,524	416,604
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	242,511	299,489
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 64,208		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	295,086	245,958
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	537,597	545,447
19 Revenue less expenses. Subtract line 18 from line 12	-63,073	-128,843

	Beginning of Current Year	End of Year
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	4,841,436	4,689,303
21 Total liabilities (Part X, line 26)	1,019,088	991,873
22 Net assets or fund balances. Subtract line 21 from line 20	3,822,348	3,697,430

Part II Signature Block

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 | Date

ERIN COUGH EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
AMY J. BILLINGS		10/30/25	☐	P01083488

Firm's name HMV LLC | Firm's EIN 01-0219197

Firm's address P.O. BOX 543 ELLSWORTH, ME 04605 | Phone no. 207-667-5529

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No