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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OND 140. 1343 0047
2023
Open to Public Inspection

Α	For the	2023 calendar year, or tax year beginning $APR 1, 2023$ and	ending <u>M</u>	AR 31, 2024	
	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres	MOUNT WASHINGTON OBSERVATORY			
	Name change	Doing business as	02-02251	35	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 2310	Room/suite	E Telephone number 603-356-2	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,956,457.
	Amend return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: BETH NEWHOUSE		for subordinates	? Yes X No
	pendin	2//9 WHITE MOUNTAIN HWY, NORTH CONWAY,	NH 0	H(b) Are all subordinates in	cluded? Yes No
1	Tax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 1936 N	1 State of legal domicile: NH
	1 1	Briefly describe the organization's mission or most significant activities: SCIEN	NTIFIC	RESEARCH FO)R
Governance		GOVERNMENT, EDUCATION AND INDUSTRY.			
rna	2 (Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	23
		Number of independent voting members of the governing body (Part VI, line 1b)		4	23
es &	5	Fotal number of individuals employed in calendar year 2023 (Part V, line 2a)		5	32
ξ	6	Fotal number of volunteers (estimate if necessary)			30
Activities &	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12			84,116.
_	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		83,116.
	١.			Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		5,852,659.	2,038,962.
Ju e	9 1	Program service revenue (Part VIII, line 2g)		97,907.	156,945.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		108,156.	173,182.
	ן וו (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		144,011.	234,756. 2,603,845.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,202,733.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		1,174,887.	1,412,246.
ses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	loa i	Fotal fundraising expenses (Part IX, column (D), line 25) 481, 21		•	•
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		717,563.	878,399.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,892,450.	2,290,645.
		Revenue less expenses. Subtract line 18 from line 12		4,310,283.	313,200.
	3	Torondo 1666 experience. Gubriade into 16 from into 12	Be	ginning of Current Year	End of Year
Net Assets or	20	Fotal assets (Part X, line 16)		9,906,612.	10,366,791.
Ass	21	Fotal liabilities (Part X, line 26)		1,269,658.	810,109.
Net Set	22	Net assets or fund balances. Subtract line 21 from line 20		8,636,954.	9,556,682.
	art II	Signature Block	•		
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, 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 wh	ich preparer	has any knowledge.	
Sig		Signature of officer		Date	
He	re	BETH NEWHOUSE, TREASURER			
		Type or print name and title	1 -		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	F	LANCE R. TURGEON LANCE R. TURGEON	1 0	9/24/24 self-employ	
		Firm's name WIPFLI LLP		Firm's EIN 3	9-0758449
Use	Only	Firm's address 43 CONSTITUTION DRIVE, SUITE 100			2 605 2222
		BEDFORD, NH 03110		Phone no. 60	3.627.3838
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	1990 (2023) MOUNT WASHINGTON OBSERVATORY	02-0225135	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	TO ADVANCE UNDERSTANDING OF THE NATURAL SYSTEMS THAT CR.	EATE EARTH'S	
	WEATHER AND CLIMATE. IT SERVES THIS MISSION BY MAINTAIN		<u> </u>
			ν.
	STATION ON THE SUMMIT OF MOUNT WASHINGTON, PERFORMING W		
	CLIMATE RESEARCH, CONDUCTING INNOVATIVE SCIENCE EDUCATION	ON PROGRAMS,	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	XYes	s No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	2 \qua	s X No
3		·16:	5 21 110
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	venue \$,426.
	OBSERVATORY AND RESEARCH:		
	OBSERVATIONS TRACKED AND SUBMITTED TO NWS		
	- OVER THE COURSE OF A YEAR, WE DID 8,760 HOURLY OBSERV	ATTONS	
	- WE PERFORM TWO DAILY QC CHECKS, A WEEKLY QC, AND A MOD		
	- NCON3 COOPERATIVE WEATHER STATION CONTINUED AS A JOIN		
	STAFF/VOLUNTEER EFFORT OBSERVING AND REPORTING THE CLIM	ATE OF NORTH	
	CONWAY.		
	- CONTINUE TO SEND DATA TO NWS HOURLY AND NATIONAL CENT	ERS FOR	
	ENVIRONMENTAL INFORMATION (NCEI) MONTHLY		
		275	FOF
4b		venue \$ 275 ,	,585.
	SCHOOL PROGRAMS:		
	- OVER 800 BACKPACKS WERE GIVEN AWAY IN THE SPRING OF 2	023 FULL OF	
	LEARNING RESOURCES TO 22 AREA MIDDLE SCHOOLS.		
	- 1,200 K-12 STUDENTS JOINED ACROSS 35 VIRTUAL PROGRAMS	DELIVERED BY	7
	WEATHER OBSERVER/EDUCATION SPECIALISTS.		
	- MORE THAN 1,500 STUDENTS PARTICIPATED IN 139 IN PERSON	N SCHOOL-DAY	
	PROGRAMS DELIVERED BY MWOBS EDUCATORS, PLUS 36 AFTERSCHO		EOD.
	•	CHANDON1 HOO	FUK
	280 YOUTH.	1.0	
	- 12 K-12 TEACHERS PARTICIPATED IN THE ARCTIC WEDNESDAY	'S PROFESSION	NAL
	DEVELOPMENT PROGRAM		
	- MORE THAN 450 STUDENTS VISITED OUR SUMMIT WEATHER STA	TION THROUGH	OUR
	NEW FIELD TRIPS PROGRAM.		
4c	(Code:) (Expenses \$	venue \$	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,542,029.		

4e Total program service expenses

Form 990 (2023) MOUNT WASHINGTON OBSERVATORY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 4		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ ₃₇
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

332003 12-21-23

Part IV	Checklist of Required Schedules	(continued)
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22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, count, Ni, Inc. 27 in "7", "g." complete Schedule (. Part 1 and II) 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former orthoes, directors, trustees, key employees, and highest compensation and employees? If "Yes," complete Schedule K, II" No, "g. to 1 in 2 in 3		i (continued)		Yes	No			
Part IX, column (A), line 27 (if Yes, "complete Schedule I, Parts I and III and office or a complex controlled entity of the Part IV, Science of Teach IV, Science A, and Science of Teach IV, Scie	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100				
23 Did the organization answer "Yes" to Part VII, Section A, lies 3, 4, or 5, about compensation of the organization's current and former offices, direction, students, rusbees, key employees, and hiphest compensated employees? If "Yes," complete Schedule I, and the organization have a tax excernpt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a. 24a			22		Х			
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No." go to line 25a and a second account of the organization mental and second account of the organization mental and second account of the than a refunding second at any time during the year? 24b	23							
Schedule J was a savewengt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Yes," of the principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Yes," of the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b								
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the list day of the year, that was sixed after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No." go to line 25a.		, , , , , , , , , , , , , , , , , , ,						
Schedule K. If "No." yo to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I "Yes," complete Schedule L, Part I 25b b is the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? "I "Yes," complete Schedule L, Part I 25c C bid the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 99 or 990-E27 (if "Yes," complete Schedule L, Part II 25b C bid the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26b C bid the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finctioning an employee thereof) or family member of any prior these persons? If "Yes," complete Schedule L, Part III 27c 28c 28d Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III 28a 2 A C a 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? II 28b 29c	24a							
Schedule K. If "No." yo to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I "Yes," complete Schedule L, Part I 25b b is the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? "I "Yes," complete Schedule L, Part I 25c C bid the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 99 or 990-E27 (if "Yes," complete Schedule L, Part II 25b C bid the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26b C bid the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finctioning an employee thereof) or family member of any prior these persons? If "Yes," complete Schedule L, Part III 27c 28c 28d Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III 28a 2 A C a 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? II 28b 29c					ı			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 246 246 246 246 247 258 259 250 250 250 250 250 250 250			24a		Х			
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I 25a X 25a	b		24b					
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(5(3), 501(5(4), 40, 501(5(2)) and 501(5(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 950 or 950 E27 "Yes," complete Seb 25b X 25c X	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(5(3), 501(5(4), 40, 501(5(2)) and 501(5(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 950 or 950 E27 "Yes," complete Seb 25b X 25c X		any tax-exempt bonds?	24c					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be to organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part I Did the organization propriary amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III and the organization party to a business transaction with one of the following parties? (See the Schedule L, Part II V, Institutions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A Seb A samily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A Seb A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A Seb A Section Septicable II. Part IV A Seb A Secti	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X X 26b Id the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III 28 X 28 X 4 family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 28b X 4 family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b Id the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 29	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete Schedule L, Part I # 25b		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
Schedule L, Part I	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı			
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 31 X 32 Did the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 X 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes,		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II 26		Schedule L, Part I	25b		_ <u>X</u> _			
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	26				ı			
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof or anny of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A 53% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 Did the organization over 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30								
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? "Yes," complete Schedule L, Part II		, , ,	26		<u> X</u>			
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1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			┸			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		1 1 -		Yes	No			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?								
(gambling) winnings to prize winners?		The first state of the first state of the st						
0 0/ 0 1	С			77				
322004 12-21-23 Form 990 (2023					(2.5			

Form 990 (2023) MOUNT WASHINGTON OBSERVATORY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	o d d d d d d d d d d d d d d d d d d d				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1		100	110
	filed for the calendar year ending with or within the year covered by this return	2a	32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
				3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		X
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs reqi	uired			
	to file Form 8282?			7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a	, , , , , , , , , , , , , , , , , , , ,			9a 9b		
				90		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100	1			
	Cycon income from mambays by shougholdour	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		_X_
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 23			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRENDA SULLIVAN - 603-356-2137			
		860		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga	mea		C)		iour	(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	ndividual trustee or director	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		99/	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	In stit utio nal tru stee	_	Key employee	Highest compensated employee	- La	10001420)		organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) DREW BUSH	40.00									
EXECUTIVE DIRECTOR				Х				111,748.	0.	8,825.
(2) BRENDA SULLIVAN	40.00									
DIRECTOR OF FIN/ADMIN				Х				78,849.	0.	4,646.
(3) ERICA BROMAN	2.00	<u> </u>								
CHAIR		Х		Х				0.	0.	0.
(4) BRUCE SOPER	2.00]							_	_
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(5) TY GAGNE	2.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(6) BETH NEWHOUSE	2.00	ļ								
TREASURER		Х		Х				0.	0.	0.
(7) JEANNIE OLIVER	2.00	l								
SECRETARY		Х		Х				0.	0.	0.
(8) LOURDES AVILES	2.00	ļ								
TRUSTEE	2 00	Х						0.	0.	0.
(9) ED BERGERON	2.00	٠,,							_	
TRUSTEE	1 2 00	Х						0.	0.	0.
(10) TERESA BOWERS	2.00	·							_	_
TRUSTEE COMPANY CONTRACTOR CONTRA	2 00	Х						0.	0.	0.
(11) MICHELLE CRUZ TRUSTEE	2.00	х						0.	0.	0.
(12) PAUL T. FITZGERALD	2.00	Α						1	0.	U•
TRUSTEE	2.00	Х						0.	0.	0.
(13) LESLEY-ANN DUPIGNY-GIROUX	2.00	^						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(14) JOHN GORMAN	2.00	25						•	0.	•
TRUSTEE	2.00	х						0.	0.	0.
(15) JONATHAN HAYNES	2.00							'.	•	•
TRUSTEE		х						0.	0.	0.
(16) ROB KIRSCH	2.00	† 								
TRUSTEE		х						0.	0.	0.
(17) DREW LANDRY	2.00									
TRUSTEE		Х						0.	0.	0.
	•	•					•	•		Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per	(do box,	not ch	Posi neck r	tion more son is	l than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated shaployee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) GARY MACDONALD TRUSTEE	2.00	x						0.	0.	0.
(19) MIKE MATTY	2.00									
TRUSTEE		Х						0.	0.	0.
(20) PETER MIDDLETON TRUSTEE	2.00	x						0.	0.	0.
(21) HAYLEY LAPOINT POLITIS TRUSTEE	2.00	х						0.	0.	0.
(22) KEN RANCOURT TRUSTEE	2.00	х						0.	0.	0.
(23) MARSHA RICH TRUSTEE	2.00	х						0.	0.	0.
(24) MARY STAMPONE TRUSTEE	2.00	х						0.	0.	0.
(25) KAREN UMBERGER TRUSTEE	2.00	х						0.	0.	0.
1b Subtotal								190,597.	0.	13,471.
c Total from continuation sheets to Part Vi d Total (add lines 1b and 1c)								190,597.	0.	0. 13,471.
2 Total number of individuals (including but r								•	000 of reportable	

compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within the organization stax year.						
(A)	(B)	(C)				
Name and business address	Description of services	Compensation				
DEAN & ALLYN, INC.	FIRE SUPPRESSION					
116 LEWISTON ROAD, GRAY, ME 04039	SYSTEM SERVICES	106,326.				
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than					

Form 990 (2023) MOUNT W.
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			417,955.				
9		Fundraising events 1c	200,113.				
Ţţ,		•	200,113.				
ig ig			493,678.				
ns,		, ,	493,070.				
er Si	1	All other contributions, gifts, grants, and	000 016				
Βŧ		similar amounts not included above 1f	927,216.				
dr	9	Noncash contributions included in lines 1a-1f 1g \$	76,747.				
<u> ၁</u> မ		Total. Add lines 1a-1f		2,038,962.			
			Business Code				
ø	2 8	EDUCATIONAL PROGRAMMIN	541700	146,945.	146,945.		
ξ	ı	ASU ANONMETER CONTRACT	541700	10,000.	10,000.		
Ser	(
E S							
Peg							
Program Service Revenue	ì	All other program service revenue					
_		Total. Add lines 2a-2f		156,945.			
\neg	3	Investment income (including dividends, interes	et and	230/3231			
	3			162,091.			162,091.
		,		102,051.			102,051.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties(i) Real	(:) Dave and				
			(ii) Personal				
		Gross rents 6a 184,316.					
	ı	Less: rental expenses 6b 96,626.					
	(Rental income or (loss) 6c 87,690.					-
	(Net rental income or (loss)		87,690.		84,116.	3,574.
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory $7a120,012$.					
	ı	Less: cost or other basis					
ē		and sales expenses					
en		Gain or (loss) 7c 11,091.					
ě		Net gain or (loss)		11,091.			11,091.
ther Revenue		Gross income from fundraising events (not		,			
ğ	•	including \$ 200,113. of					
١		contributions reported on line 1c). See					
		·	0.				
			0.				
			0.	0.			
		Net income or (loss) from fundraising events		0.			
	9 8	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	294,131.				
	ı	Less: cost of goods sold10b	147,065.				
	(Net income or (loss) from sales of inventory		147,066.	147,066.		
,, l			Business Code				
Miscellaneous Revenue	11 a	·					
ane	ı	·					
e e	(:					
Aisc	(All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,603,845.	304,011.	84,116.	176,756.

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 171,404. 224,885. 11,639. 41,842. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 910,945. 690,735. 47,417. 172,793. Other salaries and wages 7 Pension plan accruals and contributions (include 18,206. 14,755. 876. 2,575. section 401(k) and 403(b) employer contributions) 156,117. 126,536. 7,504. 22,077. Other employee benefits 9 102,093. 77,414. 5,314. 19,365. 10 Payroll taxes 11 Fees for services (nonemployees): Management 11,058. 72. 10,086. 900. Legal 33,775. 2,749. 221. 30,805. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 35,054. 38,433. 251. 3,128. column (A), amount, list line 11g expenses on Sch O.) 3,703. 2,021. 1,682. Advertising and promotion 12 152,711. 78,051. 9,836. 64,824. 13 Office expenses 36,108. 6,907. 17,157. 12,044. Information technology 14 Royalties 15 153,765. 2,961. 165,681. 8,955. 16 Occupancy 52,867. 48,913. 2,899. 1,055. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,985. 4,985. Conferences, conventions, and meetings 19 25,251. 17,076. 6,144. 2,031. 20 Payments to affiliates 21 195,856. 132,450. 47,654. 15,752. Depreciation, depletion, and amortization 22 38,727. 26,189. 9,423. 3,115. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) -96,626. -96,626. RENTAL EXPENSE OFFSET 92,107. PROGRAM EXPENSES 136,821. 44,546. 168. 60,488. 38,735. 1,753. 20,000. BAD DEBT EXPENSE $14, \overline{443}$ 14,443. INCOME TAX 274. 4.118. 3,629. 215. All other expenses 2,290,645. 1,542,029. 267,401. 481,215. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	357,115.	1	1,273,829
	2	Savings and temporary cash investments	367,911.	2	248,423
	3	Pledges and grants receivable, net	4,379,736.	3	421,256
	4	Accounts receivable, net	41,686.	4	38,567
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	81,899.	8	93,025
ğ	9	Prepaid expenses and deferred charges	7,901.	9	14,214
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 5,304,725.	1,165,825.	10c	1,080,462
	11	Investments - publicly traded securities	521,535.	11	910,539
	12	Investments - other securities. See Part IV, line 11	2,865,678.	12	6,254,169
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	117,326.	15	32,307
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,906,612.	16	10,366,791
	17	Accounts payable and accrued expenses	140,819.	17	164,847
	18	Grants payable		18	
	19	Deferred revenue	35,694.	19	45,232
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.4.00.0	22	510 011
_	23	Secured mortgages and notes payable to unrelated third parties	949,290.	23	519,044
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1/2 055		00 006
		of Schedule D	143,855.	25	80,986
	26	Total liabilities. Add lines 17 through 25	1,269,658.	26	810,109
S		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	7 707 060		0 167 622
alaı	27	Net assets without donor restrictions	7,787,860.		8,167,623 1,389,059
Ö	28	Net assets with donor restrictions	043,034.	28	1,309,039
ڃ		Organizations that do not follow FASB ASC 958, check here			
戶		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∍t A	31	Retained earnings, endowment, accumulated income, or other funds	8,636,954.	31	9,556,682
ž	32	Total net assets or fund balances		32	10 366 701
	33	Total liabilities and net assets/fund balances	9,906,612.	33	10,366,791

Form **990** (2023)

					3
Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>845.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			545.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 200.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			954.
5	Net unrealized gains (losses) on investments	5	6	06,5	<u> 528.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	9,5	56,6	582.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a .	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	available explain why an Cabadula O and describe any stone taken to undergo such audite				

332012 12-21-23

SCHEDULE A

(Form 990)

Total

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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MOUNT WASHINGTON OBSERVATORY

Employer identification number

02-0225135 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax reversues levied for the organization is 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 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Called and the support of called a support of called a support of called a support support of called a support support of called a support subsettiles 5 ten like 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources. 9 Net income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources. 9 Net income from interest, or the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support profused for 2022 Side (6) column (f), divided by line 11, column (f) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 950 is for the organization of inst, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization qualifies as a publicly supported organization 14 Spublic support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. 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 qualifies as a publicly supported organization mets the facts-and-circumstances test. The organization did not check a box on line 13, 16a,	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the			-	•		-		
	b		-					10% or
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
AS BY A COUNTY OF THE PROPERTY		-		-	• •	•		
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	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

Schedule A (Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sed	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(1) = 1 12	(2)	(=, ===	(.,, ====	(-)	(-,
	include any "unusual grants.")	903,561.	905,016.	1771803.	5852659.	2038962.	11472001.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	873,626.	277,972.	271,139.	329,009.	451,076.	2202822.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	1 1	110000				40574000
	Total. Add lines 1 through 5	1777187.	1182988.	2042942.	6181668.	2490038.	13674823.
	Amounts included on lines 1, 2, and 3 received from disqualified persons			150,000.	4633333.	100,000.	4883333.
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			13,447.			13,447.
c	Add lines 7a and 7b			163,447.	4633333.	100,000.	4896780.
	Public support. (Subtract line 7c from line 6.)						8778043.
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1777187.	1182988.	2042942.	6181668.	2490038.	13674823.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,756.	53,946.	56,201.	106,578.	165,665.	446,146.
b	Unrelated business taxable income (less section 511 taxes) from businesses			56,180.	47 071	01 116	107 267
	acquired after June 30, 1975	63,756.	53,946.		153,649.	2/0 701	187,367.
	Add lines 10a and 10b	03,730.	33,940.	112,301.	155,049.	249,701.	033,313.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	122,627.	161,689.	0155000	6225245	0520010	284,316.
	Total support. (Add lines 9, 10c, 11, and 12.)	1963570.	1398623.	2155323.			14592652.
14	First 5 years. If the Form 990 is for the	Ü		,		()()	<i>'</i>
Ser	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (li			volumn (fl)		15	60.15 %
	Public support percentage from 2022	, (,,	,	(//		16	56.97 %
	etion D. Computation of Inves						2013, 70
	Investment income percentage for 20			ne 13, column (f))		17	4.34 %
	Investment income percentage from 2					18	3.28 %
	33 1/3% support tests - 2023. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	ion	X
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mor	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che		•	•		•	
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	a, or 19b, check th	is box and see inst	ructions	1 1

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pai	Tiv Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	· · · · · · · · · · · · · · · · · · ·	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	V	N 1 -
	Did the consequence had a manch one of the consequence had a settle one outline in the in-official consequence of the consequen		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
2	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3 4		
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990) 2023 MOUNT WASHINGTON OBSERV			02-0225135 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

2023

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

MOUNT WASHINGTON OBSERVATORY

Organization type (check one):						
Filers of	:	Section:				
Form 990 or 990-EZ		\boxed{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$				
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).				

Name of organization

Employer identification number

MOUNT WASHINGTON OBSERVATORY

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MOUNT WASHINGTON OBSERVATORY

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MOUNT WASHINGTON OBSERVATORY

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MOUNT WASHINGTON OBSERVATORY

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$12,671.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (200

Name of organization

Employer identification number

MOUNT WASHINGTON OBSERVATORY

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	Name, address, and Zir + +	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28	Name, audiess, and Zir + 4	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

MOUNT WASHINGTON OBSERVATORY

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	COTOPAXI BACKPACKS, SOCKS, T-SHIRTS, ETC.	_	
			07/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
323/153 12-26	- 00		Schedule B (Form 990) (2023)

Name of organization **Employer identification number** MOUNT WASHINGTON OBSERVATORY 02-0225135 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

MOUNT WASHINGTON OBSERVATORY

Employer identification number 02-0225135

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		unds or Ac	counts. Comple	te if the
	organization answered fes on Form 990, Part IV, iiii	(a) Donor advised funds		(b) Funds and other	accounts
1	Total number at end of year	(a) Bonier davised rande		(b) I dilab dilab dilab	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		or advised fund	ds	
_	are the organization's property, subject to the organization's	_			es No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
	impermissible private benefit?			Y	es No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Forr	m 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	ition or education) Preserv	ation of a histo	orically important lan	d area
	Protection of natural habitat	Preserv	ation of a certi	fied historic structur	е
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in th	e form of a co		
	day of the tax year.			Held at the En	d of the Tax Year
	Total number of conservation easements			2a	
				2b	
	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included on line 2c acqu				
_	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated	by the organi	zation during the tax	(
4	year	nament is leasted			
4	Number of states where property subject to conservation eas		ling of		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it				es No
6	Staff and volunteer hours devoted to monitoring, inspecting,			······ —	
Ū	etan and volunteen neare develor to membering, mepeeting,	Training of Violations, and official	ng concervatio	m cacomonic danng	ino your
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing co	onservation ea	sements during the	/ear
	3, 1 3,	3		3 ,	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section	n 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Υ	es No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial	statements tha	at describes the	
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures,	or Other S	imilar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue state	ement and bala	ance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or resear	ch in furtherar	nce of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes the	ese items.		
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical tre		inancial gain, p	provide	
	the following amounts required to be reported under FASB A	· ·		•	
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				(Farm 000) 0000
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.		ocnequie D (Form 990) 2023

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C	Ollections of Art			Other !		UZ-UZ r ∆ssets			age ∠
								(contin	<u>ued)</u>	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply). d Loan or exchange program									
a	Public exhibition	d		nange program						
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit or		•					٦		٦
Do	to be sold to raise funds rather than to be ma							Yes		No
Pai	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
	· · · · · · · · · · · · · · · · · · ·									
1a	Is the organization an agent, trustee, custodia							٦	_	٦
	on Form 990, Part X?						∟	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	owing table:					A		
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f			_	
	Did the organization include an amount on Fo				-	y?	L	Yes	느	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	TY Endowment Funds Complete if						baal	(-) Farm		haal.
	•	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four		
	Beginning of year balance	3,205,511.	3,032,691.	3,190,	252.	-7	44,831.		789,	758.
b	Contributions	2,900,000.	426,666.							
С	Net investment earnings, gains, and losses	772,595.	-110,289.	-17,	162.	1	95,662.	662.		713.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	150,312.	143,557.	140,	399.	33,636.			52,	640.
f	Administrative expenses									
g	End of year balance	6,727,794.	3,205,511.		691.	9	06,857.		744,	831.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	85.0000	_%							
b		%								
С	Term endowment 2.0000	%								
	The percentages on lines 2a, 2b, and 2c should be contagined as the contagined at th	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered	for the			Г		· · ·
	organization by:								Yes	No
								3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		<u></u>
4 D-	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990		<u> </u>	Part X, lir	ne 10.				
	Description of property	(a) Cost or o	` '	or other		cumulate		(d) Bool	(valu	е
		basis (investr	<u> </u>	(other)	depr	reciation				
	Land			1,000.						00.
	Buildings			5,617.		78,8				<u>42.</u>
	Leasehold improvements			2,670.		14,4				<u>39.</u>
d	Equipment			0,992.		78,8				<u>32.</u>
_	Other	1	ı 31	4.908.	2	32.5	59.1	82	4.3	49.

Schedule D (Form 990) 2023

1,080,462.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ISHARES CORE	2,427,051.	END-OF-YEAR MARKET VALUE
(B) SCHWAB INTERNATIONAL FUND	1,342,444.	END-OF-YEAR MARKET VALUE
(C) SCHWAB US BROAD	2,484,674.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	6,254,169.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER CHARITABLE GIFT	
(3) ANNUITIES	51,206.
(4) LEASE LIABILITY	29,780.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X, line 25, col. (B))	80,986.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 MOUNT WASHINGTON OBSERVATORY	Y		02-	0225135	Page 4
Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,271,	,758.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	606,528.			
b	Donated services and use of facilities	2b	3,130.			

Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.) c Add lines 4a and 4b

-96,626. 2,603,845

571,287.

2,700,471.

Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,352,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,130.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	96,626.		
е	Add lines 2a through 2d			2e	99,756.
3	Subtract line 2e from line 1			3	2,252,274.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	38,371.		
С	Add lines 4a and 4b			4c	38,371.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	2,290,645.
Pa	rt XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE OBSERVATORY ASSESSES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OR THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. MANAGEMENT HAS DETERMINED THAT THROUGH MARCH 2024 THE OBSERVATORY DID NOT TAKE ANY MATERIAL TAX POSITIONS WHICH DO NOT MEET THE CRITERIA FOR RECOGNITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS FOR UNCOLLECTIBLE PLEDGES RECEIVABLE

-38,371.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 02-0225135 MOUNT WASHINGTON OBSERVATORY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	·EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			SEEK THE		NONE	` '		
			PEAK			(add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
Jue					· · · · · · · · · · · · · · · · · · ·			
Revenue	1	Gross receipts	200,113.			200,113.		
æ	ľ	Circos recorpte						
	2	Less: Contributions	200,113.			200,113.		
	_	2000. 0011110410110						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
S								
Sus	6	Rent/facility costs						
χ								
Direct Expenses	7	Food and beverages						
ie	'	Toda and beverages						
	Q	Entertainment						
		Other direct expenses						
		Direct expense summary. Add lines 4 through	9 in column (d)					
	l							
Pa	rt I	III Gaming. Complete if the organization a		990. Part IV. line 19. or r	eported more than			
		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , , ,	1			
			() 5:	(b) Pull tabs/instant	() 0	(d) Total gaming (add		
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
æ	1	Gross revenue						
	2	Cash prizes						
Direct Expenses								
ben	3	Noncash prizes						
Ä								
ect	4 Rent/facility costs							
₫								
	5	Other direct expenses						
		·	Yes %	Yes %	Yes %			
	6	Volunteer labor		No —	No No			
7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	Ent							
	ls t	Yes No						
		No," explain:						
	_							
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	rear?	Yes No		
	b If "Yes," explain:							

Schedule G (Form 990) 2023

332082 09-13-23

Sche	edule G (Form 990) 2023 MOUNT WASHINGTON OBSERVATORY)2-02	22513	5 Page 3						
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed									
	to administer charitable gaming?		Yes	No No						
	Indicate the percentage of gaming activity conducted in:									
		1	425	0/						
	The organization's facility		13a	<u>%</u>						
	An outside facility		13b	%						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:									
	Name									
	Address									
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No						
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount									
	of gaming revenue retained by the third party \$									
	If "Yes," enter name and address of the third party:									
	Name									
	Address									
46	Coming manager information									
16	Gaming manager information:	Gaming manager information:								
	Name									
	Gaming manager compensation \$									
	Description of services provided									
	☐ Director/officer ☐ Employee ☐ Independent contractor									
17	Mandatory distributions:									
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?		Yes	No						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the								
_	organization's own exempt activities during the tax year \$									
Pai	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III lines 9	9b 10b						
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iid i dit	,	,, 00, 100,						
	100, 100, 10, and 110, as applicable. Also provide any additional illiointation. Oce instructions.									

Schedule G (Form 990) MOUNT WASHINGTON OBSERVATORY	02-0225135 Page 4
Schedule G (Form 990) MOUNT WASHINGTON OBSERVATORY Part IV Supplemental Information (continued)	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	MOUNT WASHIN	GTON O	BSERVATOR	Y	02-0	225	135			
Pai	Part I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de	etermin	•	:s		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		40,319.	FMV					
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other \dots									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X	200	2,000.	FMV					
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (COTOPAXI BACKPA)	X	500	32,500.	FMV					
26	Other ()									
27	Other ()									
28	Other (
29	Number of Forms 8283 received by the organization									
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0			
							Yes	No		
30a	During the year, did the organization receive by	y contributio	n any property rep	oorted in Part I, lines 1 throug	gh 28, that it					
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period	?				30a		X		
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	-	· ·	•	tions?	31		X		
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash						
	contributions?					32a		X		
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column (a) is che	cked,					
	describe in Part II.									

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

MOUNT WASHINGTON OBSERVATORY

Employer identification number 02-0225135

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND INTERPRETING THE HERITAGE OF THE MOUNT WASHINGTON REGION.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
WHITE MOUNTAINS CONNECTED LEARNING ECOSYSTEM IS A PROJECT THAT WAS
LAUNCHED IN THE SPRING OF 2023 SUPPORTED BY THE GULF OF MAINE RESEARCH
INSTITUTE'S LEARNING ECOSYSTEM NORTHEAST PROJECT. MWOBS CONVENED A
LOCAL GROUP OF FORMAL AND INFORMAL STEM EDUCATORS TO LEARN TOGETHER AND
DEVELOP YOUTH RESOURCES FOR CLIMATE SCIENCE AND DATA LITERACY.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ADULT AND GENERAL PROGRAMS:
- 11 PROGRAMS FEATURING SPEAKERS FROM THE MAUNA LOA OBSERVATORY, STORM
CHASER REED TIMMER, OBSERVATORY RESEARCH STAFF AND MORE WITH 1,500 ZOOM
ATTENDEES, 3700 YOUTUBE VIEWS.
- 24 CLIMBERS AND GUIDES PARTICIPATED IN GUIDE-LED OVERNIGHT CLIMBING
TRIPS.
- 56 GUESTS PARTICIPATED IN THE OVERNIGHT EDUTRIP PROGRAM IN THE WINTER
OF 2023-2024.
WEATHER FORECASTS: - PRODUCED 704 48-HOUR FORECASTS FOR THE HIGHER SUMMIT
- PRODUCED 704 48-HOUR FORECASTS FOR THE HIGHER SUMMIT. - APPROXIMATELY 18 SPECIALIZED FORECASTS FOR EVENTS.

WEATHERX:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization MOUNT WASHINGTON OBSERVATORY

Employer identification number 02-0225135

- YEAR 4 OF THE NATIONAL SCIENCE FOUNDATION-FUNDED CURRICULUM

DEVELOPMENT PROJECT, A NO-COST EXTENSION WAS PROVIDED BY NSF TO

CONTINUE WORK ON THE PROJECT.

WORKED WITH PROJECT TEAM ON RESEARCH FINDINGS AND DISSEMINATION,

PARTICULARLY ON THE "CHAT WITH A SCIENTIST" COMPONENT OF THE PROJECT

AND PRESENTATION AT THE NSF ITEST PI MEETING IN ALEXANDRIA, VA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED IN DETAIL BY THE TREASURER AND DIRECTOR OF FINANCE

AND MADE AVAILABLE TO BOARD OF TRUSTEES FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS THE CONFLICT-OF-INTEREST POLICIES ON AN ANNUAL

BASIS.

1. ALL FULL-TIME STAFF AND MEMBERS OF THE BOARD OF TRUSTEES ARE COVERED

UNDER OUR CONFLICT-OF-INTEREST POLICY.

2. CONFLICTS AT THE BOARD LEVEL ARE DETERMINED BY THE BOARD MEMBERS.

CONFLICTS AT THE STAFF LEVEL ARE DETERMINED BY THE EXECUTIVE DIRECTOR.

3. SAME AS NUMBER 2.

4. FOR THE BOARD OF TRUSTEES, THE BOARD DETERMINES THE APPROPRIATE COURSE

OF ACTION TO HANDLE THE CONFLICT. FOR THE STAFF, THE EXECUTIVE DIRECTOR

DETERMINES THE COURSE OF ACTION. THERE ARE NO WRITTEN POLICIES ABOUT THE

ACTIONS TO BE TAKEN.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES REVIEWS MANAGEMENT'S PERFORMANCE AND COMPENSATION

ANNUALLY. THEY RESEARCH COMPARABLE COMPENSATION, DETERMINE RAISES, IF ANY,

AND DOCUMENT THE PROCESS IN PERSONNEL FILES.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization MOUNT WASHINGTON OBSERVATORY	Employer identification number 02-0225135
FORM 990, PART VI, SECTION C, LINE 19:	_
AVAILABLE UPON REQUEST, FINANCIAL STATEMENTS ARE AVAILABLE	ON OUR WEBSITE.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	_

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** MOUNT WASHINGTON OBSERVATORY 02-0225135 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour P.O. BOX 2310 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH CONWAY, NH 03860 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of BRENDA SULLIVAN - 2779 WHITE MOUNTAIN HIGHWAY; P.O. 2310 - NORTH CONWAY, NH 03860 Telephone No. 603-356-2137 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until FEBRUARY 18 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or X tax year beginning _____ APR 1 ____, 20 <u>23</u>___, and ending ____ MAR 31 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

Form **990-W** (Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

► Keep for your records. Do not send to the Internal Revenue Service.

(and on Investment Income for Private Foundations) FORM 990-T

2024

1	Unrelated business taxable income expected in the tax y	ear				1	
2	Tax on the amount on line 1					2	
3	Alternative minimum tax for trusts					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits					5	
6	Subtract line 5 from line 4					6	
7	Other taxes					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels					9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the cestimated tax payments	Ü		1 1			
b	Enter the tax shown on the 2023 return. Caution: If zero or the tax year was for less than 12 months, skip th and enter the amount from line 10a on line 10c	is line			17,454.		
С	2024 Estimated Tax. Enter the smaller of line 10a or lin	e 10b. I	f the organization is requ	ired to skip line 10b, ente	the amount		17 400
	from line 10a on line 10c		(a)	(b)	(c)	10c	17,480. (d)
11	Installment due dates	11			12/16/2	4	03/17/25
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12			9,0	85.	4,370.
13	2023 Overpayment	13			4,7	15.	
14	Payment due (Subtract line 13 from line 12)	14			4,3	70.	4,370.

Form **990-W**

ESTIMATED TAX	17,480.
AMOUNT PAID	4,025.
OVERPAYMENT APPLIED	4,715.
AMOUNT DUE	8,740.

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** MOUNT WASHINGTON OBSERVATORY 02-0225135 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour P.O. BOX 2310 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH CONWAY, NH 03860 Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of BRENDA SULLIVAN - 2779 WHITE MOUNTAIN HIGHWAY; P.O. 2310 - NORTH CONWAY, NH 03860 Telephone No. 603-356-2137 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until FEBRUARY 18 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or X tax year beginning _____ APR 1 ____, 20 <u>23</u>___, and ending _____ MAR 31 . 20 24 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 22,431. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 5,431. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 17,000. using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form	990-T	E	Exempt Organization Business Income Tax Retu	ırn	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For ca	alendar year 2023 or other tax year beginning $\ \underline{APR\ 1\ ,\ 2023}$, and ending $\ \underline{MAR\ 31\ ,\ 2}$	024.	 2023
Departm Internal F	ent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)	3).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D E	mployer identification number
B Exe	mpt under section	Print	MOUNT WASHINGTON OBSERVATORY		02-0225135
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E G	roup exemption number ee instructions)
	408(e) 220(e)	Type	P.O. BOX 2310		oo maadaana)
	108A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code NORTH CONWAY, NH 03860	F	Check box if
	02071	СВо	ook value of all assets at end of year		an amended return.
G Cr	neck organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	e college/university
	-	-71	6417(d)(1)(A) Applicable entity		,
H Cr	neck if filing only to	o claim		ment am	ount from Form 3800
I Cr	neck if a 501(c)(3)	organiz			
J En	ter the number of	attach	ed Schedules A (Form 990-T)		1
K Du	iring the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
lf '	'Yes," enter the n	ame an	d identifying number of the parent corporation		
L Th	e books are in ca			603	-356-2137
Part	I Total Uni	relate	d Business Taxable Income		
1	Total of unrelated	d busin	ess taxable income computed from all unrelated trades or businesses (see instructions)	1	84,116.
2	Reserved			2	
3	Add lines 1 and 2	2		3	84,116.
4	Charitable contril	butions	s (see instructions for limitation rules)	4	0.
5			s taxable income before net operating losses. Subtract line 4 from line 3		84,116.
6	Deduction for ne	t opera	ting loss. See instructions	6	
7	Total of unrelated	d busin	ess taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	om line	.5	7	84,116.
8	Specific deduction	on (gen	erally \$1,000, but see instructions for exceptions)	8	1,000.
9			eduction. See instructions		
10			lines 8 and 9		
11			cable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .	11	83,116.
Part	II Tax Com	putat	ion		
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)	<u>1</u>	17,454.
2			rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11, fro	m: [Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See in	nstructi	ons	3	
4	Other tax amoun	ts. See	instructions	4	
5	Alternative minim	num tax	·	5	
6	Tax on noncomp	oliant f	acility income. See instructions	6	
_7	Total. Add lines	3 throu	gh 6 to line 1 or 2, whichever applies	7	17,454.
Part					
1a	Foreign tax credi	t (corpo	orations attach Form 1118; trusts attach Form 1116)		
	Other credits (see		′ ·····		
			. Attach Form 3800 (see instructions) 1c		
d	Credit for prior-ye	ear mini	imum tax (attach Form 8801 or 8827)		
е	Total credits. Ad	dd lines	a 1a through 1d	<u>1e</u>	
2	Subtract line 1e f	from Pa	art II, line 7	2	17,454.
3a	Amount due from	n Form	4255 		
b	Amount due from	n Form	8611 3b		
С	Amount due from	n Form	8697 <u>3c</u>		
d	Amount due from	n Form			
е	Other amounts d	•			
f	Total amounts du	ue. Add	l lines 3a through 3e	3f	0.
4			nd 3f (see instructions).		
			ıx amount here		17,454.
5	Current net 965 t	ax liabi	ility paid from Form 965-A, Part II, column (k)	5	0.

Form 990-T (2023)

	III -	Tax and Payments (continued)								age Z
		ents: Preceding year's overpayment cred	ited to the current	vear	6a	3,011.				
	•	nt year's estimated tax payments. Check		•	<u> Ua</u>	3,011	_			
J		es		_	_{6b}	2,420.				
С						17,000.	-			
d		gn organizations: Tax paid or withheld at		ctions)		17,0000	_			
e		up withholding (see instructions)					_			
f		t for small employer health insurance prei					_			
		ve payment election amount from Form 3					_			
g h		ent from Form 2439					_			
i							_			
i		(see instructions)			—		-			
7		payments. Add lines 6a through 6j					7	2.2	43	31.
8		ated tax penalty (see instructions). Check				X	8			62.
9		lue. If line 7 is smaller than the total of line					9		`	
10		payment. If line 7 is larger than the total of					10	4	. 71	15.
11		the amount of line 10 you want: Credite			4,7	15. Refunded	11	_	,	0.
Part		Statements Regarding Certain								
1		y time during the 2023 calendar year, did			•	•		,	Yes	No
-		a financial account (bank, securities, or ot	-		-	•				
		N Form 114, Report of Foreign Bank and		- ·	-	-				
	here	, 1		,		3				Х
2		g the tax year, did the organization receiv	e a distribution fro	m. or was it the gra	antor of, o	r transferor to. a				
		n trust?		,	,	•				Х
		s," see instructions for other forms the or								
3		the amount of tax-exempt interest receive				\$				
4		available pre-2018 NOL carryovers here				iny post-2017 NOL ca	rryover			
	show	n on Schedule A (Form 990-T). Don't redu	ce the NOL carry	over shown here by	any dedu	ction reported on Par	t I, line	6.		
5	Post-2	2017 NOL carryovers. Enter the Business	Activity Code and	d available post-201	7 NOL car	rryovers. Don't reduce	Э			
	the ar	mounts shown below by any NOL claimed	d on any Schedule	A, Part II, line 17 fo	or the tax	year. See instructions				
		Business Activity Co	de		Ava	ailable post-2017 NOL	. carryo	ver		
					\$					
					\$					
					\$					
					\$					
6 a	Reser	ved for future use								
b		ved for future use								
Part	V :	Supplemental Information								
Provide	any a	dditional information. See instructions.								
	111	nder penalties of perjury, I declare that I have examined	this return, including acc	companying schedules and	1 etatemente	and to the hest of my knowle	ndae and h	alief it is true		
Sign		rrect, and complete. Declaration of preparer (other than					ago ana z	,		
Here			1	TREAS	סים סדו		•	3 discuss this re		ith
	$\frac{1}{S}$	gnature of officer	Date	Title	OKEK			r shown below on the sign of t		No
		T			Data		if PTI			NU
		Print/Type preparer's name	Preparer's signatur	с	Date	Check self-employed	" [] []	IV		
Paid		LANCE R. TURGEON	LANCE R.	TURGEON	09/24		P	006277	0.8	
Prepa		THE PERSON AND THE PE	P:314CH IV.	101(01101)	00,44	• 1		9-0758		<u>a</u>
Use C	nly	43 CONSTIT	דער אטדייון	VE SIITTE	100	Firm's EIN		<i>.</i> 0130		
		Firm's address BEDFORD, N		vu, boith	100	Phone no.	503.	627.38	38	
		The state of the s				i none no. (<u></u>		

Form **990-T** (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MOUNT WASHINGTON OBSERVATORY

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

F 2 4 4 6 6

501(c)(3) Organizations Only

B Employer identification number

02-0225135

<u>с</u> ।	Inrelated business activity code (see instructions) 53115	10			D Sequence:		of <u>I</u>
_	COMMEDCIAL	י יוודאים	י היי ז	דים יחסיםר	אואאומפים סיי	TT D.T	-NC
	Describe the unrelated trade or business	TEIM.T.					
Pa	Unrelated Trade or Business Income		(A) In	come	(B) Expenses		(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7	18	0,742.	96,62	26.	84,116.
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12		2 - 12			
<u>13</u>	Total. Combine lines 3 through 12	13	18	0,742.	96,62	26.	84,116.
Pa	t II Deductions Not Taken Elsewhere. See instruct			ons on dec	luctions. Dedu	ctions	must be
	directly connected with the unrelated business in	ncome	!				
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	
15	Total deductions. Add lines 1 through 14					15	0.
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from	n Part I, line 1	3,		
	column (C)					16	84,116.
17	Deduction for net operating loss. See instructions					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 1	6				18	84,116.
For F	aperwork Reduction Act Notice, see instructions.				So	hedule	A (Form 990-T) 2023

	ule A (Form 990-T) 2023				Page 2
Part		hod of inventory valuation			<u> </u>
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor			<u>3</u>	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
<u>Part</u>	, , ,		_		
1	Description of property (property street address, city, s	state, ZIP code). Check if	f a dual-use. See instr	uctions.	
	A				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter here a	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. E		ine 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	eck if a dual-use. See	instructions.	
	A X RENTAL PROPERTY				
	В 🔲				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property	184,316.			
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)	0.			
b	Other deductions (attach statement) STMT 3	98,537.			
С	Total deductions (add lines 3a and 3b,				
	columns A through D)	98,537.			
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement) STMT	1 598,940.			
5	Average adjusted basis of or allocable to debt-	, , ,			
-	financed property (attach statement) STMT 2	610,780.			
6	Divide line 4 by line 5	98.061%	%		% %
7	Gross income reportable. Multiply line 2 by line 6	180,742.	70		70 70
8	Total gross income (add line 7, columns A through D)		L line 7 column (A)		180,742.
	. Stat. grood income (add line 1, columns A through b)	. Entor hore and one all	i, into r, column (A)		
9	Allocable deductions. Multiply line 3c by line 6	96,626.			
10	Total allocable deductions. Add line 9, columns A the		on Part I line 7 colur	nn (B)	96,626.
11	Total dividends-received deductions included in line	-	a.c.i, iii lo 7, 00lul		0.
 -					

Schedule A (Form 990-T) 2023

Part VI Interest, Annu		oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (s	ee instruc	tions)		1 agc 1
		-			E	Exempt Contro	lled Or	ganization	ns .		
Name of controlled organization	d	identification incor				al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
				Controlled Or	-						
7. Taxable Income	in	Net unrelated acome (loss) e instructions)	1	otal of specif syments mad		that is inc controlling gross	luded	in the zation's		con	uctions directly nected with e in column 10
(1)											
(2)											
(3)											
(4)											
						Add colum Enter here line 8, c	and or	n Part I,	Ent	er he	umns 6 and 11. re and on Part I, , column (B).
Totals								0.			0.
Part VII Investment I	ncome	of a Section 50	1(c)(7),	(9), or (17)	Orgar	nization (s	ee ins	tructions)			
	cription of			2. Amou incom	nt of	3. Deduction directly connected (attach states	ons ected		-asides tateme	nt)	. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)				<u> </u>							
Totals				Add amou column 2. here and or line 9, colu	Enter n Part I, mn (A). 0 •						Add amounts in column 5. Enter nere and on Part I, line 9, column (B).
Part VIII Exploited E	xempt A	ctivity Income	, Other	Than Adve	rtising	g Income	see in	structions)		
1 Description of exploite	d activity:										
2 Gross unrelated busine	ess incom	e from trade or busi	ness. Ente	er here and or	n Part I,	line 10, colum	n (A)		2		
3 Expenses directly con	nected wit	h production of unre	elated bus	iness income	. Enter l	here and on Pa	art I,				
									3		0.
4 Net income (loss) from lines 5 through 7					•	• .			4		
5 Gross income from act		s not unrelated bus							5		0.
6 Expenses attributable									6		0.
7 Excess exempt expens											
4. Enter here and on P									7		0.

Schedule A (Form 990-T) 2023

Part	IX	Advertising Income						
1	Nan	ne(s) of periodical(s). Check box if reporting to	vo or more p	eriodicals on a	consolidated basis	S.		
	A [
	в							
	c [
	D							
Enter a	amour	nts for each periodical listed above in the con	responding c	olumn.				
		1		Α	В	С	D	
2	Gros	ss advertising income						
		columns A through D. Enter here and on Pa		olumn (A)	•	•	•	0.
а		ÿ	,	()				
3	Dire	ct advertising costs by periodical						
а		columns A through D. Enter here and on Pa		olumn (B)	•	•		0.
		3	,	()				
4	Adv	ertising gain (loss). Subtract line 3 from line						
		or any column in line 4 showing a gain,						
	complete lines 5 through 8. For any column in							
		4 showing a loss or zero, do not complete						
		s 5 through 7, and enter -0- on line 8						
5		dership costs						
6		ulation income						
7		ess readership costs. If line 6 is less than						
		5, subtract line 6 from line 5. If line 5 is less						
		line 6, enter -0-						
8		ess readership costs allowed as a						
		uction. For each column showing a gain on						
	line	4, enter the lesser of line 4 or line 7						
а		line 8, columns A through D. Enter the great		8a columns to	tal or -0- here and o	on		
	Part	II, line 13						0.
Part	X	Compensation of Officers, Direct	tors, and	Trustees	see instructions)			
						3. Percentage	4. Compensation	
		1. Name		2. Title		of time devoted	attributable to	
						to business	unrelated business	<u> </u>
(1)						%		
(2)						%		
(3)						%		
(4)						%		
		r here and on Part II, line 1						0.
Part	XI	Supplemental Information (see in	structions)					

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOMPANDED AVERAGE ACQUISITION DEBT	ME	STATEMENT 1
DESCRIPTION OF DEBT-FINANCED PROPERTY 1	CTIVITY NUMBER	AMOUNT OF
RENTAL PROPERTY	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		799,390, 797,493, 795,513, 543,604, 540,884, 538,208, 535,525, 532,781, 530,080, 527,320, 524,604,
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		7,187,280
AVERAGE ACQUISITION DEBT		598,940.
TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4 FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOL AVERAGE ADJUSTED BASIS DESCRIPTION OF DEBT-FINANCED PROPERTY	ME ACTIVITY	STATEMENT 2
RENTAL PROPERTY	1	- AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YOUR REPORT AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YOU	YEAR	604,985.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		610,780
TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5		=======================================

FORM 990-T (A)	PART V - OTHER I	DEDUCTIONS		STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INSURANCE		19,285.		
REPAIRS AND MAINTENANCE		24,549.		
WATER		1,048.		
HEAT		4,919.		
ELECTRICITY		7,496.		
PROPERTY TAX		223.		
INTEREST		21,324.		
DEPRECIATION		94,028.		
- SUBTOTA	AL - 1	172,872.	•57	98,537.
TOTAL OF FORM 990-T, SCHED	ULE A, PART V, I	INE 3(B)		98,537.