

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

2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOUNT DESERT ISLAND HISTORICAL SOCIETY		D Employer identification number 51-0137906
	Doing business as		E Telephone number 207-276-9323
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 653		
	City or town, state or province, country, and ZIP or foreign postal code MOUNT DESERT ME 04660		G Gross receipts \$ 345,121
F Name and address of principal officer: RANEY BENCH PO BOX 653 MOUNT DESERT ME 04660			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MDIHISTORY.ORG H(c) Group exemption number ▶			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1931 M State of legal domicile: ME

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Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MOUNT DESERT ISLAND HISTORICAL SOCIETY IS TO FOSTER MEANINGFUL ENGAGEMENT WITH THE HISTORIES OF MOUNT DESERT ISLAND		
	2 Check this box <input type="checkbox"/> 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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	264,428	324,131
	9 Program service revenue (Part VIII, line 2g)	4,357	373
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,529	18,666
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,560	47
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	283,874	343,217
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)	120,376	184,297
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	116,338	172,793
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	236,714	357,090	
19 Revenue less expenses. Subtract line 18 from line 12	47,160	-13,873	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	807,695	838,971
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	807,695	838,971

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 RANEY BENCH <i>Raney Bench</i>	Date 7-14-21			
	Type or print name and title CURRENT DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name ELLEN CLEVELAND	Preparer's signature	Date 07/13/21	Check <input type="checkbox"/> if self-employed	PTIN P01229918
	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