Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

_		2024 cal	lendar year, or tax year beginning 4/1/2024 , and er	nding 3	3/31/202	5	
		applicable:	C Name of organization Loon Preservation Committee			ication number	
\Box	Address	change	Doing business as				
<u> </u>		-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	02-04519	944		
Ш'	Name ch	ange	PO Box 604	E Teleph	E Telephone number		
<u> </u>	Initial retu	ırn	City or town State ZIP code	(603) 47	5 5666		
П.	Einal ratura	/terminated	Moultonborough NH 03254	(003) 471	3-3000		
닏'	rınaı returri	rterminateu	Foreign country name Foreign province/state/county Foreign postal	code			
	Amended	l return		G Gross	receipts \$	1,696,329	
П.	Applicatio	on pending	F Name and address of principal officer:	H(a) Is this a group ret	ırn for suboro	dinates? Yes X No	
ш.	фричан	ponunig	Harry Vogel PO Box 604, Moultonborough, NH 03254				
				H(b) Are all subordi			
<u> </u>	Tax-exer	mpt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach	a list. See i	nstructions	
J	Website	: WW\	w.loon.org	H(c) Group exempti	on number		
ĸ	Form of	organization	: X Corporation Trust Association Other L Yea	r of formation: 200	ne Ms	State of legal domicile: NH	
	art I			200	00	1411	
			mmary				
	1	-	escribe the organization's mission or most significant activities:				
မွ			tion of and maintenance of a				
ă			population of loons and to monitor the health and productivity of loon				
Ĕ		populati	ons.				
Governance	2	Check th	nis box if the organization discontinued its operations or disposed	of more than 25	% of its r	net assets.	
G	3	Number	of voting members of the governing body (Part VI, line 1a)		3	13	
Activities &	4	Number	of independent voting members of the governing body (Part VI, line 1b) .		4	13	
ŧį	5	Total nu	mber of individuals employed in calendar year 2024 (Part V, line 2a)		5	23	
Ę	6		mber of volunteers (estimate if necessary)		6	886	
Ac	7a		related business revenue from Part VIII, column (C), line 12		7a	0	
-	b		elated business taxable income from Form 990-T, Part I, line 11		7b		
			,	Prior Year		Current Year	
4	8	Contribu	ıtions and grants (Part VIII, line 1h)..................	1.2	271,683	1,530,560	
Revenue	9		n service revenue (Part VIII, line 2g)	- ,-	0	0	
Κ	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		9,702	27,365	
æ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,230	65,457	
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	1 '	347,615	1,623,382	
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	1,	0	1,020,002	
	14		paid to or for members (Part IX, column (A), line 4)		0	0	
	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	-	744,832	823,107	
ses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	020,107	
Expenses	_		ndraising expenses (Part IX, column (D), line 25) 66,674		U	U	
Š	17		renses (Part IX, column (A), lines 11a–11d, 11f–24e)		182,593	529,397	
Ш	17		· · · · · · · · · · · · · · · · · · ·		227,425		
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	,		1,352,504	
_ v	19	Revenu	e less expenses. Subtract line 18 from line 12		120,190	270,878	
Net Assets or Fund Balances		Takal aa	anto (Dart V. lina 40)	Beginning of Curr		End of Year	
sse Bala	20		sets (Part X, line 16)	ა,	735,207	4,077,505	
nd P	21		bilities (Part X, line 26)	2.0	42,908	46,669 4,030,836	
			-	3,0	592,299	4,030,030	
	art II		nature Block				
	•		y, I declare that I have examined this return, including accompanying schedules and statements, ect, and complete. Declaration of preparer (other than officer) is based on all information of which			e	
anu	bellet, it i	s ilue, come	cd, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any kir	owieuge.		
Sig	n						
He			ature of officer	Date			
	. •	Har	ry Vogel Senio	or Biologist/Exec	utive Dir	ector	
		Туре	or print name and title				
		Prep	parer's name Preparer's signature	Date	Oh	PTIN	
Pa	id	 Eria	C Powley	5/28/2025	Check self-emp	if	
Pre	eparer	· —	C Rowley				
Use On			's name Rowley & Associates, PC	Firm's EIN	XX-X	XX2619	
			's address 46 N. State Street, Concord, NH 03301	Phone no.	(603)	228-5400	
Ma	v the IF	RS discus	s this return with the preparer shown above? See instructions			. X Yes No	

Part	Checklist of Required Schedules			
1	In the arganization described in section 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Ven "		Yes	No
•	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 <i>Schedule B, Schedule of Contributors</i> ? 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		Χ
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		Χ
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		Χ
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	6		v
7	"Yes," complete Schedule D, Part I	0		Х
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8	Х	
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? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	_
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? <i>If</i> "Yes," <i>complete</i> Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	^	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
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		Χ
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		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11e	Χ	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	V	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Χ	
128	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"	120	^	
~	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a		14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		.,
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
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		Χ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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		Χ

		02-0451944	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			T
20	Did the consoliration was at some than OF 000 of was to small an advantage of the description dividuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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 officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did 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 K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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? If "Yes," complete Schedule L, Part I	25a		Х
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's prior Forms 990 or			.,
00	990-EZ? If "Yes," complete Schedule L, Part I	<u>25b</u>		Х
26	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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	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		Х
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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	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			Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
•	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	20		_
33	complete Schedule N, Part II	32		Х
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II,</i>	. 00		
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		.,	
D	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
4 -	Entenths number remarked in her 2 of Ferry 4000 Ferry 0 Street and 1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	·		_ /\	1

	90 (2024) Loon Preservation Committee 02-045	1944	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
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 Accounts (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?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit 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 contributions or			
	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 services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ď		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		$\vdash $
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ייינ		\vdash
		45		Y
	excess parachute payment(s) during the year?	15		Х
	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 income?	16		Х
	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		L
	If "Ves " complete Form 6060			

	Eddit i regervation committee	02-0401044	i aye
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 Schedu	ıle O. See instru	uction
	Check if Schedule O contains a response or note to any line in this Part VI		. X

Sect	ion A. Governing Body and Management			
		_	Yes	No
1a		3		
	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		3		
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		X
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
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			\ \ \
01	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
b	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		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- 10		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	120	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	X	
b	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		X
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		
	ion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed NH	. FO4/		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	1 501(0)	
	(3)s only) available 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 of))		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	•		
	and financial statements available to the public during the tax year.	oney,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	Robert Varney, Treasurer (603) 476-566	6		
	183 Lees Mill Road, P.O. Box 604, Moultonborough, NH 03254			

Form 990 (2024) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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.
- 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.

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

		(C) Position (do not check more than one box, unless person is both an								
(4)	(5)					(5)	(5)	(E)		
(A) Name and title	(B) Average					(D) Reportable	(E) Reportable	(F) Estimated amount		
	hours per week					or/truste		compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	infill till organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Harry Vogel	40.00									
Senior Biologist/Executive Director	0.00				Χ	Χ		116,070		21,742
(2) Kristen F Begor	1.44									
Trustee	0.00	Χ								
(3) Robert I. Rotberg	1.92									
Chair	0.00	Χ		Х						
(4) Robert Varney	1.44									
Treasurer	0.00			Χ						
(5) Susan Goodwin	1.15	1								
Trustee	0.00	Χ								
(6) David Govatski	0.77									
Trustee	0.00	Χ								
(7) Anne Montgomery	0.77									
Trustee	0.00	Χ								
(8) Jeff Patterson	0.77									
Trustee	0.00	Χ								
(9) Brenda Stowe	1.44									
Vice Chair	0.00	Χ		Х						
(10) Charlie Nims	0.77									
Trustee	0.00	Χ								
(11) Thomas S. Dean	1.15									
Trustee	0.00	Χ								
(12) Michael Fenollosa	0.77									
Trustee	0.00	Χ								
(13) Dan Nye	0.77									
Trustee	0.00	Х								
(14) Dr. Brian J. Reilly	1.15									
Trustee	0.00	Χ								

Form 9	990 (2024)	Loon Preservation Committee									02-045	1944 Рас	ge 8
Pa	art VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	iH t	ghes	t C	ompensated En	ployees (contin	ued)	
		(B) Average hours per week	box, unless person is both officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amou		
			(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization ar related organizat	nd
(15)													
(16)			+										
(17)			<u> </u>										
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)				·									
1b	Subtotal									116,070	0	21,	742
c d	Total (add	n continuation sheets to Part VII, S d lines 1b and 1c)								0 116,070		21,	0 742
2	Total num	ber of individuals (including but not lies compensation from the organization	mited to those lis	sted a	bov	e) v	vho	recei	vec	l more than \$100),000 of		1
3	Did the or	ganization list any former officer, dire	ector, trustee, ke	v emi	nlov	ee.	or h	niahes	st c	ompensated		Yes	No
	employee	on line 1a? If "Yes," complete Scheo	dule J for such in	dividu	ıal .							3	Χ
4	the organ	ndividual listed on line 1a, is the sum of ization and related organizations greated and included in the sum of the sum o	ater than \$150,00	00? <i>If</i>	ΎΥ ε	es,"	con	nplete	Sc	chedule J for suc			\ <u></u>
5	Did any p	erson listed on line 1a receive or acc	rue compensatio	n fror	n ar	ıy u	nrel	ated	org	anization or indiv	vidual		X
Soc		es rendered to the organization? If "Yependent Contractors	es," complete So	cneau	iie J	tor	suc	n per	sor	7		5	Х
1	Complete	this table for your five highest compe										toy your	
	compensa	ation from the organization. Report co (A) Name and business add	•	iie Ge	ai C H	uai	yea	i c iiu	ıı ı <u>g</u>	(B) Description of ser		(C) Compensation	
		ivanie and business add	11 500							Description of set	vioes (ompensation	0
													0
													0
													0
2		nber of independent contractors (inclu n \$100,000 of compensation from the	•	ed to	tho	se l	iste	d abo	ve)	who received			

02-0451944

Part VIII Statement of Revenue

		Check if Schedule O co	ntains	a respons	se or	note to any line in	this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants lounts	1a b c	Federated campaigns Membership dues Fundraising events			1a 1b 1c	0 122,336 0				Socione 612 611
Contributions, Gifts, Grants and Other Similar Amounts	d e	Related organizations			0					
	f	All other contributions, gifts similar amounts not include	, gran d abo	its, and ove .	1f	1,408,224				
Contrik and Ot	g	Noncash contributions includines 1a–1f]	1g		1,530,560			
	h	Total. Add lines Ta-T1			• •	Business Code	1,550,560			
a)	_					Business Code				
Š	2a						0			
ıram Ser Revenue	b						0			
n S	С						0			
e a	d						0			
Program Service Revenue	е						0			
ር	f	All other program service re					0			
	g	Total. Add lines 2a–2f					0			
	3	Investment income (including								
		other similar amounts)				24,240			24,240	
	4	Income from investment of tax-exempt bond proce				0				
	5	Royalties	<u> </u>	(i) Rea		(ii) Personal	0			
	٥-	Cross route	C-	(I) Rea		(II) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses .	6b			0				
	C	Rental income or (loss)	6c		0	-	0			
	d 7a	Net rental income or (loss) Gross amount from		(i) Securit		(ii) Other	0			
	1 a	sales of assets		(i) Occur		(ii) Outer				
		other than inventory	7a		0	3,500				
<u>o</u>	b	Less: cost or other basis	- r u			0,000				
n		and sales expenses	7b		0	375				
Revenue	С	Gain or (loss)	7c		0					
	d	Net gain or (loss)		ļ	_		3,125	3,125		
Other		Gross income from fundrais				1	5,.20	5,.20		
ō		events (not including \$	J	0						
		of contributions reported or	line	1c).						
		See Part IV, line 18			8a	0				
	b	Less: direct expenses		[8b	0				
	С	Net income or (loss) from fu	undrai	ising event	ts.		0			
	9a	Gross income from gaming	activ	ities.						
		See Part IV, line 19			9a	0				
	b	Less: direct expenses		[9b	0				
	С	Net income or (loss) from g	aming	g activities			0			
	10a	Gross sales of inventory, le								
		returns and allowances			10a	138,029				
	b	Less: cost of goods sold .		[10b	72,572				
	С	Net income or (loss) from s	ales c	of inventory	y		65,457	65,457		
SI						Business Code				
eo e	11a						0			
an	b						0			
Miscellaneous Revenue	С						0			
ĬŠ.	d	All other revenue					0			
2	е	Total. Add lines 11a-11d.				<u> </u>	0			
	12	Total revenue See instruc	tione				1 623 382	68 582	0	24 240

Statement of Functional Expenses Part IX

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	

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	124,970	99,976	17,496	7,498				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	550,296	440,237	77,041	33,018				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	29,767	23,813	4,167	1,787				
9	Other employee benefits	68,313	54,651	9,564	4,098				
10	Payroll taxes	49,761	39,809	6,967	2,985				
11	Fees for services (nonemployees):				•				
а	Management	0							
b	Legal	0							
С	Accounting	6,531	0	6,531	0				
d	Lobbying	0		,					
е	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
·	(A), amount, list line 11g expenses on Schedule O.)	14,807	11,458	3,349	0				
12	Advertising and promotion	18,512	15,735	926	1,851				
13	Office expenses	8,827	8,348	479	0				
14	Information technology	6,145	4,916	860	369				
15	Royalties	0							
16	Occupancy	28,493	22,933	5,560	0				
17	Travel	10,753	10,557	137	59				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	77,178	77,178	0	0				
23	Insurance	20,888	16,710	4,078	100				
24	Other expenses. Itemize expenses not covered								
	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.)								
а	Program events and expenses	235,055	230,369	0	4,686				
b	Printing and postage	43,449	28,784	5,308	9,357				
С	General supplies	14,440	11,552	2,022	866				
d	Credit card fees	13,722	0	13,722	0				
е	All other expenses	30,597	30,597	0	0				
25	Total functional expenses. Add lines 1 through 24e	1,352,504	1,127,623	158,207	66,674				
26	Joint costs. Complete this line only if the			T					
	organization reported in column (B) joint costs								
	from a combined educational campaig <u>n a</u> nd								
	fundraising solicitation. Check here if								
	following SOP 98-2 (ASC 958-720)								
					Form 990 (2024)				

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Form 990 (2024)

Part X Balance Sheet

		Check if Schedule O contains a response o	r note to	any line in this Part X .			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			653	1	653
	2	Savings and temporary cash investments	626,362	2	936,697		
	3	Pledges and grants receivable, net	0	3	0		
	4	Accounts receivable, net			80,126	4	6,248
	5	Loans and other receivables from any current of		_	,		,
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the	0	5			
	6	Loans and other receivables from other disquali	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons describe		0	6		
ets	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			57,527	8	55,557
⋖	9	Prepaid expenses and deferred charges			918	9	159
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	2,417,138			
	b	Less: accumulated depreciation	10b	362,817	2,093,791	10c	2,054,321
	11	Investments—publicly traded securities			868,316	11	1,016,357
	12	Investments—other securities. See Part IV, line		0	12	0	
	13	Investments—program-related. See Part IV, lin		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		7,514	15	7,513	
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	3)	3,735,207	16	4,077,505
	17	Accounts payable and accrued expenses			42,908	17	46,669
	18	Grants payable			0	18	
	19	Deferred revenue	0	19			
	20	Tax-exempt bond liabilities	0	20			
	21	Escrow or custodial account liability. Complete	f Schedule D	0	21		
es	22	Loans and other payables to any current or for	mer office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs					
iab		controlled entity or family member of any of the			0	22	
_	23	Secured mortgages and notes payable to unre			0	23	0
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25		<u> </u>	42,908	26	46,669
es		Organizations that follow FASB ASC 958, ch	eck here	• X			
anc		and complete lines 27, 28, 32, and 33.					
ä	27	Net assets without donor restrictions			3,300,623	27	3,483,161
В	28	Net assets with donor restrictions	<u></u> . L	391,676	28	547,675	
E		Organizations that do not follow FASB ASC	ck here				
F		and complete lines 29 through 33.					
S.	29	Capital stock or trust principal, or current funds			0	29	
set	30	Paid-in or capital surplus, or land, building, or e			0	30	
As	31	Retained earnings, endowment, accumulated i			0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,692,299	32	4,030,836
Z	33	Total liabilities and net assets/fund balances.			3,735,207	33	4,077,505

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Form **990** (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

	Loon Preservation Committee 02-0451944								
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of church				170(b)(1)	(A)(i).		
2		A school described in section 1	1 70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)				
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(ii	i).		
4		A medical research organization hospital's name, city, and state		nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii). En	iter the	
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170)(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental เ	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organizor university or a non-land-granuniversity:	t college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or	
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns, subject to certain e ed business taxable in	exceptions come (les	s; and (2) i s section :	no more than 33 1/3° 511 tax) from busine	% of its	S
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See s e	ection 509	9(a)(4).		
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	organizations descough 12d that descr	ribed in section 509(a ibes the type of support)(1) or sec rting orga	ction 509(nization a	a)(2). See section 5 nd complete lines 12	509(a)(3). e, 12f, an	d 12g.
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regunder to regunder to regular to the power to regular to regular to the power to regular to the power to regular to the power to regular to regu	larly appoint or elect a tions A and B.	majority o	of the dire	ctors or trustees of th	ne suppor	
b	ı	Type II. A supporting organization or management of the organization(s). You must companization Type III functionally integral	e supporting organi complete Part IV, So ated. A supporting o	zation vested in the sa ections A and C. organization operated i	me person connect	ns that co	ntrol or manage the and functionally integ	supported	
d		its supported organization(s) Type III non-functionally in that is not functionally integr	itegrated. A supportated. The organizat	ting organization opera ion generally must sati	ated in cor isfy a distr	nnection w	vith its supported org quirement and an att		
	1	requirement (see instruction	, .	·					
е		Check this box if the organiz					Type I, Type II, Typ	e III	
f		functionally integrated, or Ty Enter the number of supported		illy integrated supporting	ig organiz	auon.		Ī	0
q		Provide the following information		ed organization(s).				1	
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other su	mount of pport (see actions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(-)									
(E)									
- -									

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.)

Sec	tion A. Public Support			<u>, </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,213,065	1,206,598	1,303,506	1,271,683	1,530,560	6,525,412
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	1,213,065	1,206,598	1,303,506	1,271,683	1,530,560	6,525,412
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						220,619
6	Public support. Subtract line 5 from line 4						6,304,793
	tion B. Total Support					1	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	1,213,065	1,206,598	1,303,506	1,271,683	1,530,560	6,525,412
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	13,850	1,858	2,809	17,127	24,240	59,884
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	44,866	11,148	0	0	0	56,014
11	Total support. Add lines 7 through 10						6,641,310
12	Gross receipts from related activities, etc. (s	ee instructions)				12	138,029
13	First 5 years. If the Form 990 is for the orga	anization's first, seco	ond, third, fourth, c	or fifth tax year as a	section 501(c)(3)		
	organization, check this box and $\ensuremath{\mathbf{stop}}$ $\ensuremath{\mathbf{here}}$						
Sec	tion C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2024 (line 6, c	column (f), divided b	y line 11, column	(f))		14	94.93%
15	Public support percentage from 2023 Sched		-			15	96.56%
16a	33 1/3% support test—2024. If the organiz	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here . The organization qualifies as						X
b	33 1/3% support test—2023. If the organiz	ation did not check	a box on line 13 o	r 16a. and line 15 is	s 33 1/3% or more	. check this	
	box and stop here . The organization qualifie			,		,	
17a	10%-facts-and-circumstances test—2024	1 If the organization	n did not check a b	ox on line 13 16a	or 16b, and line 1	4	-
	10% or more, and if the organization meets	•			·		
	Part VI how the organization meets the facts						<u> </u>
	organization						
b	10%-facts-and-circumstances test—2023	•					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the factories at the second		•				1
	organization						
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						

Page 3

(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.)

Sec	tion A. Public Support			, i	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included on line 10b, whether						
40	or not the business is regularly carried on .						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						0
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the organization, check this box and stop here.	nization's first, seco	ond, third, fourth, c	or fifth tax year as	a section 501(c)(3)	-	
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2024 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2023 Sched	* *	•			16	0.00%
	ction D. Computation of Investmer						
17	Investment income percentage for 2024 (line	10c, column (f), di	vided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2023 Se	chedule A, Part III, I	ine 17			18	0.00%
19a	33 1/3% support tests—2024. If the organi						
b	not more than 33 1/3%, check this box and s 33 1/3% support tests—2023. If the organi	zation did not check	k a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this		=				-
20	Private foundation. If the organization did r	not check a box on I	line 14, 19a, or 19	b, check this box a	and see instructions	3	

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

- 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.
- 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?
- 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.
- 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).
- 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.)

		Yes	No
	1		
•			
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

have engaged in these activities but for the organization's involvement.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Parent of Supported Organizations. Answer lines 3a and 3b below.

3

2b

3a

1 Check here if the organization satisfied the Integral Part Test as a qualifying the control of	ng trust o	on Nov. 20, 1970 <i>(explain i</i>	•
instructions. All other Type III non-functionally integrated supporting organisms. Section A - Adjusted Net Income	s must complete Sections (A) Prior Year	s A through E. (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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e 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	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ılly integi	rated Type III supporting o	organization (see

Part	Type III Non-Functionally integrated 509(a)(3	s) Supporting Organi	zations (continuea)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which t	he organization is respor		
	(provide details in Part VI). See instructions.		8	_
9	Distributable amount for 2024 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2024	iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2024			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2024			
<u>a</u>	From 2019			
b	From 2020			
C	From 2021			
<u>d</u>	From 2022			
<u>e</u> f		0		
	Total of lines 3a through 3e Applied to underdistributions of prior years	U	0	
g h	Applied to differ distributions of prior years Applied to 2024 distributable amount			0
<u>''</u> i	Carryover from 2019 not applied (see instructions)			0
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2024 from			
•	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2024 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2020			
<u>b</u>	Excess from 2021			
	Excess from 2022			
<u>d</u>	Excess from 2023			
е	Excess from 2024 0			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Loon	Preservation Committee		02-0451944
Part	Organizations Maintaining Donor A	Advised Funds or Other Similar Fun	ids or Accounts
	Complete if the organization answere		
	•	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	or advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to	the organization's exclusive legal control?	⁹ Yes No
6	Did the organization inform all grantees, donors		
	only for charitable purposes and not for the ber		
	conferring impermissible private benefit?		Yes No
Part	II Conservation Easements		
	Complete if the organization answere		
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	le, recreation or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space	<u>—</u>	
2	Complete lines 2a through 2d if the organizatio	n held a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easen		
С	Number of conservation easements on a certifi		
d	Number of conservation easements included or	n line 2c acquired after July 25, 2006, and	
	not on a historic structure listed in the National	=	
3	Number of conservation easements modified, t		
	the organization during the tax year		
4	Number of states where property subject to cor		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring		=
-	conservation easements during the year		
7	Amount of expenses incurred in monitoring, ins		
8	conservation easements during the year Does each conservation easement reported on		
O	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization report		
·	sheet, and include, if applicable, the text of the fo		
	organization's accounting for conservation ease	=	one that describes the
Part			Other Similar Assets
	Complete if the organization answere		
1a	If the organization elected, as permitted under	FASB ASC 958, not to report in its revenue	statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, education	on, or research in furtherance of
	public service, provide in Part XIII the text of the	e footnote to its financial statements that de	escribes these items.
b	If the organization elected, as permitted under	FASB ASC 958, to report in its revenue sta	tement and balance sheet works
	of art, historical treasures, or other similar asse		esearch in furtherance of public
	service, provide the following amounts relating		
	(i) Revenue included on Form 990, Part VIII, lin		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		s for financial gain, provide the
	following amounts required to be reported under	<u> </u>	•
	Revenue included on Form 990, Part VIII, line	1	\$
h	Assets included in Form 990 Part X		Ψ.

Part	Organizations Maintaining	Collections of Ar	rt, Histoi	rical Tre	asures, or	Other	Similar Assets	(conti	nued)	
3										
	collection items (check all that apply).			ī						
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generation	S		-						
4	Provide a description of the organization		explain h	ow they fu	irther the orga	anizatio	on's exempt purpo	se in Pa	art	
	XIII.		•	,	Ū					
5	During the year, did the organization s	olicit or receive don	ations of a	art, historio	cal treasures,	or oth	er similar			
	assets to be sold to raise funds rather	than to be maintain	ed as part	t of the org	ganization's c	ollectic	on?	Y	es X	No
Part	IV Escrow and Custodial Arrai	ngements								
	Complete if the organization a	answered "Yes" o	n Form 9	990, Part	IV, line 9, c	r repo	orted an amount	on Fo	m	
	990, Part X, line 21.					_				
1a	Is the organization an agent, trustee, o	ustodian, or other ir	ntermedia	ry for cont	ributions or o	ther as	ssets not			
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	e the follow	wing table						
							А	mount		
С	Beginning balance					10				0
d	Additions during the year					10				
e	Distributions during the year					10				
f	Ending balance					1	•		_	0
2a	Did the organization include an amour								es	No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the expl	anation ha	as been provi	ded in	Part XIII			
Part										
	Complete if the organization a					1		_		
		(a) Current year	(b) Pri		(c) Two years		(d) Three years back		ur years	
1a	Beginning of year balance	868,316		251,776		4,878	121,795	5	9	6,858
b	Contributions	80,382		475,000	13	2,050				
С	Net investment earnings, gains,	07.050		444.540		- 4-0	0.000			4 007
اء ما	and losses	67,659		141,540	-	5,152	3,083	5		4,937
d	Grants or scholarships Other expenditures for facilities									
е	and programs									
f	Administrative expenses									
g	End of year balance	1,016,357		868,316	25	1,776	124,878	2	12	1,795
2	Provide the estimated percentage of the		balance (121,070	<u>′1 </u>	1,2	1,700
a	Board designated or quasi-endowmen		3%		(,)					
b	Permanent endowment	7%								
С	Term endowment									
	The percentages on lines 2a, 2b, and	2c should equal 100)%.							
3a	Are there endowment funds not in the	possession of the o	rganizatio	n that are	held and adr	niniste	red for the	,		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Χ
b	If "Yes" on line 3a(ii), are the related o	•	•					3b		
4	Describe in Part XIII the intended uses		's endowr	ment funds	5.					
Part					n	_			4.0	
	Complete if the organization a									
	Description of property	(a) Cost or ot		٠,,	or other basis	• •) Accumulated	(d) B	ook valu	е
1-	Lond	(investm		(0	other)		depreciation			
1a b	Land	<u> </u>	0		0		0			<u>0</u> 0
C	Buildings	1	0		2,146,341		222,313		1 02	4,028
d	Equipment	1	0		270,797		140,504			0,293
e	Other		0		0		0		10	0,233
	. Add lines 1a through 1e. (Column (d)			line 10c,					2,05	4,321

Part VII Investments—Other Securities Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11b. See Form 9	990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation:
(1) Financial derivatives	0	·	
(2) Closely held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0		
Part VIII Investments—Program Related	0		
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 9	990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)			
(2)			
(3)			
<u>(4)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0		
Part IX Other Assets Complete if the organization engagered	"Voo" on Form 000	Dart IV line 11d See Form (200 Port V line 15
Complete if the organization answered (a) Descri		Fait IV, line 11d. See Foilits	(b) Book value
(1)	ipuon		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
_ (8)			
(9)	((D))		0
Total. (Column (b) must equal Form 990, Part X, line 15, o	COI. (B))		0
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.			
	tion of liability		(b) Book value
(1) Federal income taxes			0
(2) Operating lease liability			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, of	col. (B))		0
2. Liability for uncertain tax positions. In Part XIII, provide the te	ext of the footnote to the o	organization's financial statements th	at 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 .

Х

Par	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part I		eturn	
1	Total revenue, gains, and other support per audited financial statements		1	1,691,041
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	1,091,041
a	Net unrealized gains (losses) on investments	2a 67,659	a	
b	Donated services and use of facilities	2b	4	
C	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d	-	
e	Add lines 2a through 2d		2e	67,659
3	Subtract line 2e from line 1		3	1,623,382
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,020,002
·	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1	
	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) .		5	1,623,382
	XII Reconciliation of Expenses per Audited Financial Statement		Return	.,020,002
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	1,352,504
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			, ,
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,352,504
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,00=,001
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,352,504
Part	XIII Supplemental Information			, ,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			4; Part X, line
	II Line 4 Artwork - Loon Decoy. The piece is to enhance the public's Visitor's experience.			
	Cline 2 The Organization has been notified by the Internal Revenue Service that	it		
	empt from federal income tax under Section 501(c) (3) of the Internal Revenue Co			
	Organization is further classified as an organization that is not a private foundation			
	Section 509(a)(3) of the Code. The most significant tax positions of the	<u></u>		
	nization are its assertion that it is exempt from income taxes and its determination	 1		
	ether any amounts are subject to unrelated business tax (UBIT). The Organizatio			
	s guidance of Accounting Standards Codification (ASC) 740, Accounting for Inco			
	s, related to uncertain income taxes, which prescribes a threshold of more likely the			
	r recognition of tax positions taken or expected to be taken in a tax return. All			
	cant tax positions have been considered by management. It has been determined	d that		
	ore likely than not that all tax positions would be sustained upon examination by			
	g authorities. Accordingly, no provision for income taxes has been recorded.			
	,			

	orm 990) (Rev. 12-2024)	Loon Preservation Committee	02-0451944	Page 5
Part XIII	Supplemental In	formation (continued)		

SCHEDULE 0

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Loon Preservation Committee	02-0451944
Form 990, Part VI, Section B, Line 11b: The Executive Director, Finance and Facilities and	
Executive Committees have authority to review Form 990 with the independent CPA who prepared	 វ
the form prior to filing.	
Form 990, Part VI, Section B, Line 12c: Annually, as part of the audit of the financial	
reports all officers, trustees and key employees complete and sign a conflict of interest	
questionnaire which is provided to the auditors and kept on file.	
Form 990, Part VI, Section B, Line 15a: The Chair and Vice-chair of the Organization perform	
an annual review of the Executive Director and decide on compensation for the coming fiscal	
year. This information is subsequently shared with the full board of trustees.	
Form 990, Part VI, Section C, Line 19: The Organization posts a public notice on its web site	
and distributes documents upon request.	