

Form	990
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## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

For the 0000 colordor was

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АГ	or the	and and and and	ending		
<b>B</b> C a	heck if oplicabl	c Name of organization		D Employer identifie	cation number
	Addre	SWAN VALLEY CONNECTIONS			
	Name chang	Doing business as		81-05123	68
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	6887 HIGHWAY 83		406-754-	3137
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,626,696.
	Ameno	CONDON, MT 59826		H(a) Is this a group re	eturn
	Applic distance	F Name and address of principal officer: REDECCA L. RAMBET		for subordinates	? Yes X No
	pendir	<sup>9</sup> SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
ΙT	ax-exe	empt status: $X = 501(c)(3) = 501(c)( )$ (insert no.) 4947(a)(1)	or 🚺 527	If "No," attach a	list. See instructions
JV	Vebsit	e: WWW.SWANVALLEYCONNECTIONS.ORG		H(c) Group exemptio	n number
ΚF	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1996 🖪	I State of legal domicile: MT
Pa	rt I	Summary			
6		Briefly describe the organization's mission or most significant activities: ECOS	YSTEM	MANAGEMENT A	AND
Governance		EDUCATION.			
erna	2	Check this box if the organization discontinued its operations or disposed	sed of more	than 25% of its net ass	
ove				3	13
5		Number of independent voting members of the governing body (Part VI, line 1b)			12
es (		Total number of individuals employed in calendar year 2022 (Part V, line 2a) $\ldots$			14
viti	6	Total number of volunteers (estimate if necessary)			80
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		888,941.	1,399,998.
ent		Program service revenue (Part VIII, line 2g)		181,521.	120,068.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,546.	7,834.
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,674.	44,864.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,074,334.	1,572,764.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		112,405.	40,695.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		458,428. 0.	528,181.
ens		Professional fundraising fees (Part IX, column (A), line 11e)	1 4	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 32,8		240 270	050 250
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		340,278.	959,358.
		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. ginning of Current Year	<u>44,530.</u>
ts or inces	00				End of Year
t Assets d Balanc		Total assets (Part X, line 16)		<u>1,175,459</u> 195,278.	1,182,507.
et A Ind F		Total liabilities (Part X, line 26)			166,151.
		Net assets or fund balances. Subtract line 21 from line 20		980,181.	1,016,356.
		3	a and atatama	unto and to the best of me	knowledge and ballof it is
Unde	er peria	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s anu stateme	mis, and to the pest of My	Knowledge and Dellet, It IS

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of off	ficer				Date	
Here	REBECCA	L. RAMSEY,	EXECUTI	VE DIRECTOR			
	Type or print na	ame and title					
	Print/Type prep	arer's name		Preparer's signature	Date	Check	PTIN
Paid	SHIRLEE	WALKER	4	SHIRLEE WALKER	11/07		P00572619
Preparer	Firm's name	KCOE ISOM,	LLP			Firm's EIN 48-	0567703
Use Only	Firm's address	1821 SOUTH	AVENUE	WEST, 5TH FLOOR			
		MISSOULA, N	<b>1</b> T 59801			Phone no. <b>406</b> -	721-7800
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
232001 12-1	J2001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)						

	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 TH	AT A
	VIBRANT HUMAN COMMUNITY CAN SUSTAIN ITSELF THROUGH STEWARDSHIP,	
	EDUCATION, ECONOMIC VIABILITY, AND CONSERVATION ON PUBLIC AND PRI	VATE
	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 N
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen	
	revenue, if any, for each program service reported.	,
4a		44,681.
	STEWARDSHIP AND RESTORATION:	
	SWAN VALLEY CONNECTIONS (SVC), WORKING WITH THE MONTANA DEPARTMEN	T OF
	NATURAL RESOURCES AND CONSERVATION, ASSISTED 238 PRIVATE LANDOWNE	
	THE SWAN VALLEY DURING 2022 TO PROVIDE FOREST HEALTH AND STEWARDS	
	ASSESSMENTS. PRIVATE LANDOWNERS ALSO RECEIVE TECHNICAL ASSISTANCE	
	REDUCE WILDFIRE RISK THROUGH FOREST FUELS THINNING, MANAGE TREE B	
	INFESTATIONS, AND MONITOR TREE DISEASE OUTBREAKS. WITH FUNDING FR	
	SEVERAL GOVERNMENT AGENCIES, FOREST STEWARDSHIP COST SHARE GRANTS	
	AWARDED TO TEN LANDOWNERS AND TREATED 146 ACRES IN 2022. SINCE	WEKE
	BEGINNING THE PROGRAM IN 2004, 296 LANDOWNER GRANTS HAVE BEEN AWA	
	FACILITATING THE TREATMENT OF 3,051 ACRES OF FOREST LAND AT RISK	
	WILDFIRE, TREE AND FOREST HEALTH DECLINE, OR TREE INSECT AND DISE	
4b	(Code:) (Expenses \$181,330. including grants of \$) (Revenue \$)	2,085.
	WILDLIFE & AQUATICS:	
	SWAN VALLEY CONNECTIONS (SVC) WORKS TO CONSERVE THE INTACT ECOSYS	
	WITHIN AND SURROUNDING THE SWAN VALLEY AND TO STRENGTHEN THE CONN	ECTION
	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 I	NTACT
	ECOSYSTEM, SUPPORTING A RESILIENT COMMUNITY THAT VALUES ITS NATUR	.AL
	RESOURCES, AND SERVING AS A MODEL FOR ENDURING STEWARDSHIP. SVC I	SA
	COLLABORATIVE PARTNER IN SWAN VALLEY BEAR RESOURCES (SVBR), WHOSE	1
	MISSION IS TO OFFER COMMUNITY RESOURCES TO PROMOTE COEXISTENCE BE	TWEEN
4c	(Code:) (Expenses \$160,048. including grants of \$) (Revenue \$)	72,497.
	EDUCATION:	-
	SWAN VALLEY CONNECTIONS' (SVC) EDUCATION PROGRAMS AIM TO STRENGTH	EN THE
	RELATIONSHIP BETWEEN PEOPLE AND LANDSCAPES THROUGH PLACED-BASED	
	EXPERIENCES. SVC TEACHES ECOLOGICAL LITERACY TO PEOPLE OF ALL AGE	S AND
	BACKGROUNDS, CULTIVATING COMPASSION AND ENTHUSIASM FOR THE NATURA	
	WORLD IN CHILDREN, CHALLENGING YOUNG ADULTS TO UNDERSTAND THE	<u></u>
	COMPLEXITIES OF LAND AND RESOURCE MANAGEMENT, AND PROVIDING RESID	FNTC
	WITH OPPORTUNITIES TO ENGAGE WITH THE PLACE WHERE THEY LIVE, WORK	
	PLAY.	
	1 101 •	
	DURING 2022, SVC CONTINUED TO SUPPORT THE MISSION MOUNTAIN YOUTH	
	(MMYC), WHICH IS A CONSERVATION YOUTH CORPS OF HIGH SCHOOL STUDEN	12
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.	000
	F	Form <b>990</b> (202
	SEE SCHEDULE O FOR CONTINUATION(S)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>•</b>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<b></b>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		- 23
р 21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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2022.05000 SWAN VALLEY CONNECTIONS

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h		24b		
		270		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	х	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		х
<b>h</b>	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00		36		х
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
37		27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ן מו				
	Check if Schedule O contains a response or note to any line in this Part V			
	- I I		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2022) SWAN VALLEY CONNECTIONS		81-0512	368	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the pavor?	7a		Х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
-	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		X
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
-		-	-	8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:			0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	<u> </u>				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
				13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a		•	1	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		х
10	If "Yes," complete Form 4720, Schedule O.		ne?	10		
17		tivitio				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17		
00000	· · · ·			Form	990	(2022)
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2022.05000	SWAN	VALLEY	CONNECTIONS	1

Form	990	(2022)
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			_	Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2	:	X
3	Did the organization delegate control over management duties customarily performed by or under the				
-	of officers, directors, trustees, or key employees to a management company or other person?				x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				x
5	Did the organization become aware during the year of a significant diversion of the organization's asse				x
					X
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app		······  -•	,	<u></u>
7a			_	_	x
	more members of the governing body?		7	3	^
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		7	<b>)</b>	<u> </u>
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	5			
а	The governing body?				
b	Each committee with authority to act on behalf of the governing body?			s X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Code.)			
		,		Ye	s No
10a	Did the organization have local chapters, branches, or affiliates?		10	а	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10	ь	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	berere ming the re	·····  •	u	
			12	a X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			v	
	on Schedule O how this was done				_
13	Did the organization have a written whistleblower policy?				_
14	Did the organization have a written document retention and destruction policy?		1	4 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?				
а	The organization's CEO, Executive Director, or top management official		15	а	<u> </u>
b	Other officers or key employees of the organization		15	b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16	а	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic				
	exempt status with respect to such arrangements?			ь	
Sec	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 000 T (agation 50	1(0)(2)0 00		abla
18	· · · · · · · · · · · · · · · · · · ·	d 990-1 (Section 50	1(0)(3)5 01	y) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of interest poli	icy, and fin	ancial	
	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 book	ks and records			
	UWE J. SCHAEFER - 406-754-3137				
	6887 HIGHWAY 83, CONDON, MT 59826				
					<b>0</b> (202

Part VII	Compensation of Officers,	<b>Directors</b> , Trustees	, Key Employees,	, Highest	Compensated
	<b>Employees, and Independe</b>	ent 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		not c	(C Posi heck i ss per	ition more	than o		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director igo		Offlicer Difficer	irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations		
(1) REBECCA RAMSEY EXECUTIVE DIRECTOR	40.00	x		x				67,967.	0.	5,508.		
(2) CASEY RYAN	2.00	~		<u> </u>				07,907.	0.	5,500.		
DIRECTOR	2.00	x						0.	0.	0.		
(3) CHRISTIAN WOHLFEIL	2.00											
DIRECTOR		Х						0.	0.	0.		
(4) DAN STONE DIRECTOR	2.00	x						0.	0.	0.		
(5) DONN LASSILA	10.00	~						0.	0.	0.		
TREASURER	10.00	x		x				0.	0.	0.		
(6) GREG TOLLEFSON	2.00											
DIRECTOR		х						0.	0.	0.		
(7) JESSY STEVENSON	5.00											
VICE-CHAIR/SECRETARY		Х		Х				0.	Ο.	0.		
(8) KATHY DEMASTER	2.00											
DIRECTOR		Х						0.	0.	0.		
(9) MARY SHAW	10.00									_		
CHAIR		Х		Х				0.	0.	0.		
(10) RACHEL FEIGLEY DIRECTOR	2.00	x						0.	0.	0.		
(11) STEVE KLOETZEL	2.00											
DIRECTOR		Х						0.	0.	0.		
(12) TINA ZENZOLA DIRECTOR	10.00	x						0.	0.	0.		
(13) ZOE LEAKE	2.00	21										
DIRECTOR	2.00	х						0.	0.	0.		
		-										
		-										
		-										
22007 12 12 22										Form <b>990</b> (2022)		

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232007 12-13-22

	990 (2022) SWAN VALI	EY CONN	IEC	TI	ON	S				81-0	<u>512</u> :	368	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related	Average hours per week     Position (do not check more than one box, unless person is both an officer and a director/trustee)     Re com			(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on d is SC/	ar com fi org	(F) stimate nount other pensa rom the janizat	of tion e ion			
		organizations below line)	Individual tru	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	1099-NEC)				d relati	
 1b	Subtotal								67,967.		0.		5,50	08.
с  2	Total from continuation sheets to Part VI	, Section A	·····	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·····			0 • 67 , 967 • 67 • 967 • 00 • 00 • 00 • 00 • 00 • 00 • 00 •	000 of reportable	0. 0.	0. 5,508.		
	compensation from the organization												Yes	0 No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual										3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? <i>If</i> "Yes, ccrue compen	" co Isatio	<i>mple</i> on fr	ete S rom :	Sche any	edule unre	J f	or such individual	lual for services		4		x x
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or sl	<u>ich r</u>	oers	on .				<u></u>	5		Λ
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		pensat			
	(A) Name and business	address	NC	ONE	3			_	(B) Description of s	ervices	C		<b>C)</b> Insatio	n
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation				C	)					Form	<b>990</b> (;	2022)

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			Check if Schedule O d	ronta	ains a respo	nsa	or note to any lin	e in this Part VIII			
				50112		130 0		(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
											Sections 512 - 514
nts			Federated campaigns								
Sra oui			Membership dues								
s, C		С	Fundraising events		1c		2,775.				
ar ,		d	Related organizations		1d						
s, (		е	Government grants (contri	ibuti	ons) <b>1e</b>		934,163.				
r Si		f	All other contributions, gifts,	grant	ts, and						
out			similar amounts not included	abov	/e <b>1f</b>		463,060.				
itri		g	Noncash contributions included in								
Contributions, Gifts, Grants and Other Similar Amounts		•	Total. Add lines 1a-1f					1,399,998.			
							Business Code				
	2	2	TUITION AND F	EE	S – ОТ	н	110000	72,497.	72,497.		
Program Service Revenue			STEWARDSHIP &				110000	44,681.	44,681.		
ier, ue			BEAR RESISTAN				110000	2,085.	2,085.		
n S Ven			ELK CREEK & S				110000	530.	530.		
grai Bev				WA	N LEGA	<u> </u>			275.		
roç			CONSERVATION				110000	275.	2/5.		
٩			All other program service					100.000			
		g	Total. Add lines 2a-2f					120,068.			
	3 Investment income (including dividends, inter						st, and				
			other similar amounts)					5,360.			5,360.
	4		Income from investment of	of tax	-exempt boi	nd p	roceeds				
	5		Royalties	. <u></u>							
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				•				
			Gross amount from sales of	, <u></u>	(i) Securiti		(ii) Other				
	•		assets other than inventory	79	41,81						
		h	Less: cost or other basis	14	11/01	••		-			
Ø		D		71.	39,34	٨					
nue		_	and sales expenses	70 7c				-			
eve			Gain or (loss)	-				2,474.			2,474.
er Revenue			Net gain or (loss)			······		2,4/4.			2,4/4.
ć	8	а	Gross income from fundraisin								
ŧ					75. of						
			contributions reported on		,		~~ ~~~				
			Part IV, line 18			8a	30,959.				
		b	Less: direct expenses			8b	7,970.				
		С	Net income or (loss) from	fund	raising even	ts		22,989.			22,989.
	9	а	Gross income from gamin	g ac	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s					
			Gross sales of inventory, I	-	-						
			and allowances			10a	11,870.				
		b	Less: cost of goods sold			10b	6 64 0				
			Net income or (loss) from :				.,	5,252.	5,252.		
		~		54163		y	Business Code	5,252.	5,252.		
sn	44	2	MISCELLANEOUS				110000	16,623.	16,623.		
neo Ue											
llar /en		b									
Miscellaneous Revenue		c									
Mi			All other revenue				L	16 600			
		е	Total. Add lines 11a-11d			<u></u>		16,623.	141 042	0	20.002
	12		Total revenue. See instruction	ons				1,572,764.	141,943.	0.	30,823.
23200	9 12-	13-:	22								Form <b>990</b> (2022)

#### 232009 12-13-22

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Form 990 (2022) SWAN VA

#### Form 990 (2022)

SWAN VALLEY CONNECTIONS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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.	723
9	Other employee benefits	24,789.	18,233.	6,040.	516
0	Payroll taxes	38,229.	29,541.	6,599.	2,08
1	Fees for services (nonemployees):	,	,•	-,	_,
	Management				
	Legal				
	Accounting	2,550.		2,550.	
		2,550.		2,550.	
	Lobbying				
-	Professional fundraising services. See Part IV, line 17	379.		379.	
f	Investment management fees	575.		579.	
g	Other. (If line 11g amount exceeds 10% of line 25,	747 505	720 102	0 100	
_	column (A), amount, list line 11g expenses on Sch 0.)	747,595. 373.	739,193. 373.	8,402.	
2	Advertising and promotion	7,000.	1,728.	4 002	27
3	Office expenses	7,000.	1,/20.	4,993.	279
4	Information technology				
5	Royalties	00 150	01 070	0.0.0	
6	Occupancy	22,159.	21,273.	886.	
7	Travel	6,415.	5,845.	8.	562
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,807.	4,262.	1,545.	
0	Interest	1,321.		1,321.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	19,004.		19,004.	
3	Insurance	15,816.	1,238.	14,578.	
4	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 0.)				
а	EQUIPMENT & REPAIRS	35,095.	33,659.	1,436.	
a b	VEHICLE EXPENSES	27,687.	21,406.	5,894.	38'
D C	SUPPLIES	21,119.	21,119.	5,0540	50
c d	PRINTING	14,803.	<u> </u>	14,257.	540
		32,235.	21,361.	8,053.	2,82
	All other expenses	1,528,234.	1,302,290.	193,130.	32,81
5	Total functional expenses. Add lines 1 through 24e	т, јао, ај4.	, JUZ, ZJU.	195,130.	JZ,014
6	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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SWAN VALLEY CONNECTIONS

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	ιΛ						
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	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			-		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
6	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			4,864.	8	11,125.
As	9				14,748.	9	21,390.
		Land, buildings, and equipment: cost or other			,		,
		basis. Complete Part VI of Schedule D	10a	401,189.			
	b	Less: accumulated depreciation		<u>401,189.</u> 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 1		•	12	· · · · ·	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			1,175,459.	16	1,182,507.
	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 I				21	
ŷ	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e pers	ons		22	
Ξ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	48,586.	23	47,338.
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	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	166,151.
		Organizations that follow FASB ASC 958, che	ck her	e X			
čě		and complete lines 27, 28, 32, and 33.					
alan	27				903,557.	27	892,602. 123,754.
В	28			······ _	76,624.	28	123,754.
oun		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ĕ		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			000 101	31	1 016 256
Re	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	1,182,507.

	990 (2022) SWAN VALLEY CONNECTIONS	81-0	512368	Pag	<sub>je</sub> 12		
Pa	rt 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				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,528		<u>34.</u> 30.		
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	980				
5	Net unrealized gains (losses) on investments	5	- 8	, 3!	55.		
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	, 3!	56.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	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?		2b		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O.					
3a	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?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Department of the Treasury Internal Revenue Service

(Form 990)

## **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

Т

Name of the	organization
-------------	--------------

Nam	e of t	he organization							identification number		
_			VALLEY CO						1-0512368		
Pa	rtl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck 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 <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry 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	• •			-		-			
а		<b>Type I.</b> A supporting orga		-	• • •	-					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	Ipporting		
		organization. You must c	-								
b		<b>Type II.</b> A supporting org	-				-		-		
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organization(s). You mus	-								
С		J Type III functionally inte						ly integrate	d with,		
		its supported organization		-							
d		J Type III non-functionally	• •					•			
		that is not functionally int			•		-	an attentiv	/eness		
	_	requirement (see instructi		-							
е		Check this box if the orga					Type I, Type	II, Type III			
	<b>-</b>	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.					
		er the number of supported on vide the following information	• • • • • • • • • • • • • • • • • • • •	d arganization(a)							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other		
	-	organization		(described on lines 1-10	Yes	ing document? No	support (see in	nstructions)	support (see instructions)		
				above (see instructions))							
Tota	1										

#### Schedule A (Form 990) 2022

Part II

#### SWAN VALLEY CONNECTIONS

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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</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 organ-						
	ization'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	1000040				1200000	4622525
	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.
	Public support. Subtract line 5 from line 4.						3742567.
		(a) 0010	(h) 0010	(a) 0000	(4) 0001	(a) 2000	(4) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018 1008348.	(b)2019 647,119.	(c) 2020 689,099.	(d) 2021 888,941.	(e) 2022 1399998.	(f) Total 4633505.
	Amounts from line 4	1000340.	047,119.	009,099.	000,941.	1399990.	4033303.
ŏ	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	0,210.	5,114.	2,005.	5,74/0	5,500.	22,002.
ฮ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,483.					1,483.
11		_,					4657790.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	712,193.
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and <b>stor</b>	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	80.35 %
15			-			15	78.68 %
16a	33 1/3% support test - 2022. If the o					ore, check this boy	
	stop here. The organization qualifies						37
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 7	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

	Schedule A	Form	990	) 2022
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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.)

Sec	ction A. Public Support	<b>.</b>		-			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	zation,
Sec	ction C. Computation of Public	ic Support Per	centage			<del>, , , , , , , , , , , , , , , , , , , </del>	
15	Public support percentage for 2022 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		•				
17	Investment income percentage for 20			line 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						le 17 is not
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						on
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	inis box and see ins		
23202	3 12-09-22		15	5		Schedu	le A (Form 990) 2022

2022.05000 SWAN VALLEY CONNECTIONS 170774.1

1

2

3a

Yes No

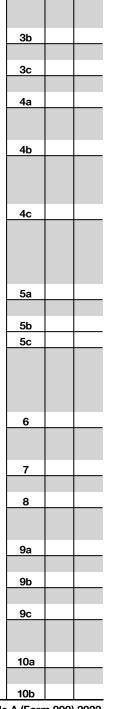
## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

16

Part IV	Suppor	ting Org	anizations	(continued)
Schedule A	(Form 990)	2022	SWAN	VALLE

1

2

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> 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.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised or controlled the supporting organization

supervis	sea. or contr	onea trie supt	Jorung organiz	allon.
Section C.	Type II S	upporting	Organizati	ons

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D. All T	ype III Suppor	ting 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **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? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

14391107 755565 170774.0

2022.05000 SWAN VALLEY CONNECTIONS 170774.1

17

# Schedule A (Form 990) 2022 SWAN VALLEY CONNECTIONS 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		•	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must	<u>complet</u>	e Sections A through E. (A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_			· · <u> </u>	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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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

## SWAN VALLEY CONNECTIONS Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	1					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide 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	ne 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			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022		
_1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able 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)						
i_	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 $A_{\rm C}$						

Schedule A (Form 990) 2022

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	(Form 990) 2022
Part V	Type III Non-

Schedule A	(Form 990) 2022 SWAN	VALLEY	CONNECTIONS	83	L-0512368 P	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa	;, 4b, 4c, 5a, 6, d 3; Part IV, Se	9a, 9b, 9c, 11a, 11b, and ction E, lines 1c, 2a, 2b,	art II, line 10; Part II, line 17a or 17b; J 11c; Part IV, Section B, lines 1 and 3a, and 3b; Part V, line 1; Part V, Sec omplete this part for any additional in	Part III, line 12; 2; Part IV, Section C, tion B, line 1e; Part \	,
	(See instructions.)					
232028 12-09-2	2		2.0	So	hedule A (Form 990	) 2022

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# 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

Employer identification number

Department of the Treasury	

(Form 990)

Schedule B

Internal Revenue Service

Name of the organization

Organization type (check one):

S

WAN	VALLEY	CONNECTIONS

3	1-	05	12	36	58

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

**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).

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

Schedule B (Form 990) (2022)

SWAN VALLEY CONNECTIONS

Name of organization

Employer identification number

81-0512368

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 133,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 33,300. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 74,584. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 111,541. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 62,700. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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22 2022.05000 SWAN VALLEY CONNECTIONS 170774.1

Name of organization

Page **2** Employer identification number

81-0512368

## SWAN VALLEY CONNECTIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,648.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 223452 11-18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

81-0512368

## SWAN VALLEY CONNECTIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$679,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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14391107 755565 170774.0

Name of organization

Employer identification number

81-0512368

#### SWAN VALLEY CONNECTIONS Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page 2

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2022.05000 SWAN VALLEY CONNECTIONS 170774.1

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Schedule B (Form 9	990) (2022	2
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Name of organization

Page 3

Employer identification number

81-0512368

## SWAN VALLEY CONNECTIONS

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
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-  		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-  		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

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## 14391107 755565 170774.0

Name of o	organization			Employer identification number
SWAN Y	VALLEY CONNECTIONS			81-0512368
Part III	Exclusively religious, charitable, etc., contribut	a) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizatio	), or (10) that total more than \$1,000 for the year
(a) No.		space is needed.		
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, a	and ZIP + 4	Relations	hip of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer of	gift	
·	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
(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, a	and ZIP + 4	Relations	hip of transferor to transferee
(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, a	and ZIP + 4	Relations	hip of transferor to transferee
23454 11-15	5-22			Schedule B (Form 990) (202

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90	HEDULE D Supplemen	ntal Financial Statements	OMB No. 1545-0047
	n 990) Complete if the or	2022	
Depart	Part IV, line 6, 7, 8, 9, ment of the Treasury	Open to Public	
Interna	Il Revenue Service Go to www.irs.gov/Form	1990 for instructions and the latest information.	Inspection
Nam	e of the organization SWAN VALLEY CONNE	CTTONS	Employer identification number 81-0512368
Pa		sed Funds or Other Similar Funds or Ac	
	organization answered "Yes" on Form 990, Part IV,		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	-	
6	are the organization's property, subject to the organization Did the organization inform all grantees, donors, and dono		
U	for charitable purposes and not for the benefit of the donc		
Pa		organization answered "Yes" on Form 990, Part IV,	
1	Purpose(s) of conservation easements held by the organiz		
	Preservation of land for public use (for example, rec	reation or education)	prically important land area
	Protection of natural habitat	Preservation of a cert	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
c	Number of conservation easements on a certified historic		2c
d			
3	historic structure listed in the National Register Number of conservation easements modified, transferred,	released outing uished or terminated by the organi	2d
3	year	released, extinguished, or terminated by the organi	
4	Number of states where property subject to conservation	easement is located	
5	Does the organization have a written policy regarding the		
-	violations, and enforcement of the conservation easement		Yes No
6	Staff and volunteer hours devoted to monitoring, inspectir		
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) at	pove satisfy the requirements of section 170(h)(4)(B)	
•			
9	In Part XIII, describe how the organization reports conserve	-	
	balance sheet, and include, if applicable, the text of the fo	ochote to the organization's financial statements the	at describes the
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Fo		
<b>1</b> a	If the organization elected, as permitted under FASB ASC		ance sheet works
-	of art, historical treasures, or other similar assets held for		
	service, provide in Part XIII the text of the footnote to its fi	. , ,	
b	If the organization elected, as permitted under FASB ASC		e sheet works of
	art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		

232051	09-01-22	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	F	

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2022.05000	SWAN	VALLEY	CONNECTIONS

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Sche		LLEY CONNE						81-05			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	<sup>·</sup> Other	r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	k any of the	following that	make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	change progra	m					
b	Scholarly research	e	e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	he organizatio	n's exer	npt purpo	se in Part	XIII.		
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other ass	ets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		_
		·	0						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	<b>t V</b> Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 1	10.				
		(a) Current year	(b) F	Prior year	(c) Two year	s back	(d) Three y	ears back	(e) Fou	' years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administer	ed for th	е		1		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		<u> </u>
4 Dai	t VI Land, Buildings, and Equipm		wment f	lunds.							
I GI	Complete if the organization answere		D Dart IN	/ line 112 9	See Form 990	Dart X	line 10				
			,	Í	Í			-			
	Description of property	(a) Cost or c basis (investr			t or other (other)	• •	ccumulate preciation		( <b>d)</b> Boo	k valu	e
4.	Land		nony		<u>32,000.</u>	ue	PICOLATION		28	2 0	00.
	Land			20	,				20	<u> </u>	
	Buildings										
	Leasehold improvements			11	9,189.		96,5	53.	2	2 6	26.
	EquipmentOther			+	.,_0,.		50,50		4	_,0	
	Other		V och:	nn (D) line 1	(00)				30	4,6	26.
1010	The most a through the (Column (a) MUSE	<u>qual FUIII 990, Part</u>	A. COIUN		00.)	<u></u>		<u></u> Cahadula			

Schedule D (Form 990) 2022

232052 09-01-22

Dart VII	Investments -	Othor Soo	urition	
Schedule D	) (Form 990) 2022	SWAN	VALLEY	CONNECTIONS

	scription of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d-of-year market value
( <b>1</b> ) Fina	ancial derivatives			
	sely held equity interests			
( <b>3)</b> Oth				
(A)				
(B)				
(C)				
(D)				
(E)				
(E)				
(G)				
( <u>U)</u> (H)				
	col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes" o	n 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 en	d-of-vear market value
(4)		(b) DOOR Value		d of year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Fotal</b> . (C	col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Dort	IV Other Accete			
Part		- Faure 000 Dart IV/ line	11d Cas Farma 000 Dart V line 15	
Part	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
Part	Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part (1)	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2)	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3)	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2)	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3)	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. ((	Complete if the organization answered "Yes" o (a) D	escription		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. ((	Complete if the organization answered "Yes" o (a) C Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities.	Pescription		
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. ((	Complete if the organization answered "Yes" o (a) C (b) must equal Form 990, Part X, col. (B) line Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" o	Pescription		
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. ( Part	Complete if the organization answered "Yes" o (a) C Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities.	Pescription		
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (1) Part 1. (1)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability Federal income taxes	Pescription		5. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (1) Part 1. (1)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Pescription		5. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. ( Part 1. (1)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability Federal income taxes	Pescription		5. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (1) Part 1. (1) (2)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability Federal income taxes	Pescription		5. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (( Part 1. (1) (2) (3)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability Federal income taxes	Pescription		5. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (( Part (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability Federal income taxes	Pescription		5. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ( Part (1) (2) (3) (4) (5) (6) (5) (6)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability Federal income taxes	Pescription		5. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (1) (2) (3) (1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability Federal income taxes	Pescription		5. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (1) (2) (3) (1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability Federal income taxes	Pescription		5. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (( Part 1. (1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, col. (B) line <b>X</b> Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability Federal income taxes	lescription 15.) n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 SWAN VALLEY CONNECTIONS		81-0512368 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	
Pa	rt XIII Supplemental Information.		

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

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990)										
Department of the Treasury	Ū	Attach to Form 990 c			-			2022 Open to Public		
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information			Inspection		
Name of the organization		LLEY CONNECTIONS					Employer ide 81-0512	entification number		
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990. Part IV. li					
	complete this part				,,					
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:			
(i) Name and addres or entity (func	s of individual	(ii) Activity	fùndr have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes No							
Total										
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	xempt from re	egistration		

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

Schedule G (Form 990) 2022

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 SUMMER SOIREE	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
D			(event type)	(event type)	(total number)	col. <b>(c)</b> )
שמעם וחם	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
	4	Cash prizes				
	5	Noncash prizes				
20100	6	Rent/facility costs				
	7	Food and beverages	825.			825
5	8	Entertainment	1,800.			1,800
	9	Other direct expenses				5,345
	10	Direct expense summary. Add lines 4 throug		· · · · · · · · · · · · · · · · · · ·		7,970
_	<u>11</u> rt l	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.		n 990, Part IV, line 19, or n	eported more than	
a		<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form			(d) Total gaming (add
a		<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
aniavan	rt   1	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form (a) Bingo	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
all	rt   1	Gross revenue	answered "Yes" on Form (a) Bingo	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	1 2	Gross revenueCash prizes	answered "Yes" on Form (a) Bingo	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	22,239 (d) Total gaming (add col. (a) through col. (c
aniavan	<u>1</u> 2 3 4	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	answered "Yes" on Form (a) Bingo	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
all	1 2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
	1 2 3 4 5	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 6 7	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo (a) Bingo (b) Bingo (c) Bi	1990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 6 7 8	Gross revenue Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	answered "Yes" on Form         (a) Bingo         (a) Bingo         (a) Bingo         (a) Bingo         (b) Bingo         (a) Bingo         (b) Bingo         (c) Bingo         (a) Bingo         (a) Bingo         (b) Bingo         (c) Bingo <td>1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo</td> <td>eported more than (c) Other gaming</td> <td>(d) Total gaming (add</td>	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	SWAN	VALLEY	CONNEC	TIONS	81-	0512368	Page <b>3</b>
11	Does the organization conduct ga	ming activ	ities with non	members?			Yes	No
	Is the organization a grantor, ben							
	to administer charitable gaming?						Yes	🗌 No
13	Indicate the percentage of gaming							
а	The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of th							
	Name							
	Address							
<b>1</b> 5a	Does the organization have a con	tract with a	a third party fr	om whom the	organization receives gami	ng revenue?	Yes	No No
					• • •			
D	If "Yes," enter the amount of gam					and the amount		
	of gaming revenue retained by the	-	-		-			
C	If "Yes," enter name and address	of the third	a party:					
	Nama							
	Name							
	Address							
	Address							
16	Coming monogor information:							
16	Gaming manager information:							
	Namo							
	Name							
	Gaming manager compensation	\$						
	Carning manager compensation	Ψ		_				
	Description of services provided							
	Director/officer	Emp	loyee	Ind	ependent contractor			
		·	,					
17	Mandatory distributions:							
а	Is the organization required under	state law	to make chari	table distribut	ions from the gaming proce	eds to		
	retain the state gaming license?				· ·		Yes	No No
b	Enter the amount of distributions							
	organization's own exempt activit			\$				
Pa	rt IV Supplemental Infor	mation.	Provide the e	xplanations re	quired by Part I, line 2b, co	lumns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
					al information. See instructi			
0000	22 10 27 22					Saba	lule G (Form	000) 2022
23208	33 10-27-22			3	4	30100		5557 2022

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990)

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No.	1545-0047			
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Department of the Treasury												
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organization Employer id												
	SWAN VALL	EY CONNECT	TIONS					81-05	512368			
	formation on Grants a											
-	ation maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection		<u> </u>			
	ward the grants or assis							X Yes	No No			
	IV the organization's pro d Other Assistance to I		<u> </u>			anization answered "V	es" on Form 990 Part	IV line 21 for any				
	nat received more than \$					anization answered T						
	ldress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistan	•			
CRC LAND IMPROVEM 1405 RIVERSIDE RD BIGFORK, MT 59911		45-4939561		11,900.	0.			FOREST STEWARDSH RESTORATION (FIR MITIGATION)				
1221 ANASTASIA LL 15811 COLLINS AVE SUNNY ISLES BEACH	C , SUITE 4201	86-3332130		7,020.	0.			FOREST STEWARDSH RESTORATION (FIR 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 ....

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

SWAN '	VALLEY	CONNECTIONS
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Page 2

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	<b>(c)</b> 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.	٥.	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

Schedule I (Form 990) SWAN VALLEY CONNECTIONS Part IV Supplemental Information	81-0512368 Page 2
SHARE FUNDING AGREEMENT SIGNED BY BOTH PARTIES SPECIFYING TH	E 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 TH	<u>S TREATMENT TO</u>
VERIFY THAT THE GUIDELINES HAVE BEEN FOLLOWED AND THE TREATM	ENT IS
COMPLETED ACCORDING TO THE ORIGINAL AGREEMENT.	
AFTER A SUCCESSFUL INSPECTION, A COST SHARE REIMBURSEMENT CHI	ECK 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 I (Form 990)

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SCHEDULE L	

(Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB	No.	1545-0047	
			-

2022
Open To Public

Department of the Treasury Internal Revenue Service Go				28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.									In	<b>ZUZZ</b> Open To Public Inspection		
Name of the organizatio		<u>лтт</u>		OMT	ONG							ridenti 5123		on nu	mber	
Part I Excess				EY CONNE			on 50 <sup>.</sup>	1(c)(4), and se	ctio	n 501(c)(29) orga				00		
										Form 990-EZ, Pa						
1 (a) Name of disqua				Relationship bet	ween d	disqual								(d)	Corre	ected?
	inieu pe			person and o	rganiza	ation				escription of trar	ISactic	11		<u> </u>	es	No
														_		
														+		
														$\perp$		
2 Enter the amount of section 4958				•	•				Ŭ			¢				
3 Enter the amount of																
				erested Pers			<b>.</b>	( ); 00 F	_							
•		•		vered "Yes" on I , Part X, line 5, 6			Part	/, line 38a or F	-orm	n 990, Part IV, lin	e 26; (	or if tr	ie orgai	nizatio	n	
(a) Name of		(b) Relation	nship	i	(d) La	oan to or		) Original	(1	i) Balance due	(g	) In	(h) Ap	proved ard or	(i) V	Vritten
interested person	ı	with organiz	zation	of loan		n the ization?	princ	ipal amount			defa	ault?	comm		agree	ement?
					To	From					Yes	No	Yes	No	Yes	No
													+			-
													+			
													╉┯┥			<u> </u>
Total	or Ass	sistance	Ben	efiting Inter	ester	d Per	sons	\$								
				vered "Yes" on I												
(a) Name of intere				(b) Relationship interested pers the organiza	betwe son an	en		(c) Amount of (d) Ty		<b>(d)</b> Type assistan			• • •	(e) Purpose of assistance		
TINA M. ZENZ	TINA M. ZENZOLA		DI	RECTOR				7,70	0.CASH GRA				ORE	ST	STE	WAR
	-							, -			-					
			_													
			-													
			+									+				
												-				
			_													
LHA For Paperwork R	Paduati	on Act No	tice	saa tha Instruc	tions	for For	m 000	or 900_E7				Sch	edule L	(For	n 000	1) 202
			,					51 550 LL				John	Judie L		550	, 2024

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Schedule L	(Form 990) 2022 SWAN V	VALLEY CONNECTIONS		81-0512	368	Page 2
Part IV	<b>Business Transactions Involv</b>	ing Interested Persons.				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.	1		
(;	a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
					Yes	No
Part V	Supplemental Information					
	Supplemental Information.	onses to questions on Schedule L (see i	(netructions)			
	Provide additional mormation for respo		nstructions).			
				Schedule L	Form 99	90) 2022

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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



81-0512368

SWAN VALLEY CONNECTIONS

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 IN 2022, SVC AND USFWS PARTNERED TO RESTORE 609 ACRES OF GRIZZLY BEARS. 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. ΤN 639 ACRES OF WETLANDS WERE RESTORED IN 2022. SINCE THE INCEPTION TOTAL, THE PROGRAM IN 2010, SVC HAS RESTORED 15 WETLANDS ON 790 ACRES. OF

 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

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
SWAN VALLEY CONNECTIONS	81-0512368
WETLANDS HAVE HELPED RESTORE NESTING AND FORAGING HABITAT	FOR TRUMPETER
SWANS. IN 2019, SVC AND PARTNERS DOCUMENTED THE FIRST SUCC	ESSFUL
NESTING PAIR OF TRUMPETER SWANS IN THE UPPER SWAN VALLEY I	N OVER 100
YEARS! IN 2022, RECOVERY EFFORTS CONTINUED WITH A PROMISIN	IG FUTURE, AS
TWO SUCCESSFUL NESTING PAIRS OF TRUMPETER SWANS WERE DOCUM	ENTED IN THE
UPPER SWAN VALLEY, PRODUCING FIVE CYGNETS THAT SURVIVED UN	TIL THE FALL
MIGRATION.	
IN TOTAL, 307 LANDOWNERS WERE SERVED, AND 3,346 ACRES OF P	RIVATE

PROPERTY WERE EVALUATED OR IMPROVED THOUGH 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	то	PROMOTE	PUBLIC	
------	----------	---------	----------	---------	-----	--------	----	---------	--------	--

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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
SWAN VALLEY CONNECTIONS	81-0512368
AWARENESS OF ITS MISSION TO REDUCE HUMAN/BEAR CONFLICTS IN	THE SWAN
VALLEY. SVBR PUBLISHES THE SWAN VALLEY BEAR NEWS, AN ANNUA	L COMMUNITY
NEWSLETTER THAT HIGHLIGHTS CURRENT EVENTS RELATING TO BEAR	S AND HAS A
CURRENT DISTRIBUTION OF APPROXIMATELY 2,000 INDIVIDUALS. S	VBR HOSTS
SEVERAL DIFFERENT TYPES OF COMMUNITY EVENTS DESIGNED TO EN	GAGE
COMMUNITY MEMBERS AND PROVIDE FORUMS TO DISCUSS AND DISSEM	INATE
INFORMATION ABOUT LIVING WITH BEARS. EVERY YEAR SVBR PARTN	ERS 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 LIN	GERING
COVID-19 CONCERNS, SVBR HOSTED AN EDUCATIONAL VIRTUAL PRES	ENTATION BY
FWP RESEARCH BIOLOGIST LORI ROBERTS ON GRIZZLY BEAR BIOLOG	Y, HABITAT
CONNECTIVITY, AWARENESS, AND CONFLICT MANAGEMENT. THE PRES	ENTATION ALSO
REMINDED RESIDENTS OF SVBR'S SERVICES AND ENCOURAGING EFFO	RTS TO
CONTAIN THEIR BEAR ATTRACTANTS AS BEARS EMERGED FROM HIBER	NATION. THE
PRESENTATION WAS RECORDED AND IS POSTED ON SVC'S WEBSITE A	ND WAS SHARED
ON OUR SOCIAL MEDIA PLATFORMS. 56 PEOPLE TUNED IN FOR THE	LIVE
PRESENTATION AND 148 PEOPLE WATCHED THE RECORDED PRESENTAT	ION. THE
PRESENTATION CAN BE VIEWED AT:	
HTTPS://WWW.SWANVALLEYCONNECTIONS.ORG/PRESENTATIONS	
SVBR HOSTED A BEAR AWARENESS EVENT AT THE BIGFORK VFW THAT	FEATURED A
PRESENTATION BY FWP STEWARDSHIP OUTREACH SPECIALIST DANIEL	LE 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

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<sup>75</sup> PEOPLE ATTENDED THE EVENT.

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

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 232212 10-28-22 44

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Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
SWAN VALLET CONNECTIONS	01-0312300
PRESENTATION BY FWP GAME WARDEN JUSTIN SLOBUSZEWSKI AND FO	OCUSED 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 232212 10-28-22 Schedule O (Form 990) 2022

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Name of the organization	Employer identification number
SWAN VALLEY CONNECTIONS	81-0512368
IMPLEMENTING ANY MAJOR FOREST MANAGEMENT, INCLUDING BUILDI	NG OR
REMOVING ROADS, FUELS REDUCTION, AND FOREST RESTORATION PR	OJECTS. THE
PRIMARY OBJECTIVE OF MONITORING FOREST CARNIVORES IN THE S	W 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 LANDSCAP	E IN AN
EFFICIENT AND COST-EFFECTIVE MANNER. SVC CONDUCTED SNOW TR	ACK SURVEYS
AND USED DNA COLLECTION METHODS (HAIR SNARES AND BAIT STAT	IONS)
DEVELOPED BY RESEARCHERS WITH THE USFS ROCKY MOUNTAIN RESE	ARCH STATION.
SVC COORDINATES AND HOSTS AN ANNUAL SWAN VALLEY NATIVE FIS	H COMMITTEE
MEETING, WHICH IS A COLLABORATIVE GROUP OF PARTNERS FROM M	ONTANA 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.

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Name of the organization SWAN VALLEY CONNECTIONS	Employer identification number 81-0512368
SWAN VALLET CONNECTIONS	01-0512500
OUR EXPERIENTIAL COLLEGE FIELD PROGRAMS HOSTED 25 STUDENTS	IN 2022. SVC
PROMOTES A PLACE-BASED, CASE-STUDY APPROACH TO CONSERVATIO	N AND STUDIES
PROCESS AND COLLABORATION TO MAKE THESE LESSONS APPLICABLE	IN OTHER
GEOGRAPHIC LOCATIONS. WE HOSTED PROGRAMS FROM GONZAGA UNIV	ERSITY 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 LEARNIN	G THROUGH
FIELD WORK, ACADEMIC READINGS, PRESENTATIONS BY STAFF AND	SPEAKERS,
PROBLEM SOLVING ACTIVITIES, AND PERSONAL REFLECTION. WE BE	LIEVE THAT A
DEEP UNDERSTANDING OF ECOLOGICAL PROCESSES COMBINED WITH E	MPATHY FOR
HUMAN COMMUNITIES LEADS TO INNOVATIVE AND THOUGHTFUL STEWA	RDSHIP 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 Schedule O (Form 990) 2022 232212 10-28-22 47 2022.05000 SWAN VALLEY CONNECTIONS 170774.1

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PROMOTE STATE-WIDE AND OUT OF STATE EDUCATION PROGRAMS TO	A DIVERSE
AUDIENCE. THESE PARTNERSHIPS BUILD TRUST, ENHANCE COLLABOR	RATION, 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 SERVIC	CES MONDAY
FRIDAY BETWEEN 9AM 4:30PM. SVC STAFFS A VISITOR CENTER LC	CATED IN THE
USFS CONDON WORK CENTER THAT IS THE PRIMARY POINT OF CONTA	ACT FOR
VISITORS TO THE SWAN VALLEY. WE SAW 1,320 VISITORS WHO CA	ME TO THE
VISITOR CENTER TO GET INFORMATION REGARDING TRAILS/HIKING,	CAMPING,
FISHING, AND WATER RECREATION, LODGING AND WILDLIFE IN THE	C VALLEY. WE
RECORDED 437 MINUTES OF INFORMATION GIVEN TO 46 VISITORS S	SPECIFICALLY
REGARDING RECREATING IN BEAR COUNTRY. SVC IS THE HOME OF T	HE GREAT
NORTHERN FIRE CREW, AND THE MAIN SOURCE OF INFORMATION FOR	THE PUBLIC.
SVC HAS CREATED WILDLIFE AND HABITAT EXHIBITS, DEVELOPED A	A RESOURCE
LIBRARY FOCUSED ON LOCAL NATURAL RESOURCES, WILDLIFE AND H	IISTORY, AND A
SMALL RETAIL SHOP SELLING BEAR SPRAY, MAPS, WOOD PERMITS A	ND BOOKS
RELATED TO ENJOYING AND UNDERSTANDING THE NATURAL BEAUTY C	OF THE SWAN
VALLEY. VISITORS CAN ALSO ENJOY AN INTERPRETIVE TRAIL ADJA	CENT 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 Schedule O (Form 990) 2022 232212 10-28-22

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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
SWAN VALLEY CONNECTIONS	81-0512368
WORKSHOPS AND EDUCATIONAL OPPORTUNITIES YEAR-ROUND FOR RES	IDENTS AND
PROFESSIONALS, INCLUDING A QUARTERLY PUBLICATION "THE CONF	LUENCE" WITH
A PRINT DISTRIBUTION OF OVER 1,300 AS WELL AS DIGITAL DIST	RIBUTION OF
OVER 3,000 VIA EMAIL AND ON OUR WEBSITE. IN ADDITION, THE	SWAN VALLEY
CONNECTIONS WEBSITE PROVIDES A WEALTH OF PUBLIC INFORMATIO	N AND
OUTREACH MATERIAL. IN 2022, THE WEBSITE RECEIVED 26,000 UN	IQUE VIEWERS
AND SERVED AS A JUMPING OFF POINT TO OUR SOCIAL PAGES, FAC	EBOOK AND
INSTAGRAM, WHICH HAVE 17,000 AND 2,500 FOLLOWERS RESPECTIV	ELY, BRINGING
TOGETHER A CONFLUENCE OF CONSERVATION AND EDUCATION MATERI	AL. SVC
PARTNERS WITH GOVERNMENT AGENCY STAKEHOLDERS AND ACTS AS T	HE LIAISON
FOR COMMUNICATION BETWEEN THESE AGENCIES (85% OF THE VALLE	Y IS UNDER
FEDERAL AND STATE OWNERSHIP) AND THE PRIVATE LANDOWNERS/RE	SIDENTS OF
THE VALLEY. SVC HOSTS MONTHLY INFORMATIONAL MEETINGS FOR C	ITIZENS TO BE
AWARE OF AGENCY ACTIVITY AND ALLOWS CITIZENS TO PROVIDE IN	PUT AND
FEEDBACK TO THE FEDERAL AND STATE AGENCIES ON PROJECTS HAP	PENING IN THE
VALLEY. THIS CRITICAL COMMUNICATION LINK BUILDS RELATIONSH	IPS 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 Schedule O (Form 990) 2022 232212 10-28-22 49

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Name of the organization SWAN VALLEY CONNE	ECTIONS	Employer identification number 81-0512368
PARTNERSHIP WITH THE U.S. FORES	T SERVICE. IN 2022, TRAI	L STEWARDS
SUPERVISED 30 VOLUNTEERS, PROVI	DING 969 HOURS OF SERVIC	E. THE
RECREATIONAL TRAILS PROGRAM IS	FUNDED BY GRANTS FROM THE	E USFS, MONTANA
FISH, WILDLIFE & PARKS, AND BY	PRIVATE DONATIONS.	
CONSERVATION:		
SWAN VALLEY CONNECTIONS (SVC) C	COORDINATES THE SWAN LAND	S COORDINATING
NETWORK (SLCN) CONSISTING OF ME	MBERS FROM ALL THE VARIO	US STAKEHOLDERS
IN THE SWAN VALLEY, INCLUDING T	HE U.S. FOREST SERVICE,	U.S. FISH AND
WILDLIFE SERVICE, MONTANA DEPAR	TMENT OF NATURAL RESOURC	ES AND
CONSERVATION, MONTANA FISH, WIL	DLIFE AND PARKS, VARIOUS	
NON-GOVERNMENTAL AGENCIES, SWAN	VALLEY CIVIC ORGANIZATI	ONS, AND PRIVATE
CITIZENS. THE MISSION OF THE SL	CN IS TO COORDINATE STAK	EHOLDER ACTIVITY
IN THE VALLEY AND LEVERAGE ORGA	NIZATIONAL RESOURCES TO 1	MORE
PRODUCTIVELY ACCOMPLISH COMMON	GOALS AND OBJECTIVES. TH	E SLCN PROVIDES
A FORUM FOR DIALOGUE AMONG VEST	ED STAKEHOLDERS IN PURSU	IT OF
STRENGTHENING RELATIONSHIPS AND	FACILITATING COOPERATIV	E STEWARDSHIP OF
THE NATURAL RESOURCES IN THE SW	AN VALLEY FOR THE COMMON	GOOD.
THE SWAN VALLEY NATIVE FISH SUB	COMMITTEE IS A COLLABORA	TIVE GROUP OF
REPRESENTATIVES FROM SWAN VALLE	Y CONNECTIONS, MONTANA F	WP, US
GEOLOGICAL SURVEY, MONTANA DNRC	, US FOREST SERVICE, THE	UNIVERSITY OF
MONTANA, FLATHEAD BIOLOGICAL ST	ATION, U.S. FISH AND WIL	DLIFE SERVICE,
MPG RANCH, AND PRIVATE CITIZENS	. IT WORKS TO IDENTIFY T	HE CONSERVATION
STRATEGIES WHICH WILL BEST PROT	ECT AND RESTORE WESTSLOP	E CUTTHROAT
TROUT IN THE SWAN BASIN. SVC HA	S WORKED TO MONITOR KNOW	N CONSERVATION
POPULATIONS AND COLLECT SAMPLES	FOR GENETIC STUDY TO AD	DRESS KNOWLEDGE
GAPS ABOUT THE DISTRIBUTION, AB	UNDANCE, AND GENETIC STA	TUS OF CUTTHROAT Schedule O (Form 990) 202:

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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 C	OF THE ELK CREEK CONSERVATION AREA, A
640-ACRE PARCEL OF CRITICAL E	BULL TROUT SPAWNING HABITAT ALONG ELK
CREEK. TOGETHER, SVC AND CSKI	I CO-MANAGE THE CONSERVATION AREA AND MEET
AT LEAST ONCE ANNUALLY TO DIS	SCUSS STEWARDSHIP PRIORITIES FOR THE YEAR.
A MANAGEMENT COMMITTEE AND MA	ANAGEMENT PLAN GUIDE ANY STEWARDSHIP
ACTIONS ON THE PROPERTY. SVC	SUPERVISES VOLUNTEERS AND PROVIDES FUNDING
FOR RESTORING RIPARIAN HABITA	AT ALONG THE CREEK AS WELL AS MAINTENANCE
OF ACCESS ROADS, WEED CONTROL	L, TREE PLANTING AND FOREST HEALTH
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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
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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 MEEMBER 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 AN APPROVED BY THE EXECUTIVE COMMITTEE

BEFORE BEING PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. 232212 10-28-22 Schedule O (Form 990) 2022 53

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Schedule O (Form 990) 2022 Name of the organization	Pag Employer identification numb
SWAN VALLEY CONNECTIONS	81-0512368
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 AF	TER CONSIDERING
THE RECOMMENDATIONS OF THE PRESIDENT SECRETARY.	
FORM 990, PART VI, SECTION C, LINE 18:	
DOCUMENTS ARE AVAILABLE WHEN REQUESTED IN PERSON OR BY MAI	L
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE WHEN REQUESTED IN PERSON OR BY MAI	L.
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.

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