

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SWAN VALLEY CONNECTIONS		D Employer identification number 81-0512368
	Doing business as		E Telephone number 406-754-3137
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	6887 HIGHWAY 83		G Gross receipts \$ 1,626,696.
	City or town, state or province, country, and ZIP or foreign postal code CONDON, MT 59826		
F Name and address of principal officer: REBECCA L. RAMSEY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

J Website: **WWW.SWANVALLEYCONNECTIONS.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1996** **M** State of legal domicile: **MT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ECOSYSTEM MANAGEMENT AND EDUCATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	80
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 888,941.	Current Year 1,399,998.
	9 Program service revenue (Part VIII, line 2g)	181,521.	120,068.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,546.	7,834.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,674.	44,864.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,074,334.	1,572,764.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	112,405.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		458,428.	528,181.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		32,814.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		340,278.	959,358.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		911,111.	1,528,234.
19 Revenue less expenses. Subtract line 18 from line 12	163,223.	44,530.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,175,459.	End of Year 1,182,507.
	21 Total liabilities (Part X, line 26)	195,278.	166,151.
	22 Net assets or fund balances. Subtract line 21 from line 20	980,181.	1,016,356.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	REBECCA L. RAMSEY, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHIRLEE WALKER	SHIRLEE WALKER	11/07/23	<input type="checkbox"/>	P00572619
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	KCOE ISOM, LLP 1821 SOUTH AVENUE WEST, 5TH FLOOR MISSOULA, MT 59801	48-0567703		406-721-7800	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: MAINTAIN THE SWAN VALLEY'S UNIQUE NATURAL RESOURCES AND ENSURE THAT A VIBRANT HUMAN COMMUNITY CAN SUSTAIN ITSELF THROUGH STEWARDSHIP, EDUCATION, ECONOMIC VIABILITY, AND CONSERVATION ON PUBLIC AND PRIVATE LANDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 757,500. including grants of \$ 40,695.) (Revenue \$ 44,681.)

STEWARDSHIP AND RESTORATION: SWAN VALLEY CONNECTIONS (SVC), WORKING WITH THE MONTANA DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION, ASSISTED 238 PRIVATE LANDOWNERS IN THE SWAN VALLEY DURING 2022 TO PROVIDE FOREST HEALTH AND STEWARDSHIP ASSESSMENTS. PRIVATE LANDOWNERS ALSO RECEIVE TECHNICAL ASSISTANCE TO REDUCE WILDFIRE RISK THROUGH FOREST FUELS THINNING, MANAGE TREE BEETLE INFESTATIONS, AND MONITOR TREE DISEASE OUTBREAKS. WITH FUNDING FROM SEVERAL GOVERNMENT AGENCIES, FOREST STEWARDSHIP COST SHARE GRANTS WERE AWARDED TO TEN LANDOWNERS AND TREATED 146 ACRES IN 2022. SINCE BEGINNING THE PROGRAM IN 2004, 296 LANDOWNER GRANTS HAVE BEEN AWARDED, FACILITATING THE TREATMENT OF 3,051 ACRES OF FOREST LAND AT RISK FROM WILDFIRE, TREE AND FOREST HEALTH DECLINE, OR TREE INSECT AND DISEASE

4b (Code:) (Expenses \$ 181,330. including grants of \$) (Revenue \$ 2,085.)

WILDLIFE & AQUATICS: SWAN VALLEY CONNECTIONS (SVC) WORKS TO CONSERVE THE INTACT ECOSYSTEMS WITHIN AND SURROUNDING THE SWAN VALLEY AND TO STRENGTHEN THE CONNECTION BETWEEN PEOPLE AND THE NATURAL WORLD THROUGH COLLABORATION AND EXPERIENTIAL LEARNING. LOCATED IN THE HEART OF ONE OF THE LAST REMAINING WILD AND INTACT LANDSCAPES IN NORTH AMERICA HOSTING ITS FULL COMPLEMENT OF NATIVE FISH AND WILDLIFE SPECIES IN THEIR NATURAL HABITAT, SVC'S VISION IS THAT THE SWAN WATERSHED WILL REMAIN AN INTACT ECOSYSTEM, SUPPORTING A RESILIENT COMMUNITY THAT VALUES ITS NATURAL RESOURCES, AND SERVING AS A MODEL FOR ENDURING STEWARDSHIP. SVC IS A COLLABORATIVE PARTNER IN SWAN VALLEY BEAR RESOURCES (SVBR), WHOSE MISSION IS TO OFFER COMMUNITY RESOURCES TO PROMOTE COEXISTENCE BETWEEN

4c (Code:) (Expenses \$ 160,048. including grants of \$) (Revenue \$ 72,497.)

EDUCATION: SWAN VALLEY CONNECTIONS' (SVC) EDUCATION PROGRAMS AIM TO STRENGTHEN THE RELATIONSHIP BETWEEN PEOPLE AND LANDSCAPES THROUGH PLACED-BASED EXPERIENCES. SVC TEACHES ECOLOGICAL LITERACY TO PEOPLE OF ALL AGES AND BACKGROUNDS, CULTIVATING COMPASSION AND ENTHUSIASM FOR THE NATURAL WORLD IN CHILDREN, CHALLENGING YOUNG ADULTS TO UNDERSTAND THE COMPLEXITIES OF LAND AND RESOURCE MANAGEMENT, AND PROVIDING RESIDENTS WITH OPPORTUNITIES TO ENGAGE WITH THE PLACE WHERE THEY LIVE, WORK, AND PLAY.

DURING 2022, SVC CONTINUED TO SUPPORT THE MISSION MOUNTAIN YOUTH CREW (MMYC), WHICH IS A CONSERVATION YOUTH CORPS OF HIGH SCHOOL STUDENTS

4d Other program services (Describe on Schedule O.) (Expenses \$ 203,412. including grants of \$) (Revenue \$ 22,680.)

4e Total program service expenses 1,302,290.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included... 12; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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) available for public inspection. Indicate how you made these available. Check all that apply. [] 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 financial 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
UWE J. SCHAEFER - 406-754-3137
6887 HIGHWAY 83, CONDON, MT 59826

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.
 - 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA RAMSEY EXECUTIVE DIRECTOR	40.00	X		X			67,967.	0.	5,508.	
(2) CASEY RYAN DIRECTOR	2.00	X					0.	0.	0.	
(3) CHRISTIAN WOHLFEIL DIRECTOR	2.00	X					0.	0.	0.	
(4) DAN STONE DIRECTOR	2.00	X					0.	0.	0.	
(5) DONN LASSILA TREASURER	10.00	X		X			0.	0.	0.	
(6) GREG TOLLEFSON DIRECTOR	2.00	X					0.	0.	0.	
(7) JESSY STEVENSON VICE-CHAIR/SECRETARY	5.00	X		X			0.	0.	0.	
(8) KATHY DEMASTER DIRECTOR	2.00	X					0.	0.	0.	
(9) MARY SHAW CHAIR	10.00	X		X			0.	0.	0.	
(10) RACHEL FEIGLEY DIRECTOR	2.00	X					0.	0.	0.	
(11) STEVE KLOETZEL DIRECTOR	2.00	X					0.	0.	0.	
(12) TINA ZENZOLA DIRECTOR	10.00	X					0.	0.	0.	
(13) ZOE LEAKE DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							67,967.	0.	5,508.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							67,967.	0.	5,508.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	2,775.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	934,163.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	463,060.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f		1,399,998.			
Program Service Revenue	2 a	<u>TUITION AND FEES - OTH</u>	Business Code 110000	72,497.	72,497.		
	2 b	<u>STEWARDSHIP & RESTORAT</u>	Business Code 110000	44,681.	44,681.		
	2 c	<u>BEAR RESISTANT CONTAIN</u>	Business Code 110000	2,085.	2,085.		
	2 d	<u>ELK CREEK & SWAN LEGAC</u>	Business Code 110000	530.	530.		
	2 e	<u>CONSERVATION</u>	Business Code 110000	275.	275.		
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		120,068.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,360.		5,360.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	41,818.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	39,344.				
	7 c	Gain or (loss)	2,474.				
	7 d	Net gain or (loss)		2,474.		2,474.	
8 a	Gross income from fundraising events (not including \$ 2,775. of contributions reported on line 1c). See Part IV, line 18		30,959.				
			7,970.				
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events		22,989.		22,989.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		11,870.				
			6,618.				
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory		5,252.	5,252.			
Miscellaneous Revenue	11 a	<u>MISCELLANEOUS</u>	Business Code 110000	16,623.	16,623.		
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		16,623.			
12	Total revenue. See instructions		1,572,764.	141,943.	0.	30,823.	

Part IX Statement of Functional Expenses

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 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 ...	18,920.	18,920.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	21,775.	21,775.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	73,475.	26,972.	27,650.	18,853.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	379,401.	306,431.	66,930.	6,040.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,287.	8,961.	2,605.	721.
9 Other employee benefits	24,789.	18,233.	6,040.	516.
10 Payroll taxes	38,229.	29,541.	6,599.	2,089.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,550.		2,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	379.		379.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	747,595.	739,193.	8,402.	
12 Advertising and promotion	373.	373.		
13 Office expenses	7,000.	1,728.	4,993.	279.
14 Information technology				
15 Royalties				
16 Occupancy	22,159.	21,273.	886.	
17 Travel	6,415.	5,845.	8.	562.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	5,807.	4,262.	1,545.	
20 Interest	1,321.		1,321.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,004.		19,004.	
23 Insurance	15,816.	1,238.	14,578.	
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.)				
a EQUIPMENT & REPAIRS	35,095.	33,659.	1,436.	
b VEHICLE EXPENSES	27,687.	21,406.	5,894.	387.
c SUPPLIES	21,119.	21,119.		
d PRINTING	14,803.		14,257.	546.
e All other expenses	32,235.	21,361.	8,053.	2,821.
25 Total functional expenses. Add lines 1 through 24e	1,528,234.	1,302,290.	193,130.	32,814.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	74,461.	1	3,718.
	2 Savings and temporary cash investments	434,105.	2	706,022.
	3 Pledges and grants receivable, net	275,784.	3	98,417.
	4 Accounts receivable, net	10,750.	4	326.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,864.	8	11,125.
	9 Prepaid expenses and deferred charges	14,748.	9	21,390.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 401,189.		
	b Less: accumulated depreciation	10b 96,563.	318,271.	10c 304,626.
	11 Investments - publicly traded securities	42,476.	11	36,883.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,175,459.	16	1,182,507.
Liabilities	17 Accounts payable and accrued expenses	130,302.	17	97,487.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	48,586.	23	47,338.
	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 of Schedule D	16,390.	25	21,326.
	26 Total liabilities. Add lines 17 through 25		195,278.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	903,557.	27	892,602.
	28 Net assets with donor restrictions	76,624.	28	123,754.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	980,181.	32	1,016,356.
	33 Total liabilities and net assets/fund balances		1,175,459.	33

Part 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	1,572,764.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,528,234.
3	Revenue less expenses. Subtract line 2 from line 1	3	44,530.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	980,181.
5	Net unrealized gains (losses) on investments	5	-8,355.
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, column (B))	10	1,016,356.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b		X
c		
3a		X
3b		

Form 990 (2022)

SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 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).**
- 4 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: _____
- 5 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).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1008348.	647,119.	689,099.	888,941.	1399998.	4633505.
2 Tax revenues levied for the organization's 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	1008348.	647,119.	689,099.	888,941.	1399998.	4633505.
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)						890,938.
6 Public support. Subtract line 5 from line 4.						3742567.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1008348.	647,119.	689,099.	888,941.	1399998.	4633505.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,218.	3,712.	2,085.	3,427.	5,360.	22,802.
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.)	1,483.					1,483.
11 Total support. Add lines 7 through 10						4657790.
12 Gross receipts from related activities, etc. (see instructions)					12	712,193.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	80.35 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	78.68 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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 meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	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? <i>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.</i>		
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? <i>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.</i>		
1		
2		

Section 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)? <i>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).</i>		
1		

Section 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? <i>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.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	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
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

SWAN VALLEY CONNECTIONS

Employer identification number

81-0512368

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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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
1	 <hr/> <hr/> <hr/>	\$ <u>133,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>33,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>74,584.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>111,541.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>62,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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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
7	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>16,648.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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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
13	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	 <hr/> <hr/> <hr/>	\$ <u>679,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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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
19	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2022

Open to Public Inspection

Name of the organization SWAN VALLEY CONNECTIONS Employer identification number 81-0512368

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		282,000.		282,000.
b Buildings				
c Leasehold improvements				
d Equipment		119,189.	96,563.	22,626.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				304,626.

Part VII Investments - Other Securities.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) TUITION DEPOSITS	21,326.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 ...

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part 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.

Multiple horizontal lines provided for entering supplemental information.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SUMMER SOIREE (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	32,984.		32,984.
	2	Less: Contributions	2,775.		2,775.
	3	Gross income (line 1 minus line 2)	30,209.		30,209.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	825.		825.
	8	Entertainment	1,800.		1,800.
	9	Other direct expenses	5,345.		5,345.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			7,970.
	11	Net income summary. Subtract line 10 from line 3, column (d)			22,239.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **SWAN VALLEY CONNECTIONS** Employer identification number **81-0512368**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CRC LAND IMPROVEMENT 1405 RIVERSIDE RD BIGFORK, MT 59911	45-4939561		11,900.	0.			FOREST STEWARDSHIP AND RESTORATION (FIRE FUELS MITIGATION)
1221 ANASTASIA LLC 15811 COLLINS AVE, SUITE 4201 SUNNY ISLES BEACH, FL 33160	86-3332130		7,020.	0.			FOREST STEWARDSHIP AND RESTORATION (FIRE FUELS MITIGATION)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____

3 Enter total number of other organizations listed in the line 1 table _____ **2.**

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOREST STEWARDSHIP AND RESTORATION (FIRE FUELS MITIGATION)	5	21,775.	0.	CASH GRANTS	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

INDIVIDUAL/ORGANIZATION APPLIES FOR A COST SHARE GRANT WITH DETAILS OF THE PROJECT AND AN ESTIMATE FROM A CONTRACTOR.

ONE OF OUR SVC EMPLOYEES WHO MANAGE THE FOREST FUELS REDUCTION AND STEWARDSHIP PROGRAM MAKES A SITE VISIT TO VERIFY THE PROJECT MEETS THE FOREST FUELS REDUCTION CRITERIA SPECIFIED BY DNRC FOR ELIGIBILITY FOR COST SHARE FUNDING AND THAT THE CONTRACTOR COST ESTIMATE IS IN LINE WITH MARKET PRICES AND THE SCOPE OF THE PROJECT.

A MAXIMUM PROJECT COST AND COST SHARE FUNDING AMOUNT IS SET AND A COST

Part IV Supplemental Information

SHARE FUNDING AGREEMENT SIGNED BY BOTH PARTIES SPECIFYING THE GRANT
ELIGIBILITY AMOUNT AND TERMS OF THE AGREEMENT. THE RECIPIENT ALSO RECEIVES
A COPY OF THE TREATMENT GUIDELINES THAT ARE TO BE FOLLOWED BY THE
CONTRACTOR WHICH IS ALSO SIGNED.

AT THE CONCLUSION OF THE PROJECT AN SVC EMPLOYEE INSPECTS THE TREATMENT TO
VERIFY THAT THE GUIDELINES HAVE BEEN FOLLOWED AND THE TREATMENT IS
COMPLETED ACCORDING TO THE ORIGINAL AGREEMENT.

AFTER A SUCCESSFUL INSPECTION, A COST SHARE REIMBURSEMENT CHECK IS ISSUED.

INDIVIDUAL LANDOWNERS (INDIVIDUALS OR ORGANIZATION) ARE RESPONSIBLE FOR
CONTRACTING DIRECTLY WITH A LICENSED CONTRACTOR TO DO THE WORK. SVC DOES
NOT ENTER INTO CONTRACT FOR THE WORK. INDIVIDUALS ARE RESPONSIBLE FOR
PAYMENTS TO THE CONTRACTOR. SVC REIMBURSES THE INDIVIDUALS/ORGANIZATIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SWAN VALLEY CONNECTIONS

Employer identification number

81-0512368

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUTBREAKS. IN 2022, 9,730 BEETLE PHEROMONE PACKETS WERE DISTRIBUTED TO
166 LANDOWNERS IN THE SWAN VALLEY PROTECTING 70 ACRES OF TREES AND
PROVIDING A BUFFER ZONE TO REDUCE THE SPREAD OF A BEETLE INFESTATION TO
HUNDREDS OF ADDITIONAL ACRES.

MITIGATING THE ENCROACHMENT OF NOXIOUS AND NON-NATIVE PLANT SPECIES
REMAINS AN IMPORTANT PART OF MAINTAINING ECOSYSTEM INTEGRITY FOR THE
SWAN VALLEY. SVC OFFERED NUMEROUS LANDOWNERS WITH ADVICE ON HOW TO
EFFECTIVELY TREAT WEED INFESTATIONS ON THEIR PROPERTY.

THE SWAN VALLEY HAS OVER 4,000 WETLANDS, THE MOST ABUNDANT WETLAND
HABITAT IN MONTANA AND IS HOME TO SEVERAL RARE AND ENDANGERED SPECIES.
IN PARTNERSHIP WITH THE U.S. FISH AND WILDLIFE SERVICE (USFWS), SVC IS
ENHANCING EXISTING WETLAND HABITAT AND RESTORING DEGRADED WETLANDS
THROUGHOUT THE SWAN VALLEY. PROJECTS IN THE SWAN VALLEY ARE TARGETED
TOWARDS THE RECOVERY OF FOCAL SPECIES BULL TROUT, TRUMPETER SWANS, AND
GRIZZLY BEARS. IN 2022, SVC AND USFWS PARTNERED TO RESTORE 609 ACRES OF
DITCHED AND DRAINED WETLANDS ON THE SWAN RIVER NATIONAL WILDLIFE
REFUGE, THE LARGEST WETLAND RESTORATION PROJECT IN MONTANA'S HISTORY.
IN ADDITION, SVC AND THE U.S. FOREST SERVICE PARTNERED TO RESTORE 30
ACRES OF DITCHED AND DRAINED WETLANDS ON NATIONAL FOREST LAND. IN
TOTAL, 639 ACRES OF WETLANDS WERE RESTORED IN 2022. SINCE THE INCEPTION
OF THE PROGRAM IN 2010, SVC HAS RESTORED 15 WETLANDS ON 790 ACRES.

TARGETED PROJECTS IN THE SWAN VALLEY OF PREVIOUSLY DITCHED AND DRAINED

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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WETLANDS HAVE HELPED RESTORE NESTING AND FORAGING HABITAT FOR TRUMPETER SWANS. IN 2019, SVC AND PARTNERS DOCUMENTED THE FIRST SUCCESSFUL NESTING PAIR OF TRUMPETER SWANS IN THE UPPER SWAN VALLEY IN OVER 100 YEARS! IN 2022, RECOVERY EFFORTS CONTINUED WITH A PROMISING FUTURE, AS TWO SUCCESSFUL NESTING PAIRS OF TRUMPETER SWANS WERE DOCUMENTED IN THE UPPER SWAN VALLEY, PRODUCING FIVE CYGNETS THAT SURVIVED UNTIL THE FALL MIGRATION.

IN TOTAL, 307 LANDOWNERS WERE SERVED, AND 3,346 ACRES OF PRIVATE PROPERTY WERE EVALUATED OR IMPROVED THROUGH SVC PROGRAMS DURING 2022.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PEOPLE AND BEARS. A COLLABORATIVE EFFORT OF SVC AND THE U.S. FOREST SERVICE (USFS), SVBR PARTNERS WITH MONTANA FISH WILDLIFE & PARKS (FWP), U.S. FISH & WILDLIFE SERVICE (USFWS), MONTANA DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION (DNRC), VOLUNTEERS, AND COMMUNITY MEMBERS IN PURSUIT OF ITS MISSION. SVBR STAFF HELP REDUCE BEAR CONFLICTS BY OFFERING PRIVATE PROPERTY CONSULTATIONS, ADVICE FOR LANDOWNERS TO MINIMIZE BEAR ATTRACTANTS, A BEAR-RESISTANT CONTAINER LOANER PROGRAM, ASSISTANCE WITH TEMPORARY AND PERMANENT ELECTRIC FENCING PROJECTS TO CONTAIN BEAR ATTRACTANTS, EDUCATIONAL EVENTS, AND OUTREACH. SINCE ITS INCEPTION, SVBR HAS DISTRIBUTED 405 BEAR RESISTANT TRASH CONTAINERS TO LOCAL BUSINESSES AND RESIDENTS. IN 2022, SVBR DISTRIBUTED 59 BEAR-RESISTANT TRASH CANS AND BUILT EIGHT PERMANENT ELECTRIC FENCES TO CONTAIN BEAR ATTRACTANTS AND HAS NOW BUILT A TOTAL OF 42 PERMANENT ELECTRIC FENCES IN THE REGION TO CONTAIN BEAR ATTRACTANTS.

SVBR SPONSORS SEVERAL OUTREACH EFFORTS AND EVENTS TO PROMOTE PUBLIC

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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AWARENESS OF ITS MISSION TO REDUCE HUMAN/BEAR CONFLICTS IN THE SWAN VALLEY. SVBR PUBLISHES THE SWAN VALLEY BEAR NEWS, AN ANNUAL COMMUNITY NEWSLETTER THAT HIGHLIGHTS CURRENT EVENTS RELATING TO BEARS AND HAS A CURRENT DISTRIBUTION OF APPROXIMATELY 2,000 INDIVIDUALS. SVBR HOSTS SEVERAL DIFFERENT TYPES OF COMMUNITY EVENTS DESIGNED TO ENGAGE COMMUNITY MEMBERS AND PROVIDE FORUMS TO DISCUSS AND DISSEMINATE INFORMATION ABOUT LIVING WITH BEARS. EVERY YEAR SVBR PARTNERS WITH VARIOUS AGENCIES, ORGANIZATIONS, AND BUSINESSES TO PROVIDE EDUCATIONAL EVENTS AIMED AT PROMOTING HUMAN-BEAR COEXISTENCE. IN APRIL, IN LIEU OF OUR IN-PERSON ANNUAL SPRING BEAR WAKE-UP SOCIAL DUE TO LINGERING COVID-19 CONCERNS, SVBR HOSTED AN EDUCATIONAL VIRTUAL PRESENTATION BY FWP RESEARCH BIOLOGIST LORI ROBERTS ON GRIZZLY BEAR BIOLOGY, HABITAT CONNECTIVITY, AWARENESS, AND CONFLICT MANAGEMENT. THE PRESENTATION ALSO REMINDED RESIDENTS OF SVBR'S SERVICES AND ENCOURAGING EFFORTS TO CONTAIN THEIR BEAR ATTRACTANTS AS BEARS EMERGED FROM HIBERNATION. THE PRESENTATION WAS RECORDED AND IS POSTED ON SVC'S WEBSITE AND WAS SHARED ON OUR SOCIAL MEDIA PLATFORMS. 56 PEOPLE TUNED IN FOR THE LIVE PRESENTATION AND 148 PEOPLE WATCHED THE RECORDED PRESENTATION. THE PRESENTATION CAN BE VIEWED AT:
[HTTPS://WWW.SWANVALLEYCONNECTIONS.ORG/PRESENTATIONS](https://www.swanvalleyconnections.org/presentations)

SVBR HOSTED A BEAR AWARENESS EVENT AT THE BIGFORK VFW THAT FEATURED A PRESENTATION BY FWP STEWARDSHIP OUTREACH SPECIALIST DANIELLE OYLER THAT INCLUDED INFORMATION ABOUT BEAR IDENTIFICATION, LIVING AND RECREATING SAFELY IN BEAR COUNTRY, AND WAYS TO MITIGATE HUMAN-BEAR CONFLICTS. FOLLOWING THE PRESENTATION, PARTICIPANTS WERE ABLE TO PRACTICE USING INERT CANS OF PEPPER SPRAY ON A CHARGING REMOTE-CONTROLLED BEAR. ABOUT 75 PEOPLE ATTENDED THE EVENT.

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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SVBR ALSO HOSTED ITS POPULAR SUMMER EVENT, THE BEAR FAIR, AT THE SWAN RIVER COMMUNITY HALL IN THE GREATER FERNDALE/BIGFORK AREA. THE EVENT BROUGHT TOGETHER REGIONAL BEAR EXPERTS, ORGANIZATIONS, AND BUSINESSES TO SHARE INFORMATION ABOUT BEAR ECOLOGY, BEHAVIOR, RESEARCH, CONSERVATION, CONFLICT MANAGEMENT, AND DIFFERENT RESOURCES AVAILABLE TO SECURE BEAR ATTRACTANTS. PRESENTATIONS WERE GIVEN BY FWP BEAR AND LION CONFLICT SPECIALIST ERIK WENUM AND FWP RESEARCH BIOLOGIST LORI ROBERTS, WHO GAVE INFORMATIVE TALKS ON THE MOST UP-TO-DATE GRIZZLY BEAR RESEARCH, BIOLOGY, POLICY, AND CONFLICT MANAGEMENT. IN ADDITION, REPRESENTATIVES FROM SVBR, VITAL GROUND FOUNDATION, BE BEAR AWARE, DEFENDERS OF WILDLIFE, BEAR AWARE BIGFORK, AND GALLAGHER FENCING WERE ALSO PRESENT, OFFERING INFORMATIVE DISPLAYS, EDUCATIONAL MATERIALS, KID'S ACTIVITIES, AND DEMONSTRATIONS ABOUT BEAR PEPPER SPRAY USE AND EFFECTIVENESS, BEAR-RESISTANT TRASH CANS, ELECTRIC FENCING, HABITAT LINKAGE ZONES, CONSERVATION EASEMENTS, AND HOW TO LIVE IN BEAR COUNTRY. APPROXIMATELY 125 PEOPLE ATTENDED THE EVENT THROUGHOUT THE DAY. FREE FOOD, BEER, AND OTHER NON-ALCOHOLIC BEVERAGES WERE PROVIDED. FLATHEAD LAKE BREWING COMPANY AND ROSA'S PIZZA DONATED BEER AND PIZZA FOR THE EVENT. SVC CREATED AN EDUCATIONAL AND INSTRUCTIONAL VIDEO ABOUT SVBR SERVICES AND A 'HOW-TO GUIDE' FOR OTHER ORGANIZATIONS OR COMMUNITIES INTERESTED IN CREATING/HOSTING A BEAR FAIR. THE VIDEO CAN BE VIEWED AT [HTTPS://VIMEO.COM/753070508](https://vimeo.com/753070508)

SVC HOSTED A LANDOWNER STEWARDSHIP FAIR AT THE CONDON COMMUNITY HALL. SVBR AND BE BEAR AWARE TABLED THE EVENT, PROVIDING EDUCATION AWARENESS, BROCHURES AND OTHER INFORMATIONAL MATERIALS, AND BEAR PEPPER SPRAY DEMONSTRATIONS TO APPROXIMATELY 75 PARTICIPANTS. THE EVENT INCLUDED A

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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PRESENTATION BY FWP GAME WARDEN JUSTIN SLOBUSZEWSKI AND FOCUSED ON THE IMPORTANCE OF RESIDENTS NOT FEEDING BEARS AND OTHER WILDLIFE.

SVC IS THE POINT OF CONTACT LOCALLY TO REPORT BEAR INCIDENTS, PROBLEMS, AND CONFLICTS AND WORKS TO HELP RESOLVE ISSUES OR RELAY INFORMATION TO APPROPRIATE MANAGEMENT EXPERTS. VISITORS AT THE CONDON WORK CENTER CAN PURCHASE BEAR PEPPER SPRAY AND OBTAIN A VARIETY OF PRINTED INFORMATION AND EDUCATIONAL MATERIALS ABOUT LIVING AND RECREATING SAFELY IN BEAR COUNTRY. THE VISITOR CENTER PROVIDES INFORMATION ABOUT LIVING WITH ALL SPECIES OF WILDLIFE, INCLUDING A 'LIVING WITH WILDLIFE' INFORMATIONAL PACKET FOR NEW LANDOWNERS IN THE VALLEY AND OTHER INTERESTED PARTIES.

THE SOUTHWESTERN CROWN OF THE CONTINENT (SW CROWN) IS A PRIMARILY FORESTED LANDSCAPE IN THE ROCKY MOUNTAINS OF WESTERN MONTANA. THE SW CROWN WAS CHOSEN AS ONE OF THE FIRST TEN PROJECT AREAS NATIONALLY AWARDED FUNDING UNDER THE FEDERAL COLLABORATIVE FOREST LANDSCAPE RESTORATION (CFLR) PROGRAM. THE CFLR PROGRAM REQUIRES MULTI-PARTY MONITORING TO ASSESS THE POSITIVE OR NEGATIVE ECOLOGICAL, SOCIAL, AND ECONOMIC EFFECTS OF RESTORATION PROJECTS IMPLEMENTED UNDER THE PROGRAM. SVC, IN PARTNERSHIP WITH THE U.S. FOREST SERVICE, ROCKY MOUNTAIN RESEARCH STATION, BUREAU OF LAND MANAGEMENT, AND THE NATURE CONSERVANCY IN MONTANA WORKED TO SYSTEMATICALLY SURVEY PARTS THE SW CROWN FOR FOREST CARNIVORES, PARTICULARLY FOCUSING ON LYNX, FISHER, AND WOLVERINE IN 2022 AS PART OF A LONG-TERM MONITORING EFFORT THAT BEGAN IN 2012. MAINTAINING OR RESTORING A HEALTHY LANDSCAPE THAT SUPPORTS THESE THREE SPECIES IS A PRIMARY FOCUS OF NATIONAL FOREST MANAGEMENT IN THE SW CROWN AND, AS LISTED OR SENSITIVE SPECIES, THE CFLR PROGRAM. AS SUCH, FOREST MANAGERS CONSIDER THE IMPACTS TO THESE SPECIES BEFORE

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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IMPLEMENTING ANY MAJOR FOREST MANAGEMENT, INCLUDING BUILDING OR REMOVING ROADS, FUELS REDUCTION, AND FOREST RESTORATION PROJECTS. THE PRIMARY OBJECTIVE OF MONITORING FOREST CARNIVORES IN THE SW CROWN OF THE CONTINENT IS TO FACILITATE AND COORDINATE THE ADAPTIVE MANAGEMENT OF WOLVERINES, CANADA LYNX, AND FISHER BY AGENCY MANAGERS ACROSS THE LANDSCAPE. THIS MONITORING PROJECT WAS DESIGNED TO PROVIDE A BASELINE OF THE CURRENT DISTRIBUTION OF THE FOCAL SPECIES IN THE SW CROWN AND TO ALLOW FOR TRACKING CHANGES IN THAT DISTRIBUTION OVER TIME. THE SW CROWN CARNIVORE PROJECT UTILIZES NON-INVASIVE SURVEY METHODS TO MAXIMIZE THE ABILITY TO DETECT MULTIPLE SPECIES ACROSS A LARGE LANDSCAPE IN AN EFFICIENT AND COST-EFFECTIVE MANNER. SVC CONDUCTED SNOW TRACK SURVEYS AND USED DNA COLLECTION METHODS (HAIR SNARES AND BAIT STATIONS) DEVELOPED BY RESEARCHERS WITH THE USFS ROCKY MOUNTAIN RESEARCH STATION.

SVC COORDINATES AND HOSTS AN ANNUAL SWAN VALLEY NATIVE FISH COMMITTEE MEETING, WHICH IS A COLLABORATIVE GROUP OF PARTNERS FROM MONTANA FWP, U.S. GEOLOGICAL SURVEY, MONTANA DNRC, U.S. FOREST SERVICE, THE UNIVERSITY OF MONTANA, FLATHEAD BIOLOGICAL STATION, U.S. FISH AND WILDLIFE SERVICE, MPG RANCH, AND PRIVATE CITIZENS. THE NATIVE FISH SUBCOMMITTEE WORKS TO INFORM THE CONSERVATION STRATEGIES WHICH WILL BEST PROTECT AND RESTORE WESTSLOPE CUTTHROAT TROUT IN THE SWAN RIVER BASIN.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
FROM THE CONFEDERATED SALISH AND KOOTENAI TRIBAL RESERVATION. THE MMYC ASSISTED IN A VARIETY OF STEWARDSHIP PROJECTS, INCLUDING INVASIVE WEED CONTROL AND TRAIL AND CULTURAL SITE MAINTENANCE.

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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OUR EXPERIENTIAL COLLEGE FIELD PROGRAMS HOSTED 25 STUDENTS IN 2022. SVC PROMOTES A PLACE-BASED, CASE-STUDY APPROACH TO CONSERVATION AND STUDIES PROCESS AND COLLABORATION TO MAKE THESE LESSONS APPLICABLE IN OTHER GEOGRAPHIC LOCATIONS. WE HOSTED PROGRAMS FROM GONZAGA UNIVERSITY AND UNIVERSITY OF MONTANA AND TAUGHT OUR OWN 9 CREDIT PROGRAM, "WILDLIFE IN THE WEST". STUDENTS IN OUR PROGRAMS STUDY ECOLOGY, NATURAL RESOURCE MANAGEMENT, AND COMMUNITY-BASED CONSERVATION. OUR COLLEGE PROGRAMS ARE INTERDISCIPLINARY IN NATURE AND OFFER A BALANCE OF LEARNING THROUGH FIELD WORK, ACADEMIC READINGS, PRESENTATIONS BY STAFF AND SPEAKERS, PROBLEM SOLVING ACTIVITIES, AND PERSONAL REFLECTION. WE BELIEVE THAT A DEEP UNDERSTANDING OF ECOLOGICAL PROCESSES COMBINED WITH EMPATHY FOR HUMAN COMMUNITIES LEADS TO INNOVATIVE AND THOUGHTFUL STEWARDSHIP OF PUBLIC AND PRIVATE LANDSCAPES.

OUR VIRTUAL NATURAL RESOURCE SPEAKER SERIES BROUGHT 12 DIFFERENT PRESENTERS TO A GLOBAL AUDIENCE, SHARING INFORMATION ABOUT FUNGI, WILDLIFE, PLANT AND INSECT BIOLOGY, HYDROLOGY, WILDFIRE, AND GEOLOGY. ATTENDANCE TO THESE ONLINE WEBINARS RANGES FROM 20 TO OVER 100 ATTENDEES. WE HELD SEVERAL WILDLIFE TRACKING CLASSES AND WORKSHOPS SERVING 108 PARTICIPANTS AND OUR MONTANA MASTER NATURALIST PROGRAM HAD 16 PARTICIPANTS.

SVC IS COMMITTED TO MAINTAINING PARTNERSHIPS THAT PROMOTE EDUCATION TO A BROADER AUDIENCE. IN 2021, SVC PARTNERED WITH THE MONTANA NATURAL HISTORY CENTER, THE BLACKFOOT CHALLENGE, CLEARWATER RESOURCE COUNCIL, THE UNIVERSITY OF MONTANA, THE UNITED STATES FOREST SERVICE, MONTANA FISH, WILDLIFE AND PARKS, MONTANA DEQ, TROUT UNLIMITED, BACKCOUNTRY HUNTERS AND ANGLERS, THE UNITED STATE GEOLOGIC SURVEY, AND OTHERS TO

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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PROMOTE STATE-WIDE AND OUT OF STATE EDUCATION PROGRAMS TO A DIVERSE AUDIENCE. THESE PARTNERSHIPS BUILD TRUST, ENHANCE COLLABORATION, AND EXTEND THE REACH OF ANY INDIVIDUAL ORGANIZATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC INFORMATION/VISITOR CENTER:

SWAN VALLEY CONNECTIONS (SVC) HAS PARTNERED WITH THE U.S. FOREST SERVICE TO PROVIDE YEAR-ROUND VISITOR AND COMMUNITY SERVICES MONDAY FRIDAY BETWEEN 9AM 4:30PM. SVC STAFFS A VISITOR CENTER LOCATED IN THE USFS CONDON WORK CENTER THAT IS THE PRIMARY POINT OF CONTACT FOR VISITORS TO THE SWAN VALLEY. WE SAW 1,320 VISITORS WHO CAME TO THE VISITOR CENTER TO GET INFORMATION REGARDING TRAILS/HIKING, CAMPING, FISHING, AND WATER RECREATION, LODGING AND WILDLIFE IN THE VALLEY. WE RECORDED 437 MINUTES OF INFORMATION GIVEN TO 46 VISITORS SPECIFICALLY REGARDING RECREATING IN BEAR COUNTRY. SVC IS THE HOME OF THE GREAT NORTHERN FIRE CREW, AND THE MAIN SOURCE OF INFORMATION FOR THE PUBLIC. SVC HAS CREATED WILDLIFE AND HABITAT EXHIBITS, DEVELOPED A RESOURCE LIBRARY FOCUSED ON LOCAL NATURAL RESOURCES, WILDLIFE AND HISTORY, AND A SMALL RETAIL SHOP SELLING BEAR SPRAY, MAPS, WOOD PERMITS AND BOOKS RELATED TO ENJOYING AND UNDERSTANDING THE NATURAL BEAUTY OF THE SWAN VALLEY. VISITORS CAN ALSO ENJOY AN INTERPRETIVE TRAIL ADJACENT TO THE VISITOR CENTER.

SVC'S VISITOR CENTER IS AN INFORMATIONAL HUB FOR VISITORS AND RESIDENTS ALIKE AND A CRITICAL RESOURCE FOR PROFESSIONALS WORKING IN THE SWAN VALLEY. SVC HOSTS THE SWAN LANDS COORDINATING NETWORK AND ITS VARIOUS FOCAL SUBCOMMITTEES, A FORUM FOR ALL RESOURCE CONSERVATION PRACTITIONERS AND PROFESSIONALS IN THE VALLEY. SVC FACILITATES

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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WORKSHOPS AND EDUCATIONAL OPPORTUNITIES YEAR-ROUND FOR RESIDENTS AND PROFESSIONALS, INCLUDING A QUARTERLY PUBLICATION "THE CONFLUENCE" WITH A PRINT DISTRIBUTION OF OVER 1,300 AS WELL AS DIGITAL DISTRIBUTION OF OVER 3,000 VIA EMAIL AND ON OUR WEBSITE. IN ADDITION, THE SWAN VALLEY CONNECTIONS WEBSITE PROVIDES A WEALTH OF PUBLIC INFORMATION AND OUTREACH MATERIAL. IN 2022, THE WEBSITE RECEIVED 26,000 UNIQUE VIEWERS AND SERVED AS A JUMPING OFF POINT TO OUR SOCIAL PAGES, FACEBOOK AND INSTAGRAM, WHICH HAVE 17,000 AND 2,500 FOLLOWERS RESPECTIVELY, BRINGING TOGETHER A CONFLUENCE OF CONSERVATION AND EDUCATION MATERIAL. SVC PARTNERS WITH GOVERNMENT AGENCY STAKEHOLDERS AND ACTS AS THE LIAISON FOR COMMUNICATION BETWEEN THESE AGENCIES (85% OF THE VALLEY IS UNDER FEDERAL AND STATE OWNERSHIP) AND THE PRIVATE LANDOWNERS/RESIDENTS OF THE VALLEY. SVC HOSTS MONTHLY INFORMATIONAL MEETINGS FOR CITIZENS TO BE AWARE OF AGENCY ACTIVITY AND ALLOWS CITIZENS TO PROVIDE INPUT AND FEEDBACK TO THE FEDERAL AND STATE AGENCIES ON PROJECTS HAPPENING IN THE VALLEY. THIS CRITICAL COMMUNICATION LINK BUILDS RELATIONSHIPS THAT ALLOW FOR PRODUCTIVE OUTCOMES THAT BENEFIT ALL.

RECREATIONAL TRAILS:
FROM MAY THROUGH NOVEMBER, SWAN VALLEY CONNECTIONS (SVC), IN PARTNERSHIP WITH THE U.S. FOREST SERVICE (USFS), CONTRACTS WITH THREE RECREATION TRAIL STEWARDS TO PROVIDE EXTENSIVE TRAIL AND CAMPSITE MAINTENANCE AND RESTORATION, RECREATIONAL USER MONITORING, WILDERNESS CHARACTER MONITORING, AND VISITOR EDUCATION ON APPROXIMATELY 95 MILES OF TRAIL IN THE MISSION MOUNTAINS WILDERNESS AND SWAN FRONT OF NORTHWEST MONTANA. THE TRAILS STEWARDS CLEAN UP GARBAGE AND MAINTAIN OVER 300 CAMPSITES AS WELL AS 10 RESTORATION SITES. EACH SPRING TRAILS ARE OPENED AND THEN MAINTAINED THROUGHOUT THE VISITOR SEASON IN

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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PARTNERSHIP WITH THE U.S. FOREST SERVICE. IN 2022, TRAIL STEWARDS SUPERVISED 30 VOLUNTEERS, PROVIDING 969 HOURS OF SERVICE. THE RECREATIONAL TRAILS PROGRAM IS FUNDED BY GRANTS FROM THE USFS, MONTANA FISH, WILDLIFE & PARKS, AND BY PRIVATE DONATIONS.

CONSERVATION:

SWAN VALLEY CONNECTIONS (SVC) COORDINATES THE SWAN LANDS COORDINATING NETWORK (SLCN) CONSISTING OF MEMBERS FROM ALL THE VARIOUS STAKEHOLDERS IN THE SWAN VALLEY, INCLUDING THE U.S. FOREST SERVICE, U.S. FISH AND WILDLIFE SERVICE, MONTANA DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION, MONTANA FISH, WILDLIFE AND PARKS, VARIOUS NON-GOVERNMENTAL AGENCIES, SWAN VALLEY CIVIC ORGANIZATIONS, AND PRIVATE CITIZENS. THE MISSION OF THE SLCN IS TO COORDINATE STAKEHOLDER ACTIVITY IN THE VALLEY AND LEVERAGE ORGANIZATIONAL RESOURCES TO MORE PRODUCTIVELY ACCOMPLISH COMMON GOALS AND OBJECTIVES. THE SLCN PROVIDES A FORUM FOR DIALOGUE AMONG VESTED STAKEHOLDERS IN PURSUIT OF STRENGTHENING RELATIONSHIPS AND FACILITATING COOPERATIVE STEWARDSHIP OF THE NATURAL RESOURCES IN THE SWAN VALLEY FOR THE COMMON GOOD.

THE SWAN VALLEY NATIVE FISH SUBCOMMITTEE IS A COLLABORATIVE GROUP OF REPRESENTATIVES FROM SWAN VALLEY CONNECTIONS, MONTANA FWP, US GEOLOGICAL SURVEY, MONTANA DNRC, US FOREST SERVICE, THE UNIVERSITY OF MONTANA, FLATHEAD BIOLOGICAL STATION, U.S. FISH AND WILDLIFE SERVICE, MPG RANCH, AND PRIVATE CITIZENS. IT WORKS TO IDENTIFY THE CONSERVATION STRATEGIES WHICH WILL BEST PROTECT AND RESTORE WESTSLOPE CUTTHROAT TROUT IN THE SWAN BASIN. SVC HAS WORKED TO MONITOR KNOWN CONSERVATION POPULATIONS AND COLLECT SAMPLES FOR GENETIC STUDY TO ADDRESS KNOWLEDGE GAPS ABOUT THE DISTRIBUTION, ABUNDANCE, AND GENETIC STATUS OF CUTTHROAT

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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TROUT IN THE SWAN.

SVC ALSO CONNECTS LOCAL LANDOWNERS WITH A MISSOULA COUNTY-FUNDED COST SHARE NOXIOUS WEED TREATMENT GRANT PROGRAM.

SVC IS A MEMBER OF THE SOUTHWESTERN CROWN COLLABORATIVE (SWCC), WHICH BRINGS TOGETHER RESIDENTS, INTERESTED CITIZENS, BUSINESS ENTERPRISES, AND CONSERVATION ORGANIZATIONS TO CONSIDER CREATIVE SOLUTIONS IN THE MANAGEMENT OF NATIONAL FORESTS IN THE BLACKFOOT, CLEARWATER, AND SWAN RIVER VALLEYS. IT IS AN OPEN, INDEPENDENT, VOLUNTEER ORGANIZATION THAT ENCOURAGES BROAD PARTICIPATION BY ALL INTERESTED PARTIES. THE SWCC PROMOTES SUSTAINABLE FOREST MANAGEMENT, THE RESTORATION OF WATERSHEDS, SCIENCE-BASED EVALUATION OF MANAGEMENT ACTIVITIES, AND OPPORTUNITIES FOR NEARBY RURAL COMMUNITIES TO BENEFIT FROM THESE LANDS AND WATERS. SWCC'S MISSION IS TO WORK TOWARDS A HEALTHY AND SUSTAINABLE LANDSCAPE IN THIS REGION TAKING INTO ACCOUNT EVERYTHING FROM LOCAL ECOSYSTEMS TO LOCAL ECONOMIES.

ELK CREEK CONSERVATION AREA:

SWAN VALLEY CONNECTIONS (SVC) AND THE CONFEDERATED SALISH AND KOOTENAI TRIBES (CSKT) EACH OWN HALF OF THE ELK CREEK CONSERVATION AREA, A 640-ACRE PARCEL OF CRITICAL BULL TROUT SPAWNING HABITAT ALONG ELK CREEK. TOGETHER, SVC AND CSKT CO-MANAGE THE CONSERVATION AREA AND MEET AT LEAST ONCE ANNUALLY TO DISCUSS STEWARDSHIP PRIORITIES FOR THE YEAR. A MANAGEMENT COMMITTEE AND MANAGEMENT PLAN GUIDE ANY STEWARDSHIP ACTIONS ON THE PROPERTY. SVC SUPERVISES VOLUNTEERS AND PROVIDES FUNDING FOR RESTORING RIPARIAN HABITAT ALONG THE CREEK AS WELL AS MAINTENANCE OF ACCESS ROADS, WEED CONTROL, TREE PLANTING AND FOREST HEALTH

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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MANAGEMENT. THE ELK CREEK CONSERVATION AREA IS A DEMONSTRATION AREA FOR BEST MANAGEMENT PRACTICES, PUBLIC TOURS, AND EDUCATIONAL OPPORTUNITIES FOR STUDENTS, RESIDENTS, AND NATURAL RESOURCE PROFESSIONALS.

SVC USES THIS CONSERVATION AREA AS AN OUTDOOR CLASSROOM FOR STUDENTS WHO LEARN THROUGH INVOLVEMENT IN STREAM MONITORING, WILDLIFE HABITAT MANAGEMENT, AND FOREST ASSESSMENT.

IN 2013, SVC PARTNERED WITH THE US FISH AND WILDLIFE SERVICE, THE CONFEDERATED SALISH AND KOOTENAI TRIBES, AND THE MISSOULA COUNTY CONSERVATION DISTRICT TO OBTAIN VARIOUS GRANTS TO REPLANT 43 ACRES ALONG ELK CREEK AND THE SWAN RIVER WITHIN THE CONSERVATION AREA. THE PROJECT WORK WAS IMPLEMENTED IN 2015, PLANTING OVER 5,800 SPRUCE AND 500 ALDER SEEDLINGS. ANNUAL MONITORING OF SEEDLING SURVIVAL CONTINUED IN 2022.

IN 2022, SVC AND USFWS PARTNERED WITH THE CSKT, MISSOULA COUNTY, AND THE ELK FLATS ROAD COOP TO UPGRADE UNDERSIZED CULVERTS IN THE FLOODPLAIN ALONG ELK CREEK ON THE ELK CREEK CONSERVATION AREA. THE PREVIOUS UNDERSIZED CULVERTS WERE UNABLE TO HANDLE THE HIGH FLOWS DURING SPRING RUNOFF EVENTS AND HAD RESULTED IN LARGE QUANTITIES OF SEDIMENT FROM ELK FLATS ROAD WASHING INTO ELK CREEK, NEGATIVELY IMPACTING BULL TROUT SPAWNING AND REARING HABITAT AS WELL AS WATER QUALITY.

IN ADDITION, IN 2022 SVC HOSTED A WEED MANAGEMENT WORKSHOP AND A RIPARIAN SHRUBS AND TREES RESTORATION WORKSHOP THAT WAS ATTENDED BY VOLUNTEERS WHO HELPED HAND-PULL INVASIVE WEEDS AND BUILD FENCES THAT

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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WILL EXCLUDE UNGULATES AND ALLOW FOR NATIVE PLANTS AND TREES TO
REGENERATE IN THE ELK CREEK AND SWAN RIVER FLOODPLAINS.

SVC ALSO RELEASED BIOCONTROL KNAPWEED FLOWER AND ROOT WEEVILS IN 2021
ON THE CONSERVATION AREA, WHICH WILL REPRODUCE OVER TIME AND HELP
REDUCE THE INFESTATION OF THE INVASIVE PLANT. IN ADDITION, HERBICIDES
WERE USED TO TREAT WEEDS THROUGHOUT VARIOUS ROADS ON THE PROPERTY.
EXPENSES \$ 203,412. INCLUDING GRANTS OF \$ 0. REVENUE \$ 22,680.

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

THE CENTER HAS A WRITTEN POLICY THAT REQUIRES THE FORM 990 AND ALL
SCHEDULES BE PROVIDED ELECTRONICALLY TO EACH VOTING MEMBER OF THE BOARD OF
DIRECTORS PRIOR TO ITS BEING FILED WITH THE IRS. THE FORMS MUST ALSO BE
REVIEWED AND APPROVED BY THE PRESIDENT AND TREASURER BEFORE FILING WITH THE
IRS.

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

THE CONFLICT OF INTEREST POLICY REQUIRES THAT ANY POTENTIAL CONFLICT OF
INTEREST THAT COULD RESULT IN A DIRECT OR INDIRECT FINANCIAL OR PERSONAL
BENEFIT TO A DIRECTOR, OFFICER OR STAFF MEMBER MUST BE DISCLOSED TO THE
BOARD OF DIRECTORS OR COMMITTEE AUTHORIZING A CONTRACT OR OTHER
TRANSACTION. THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED
ANNUALLY BY ALL DIRECTORS.

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

COMPENSATION FOR THE PRESIDENT/SECRETARY IS SET ANNUALLY BY THE FINANCE
COMMITTEE. COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE
BEFORE BEING PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
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SALARIES AND WAGES ARE REVIEWED AT LEAST ANNUALLY BY THE PRESIDENT/SECRETARY PRIOR TO MAKING RECOMMENDATIONS TO THE FINANCE COMMITTEE. COMPENSATION IS SET BY THE FINANCE COMMITTEE AFTER CONSIDERING THE RECOMMENDATIONS OF THE PRESIDENT SECRETARY.

FORM 990, PART VI, SECTION C, LINE 18:
DOCUMENTS ARE AVAILABLE WHEN REQUESTED IN PERSON OR BY MAIL.

FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE WHEN REQUESTED IN PERSON OR BY MAIL.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	739,193.
MANAGEMENT AND GENERAL EXPENSES	6,773.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	745,966.

BANK AND MERCHANT FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,629.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,629.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 747,595.