Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific Instructions.

C
SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.
6887 HWY 83
CONDON, MT 59826

D Employer Identification Number: 81-0512368

E Telephone number: (406) 754-3137

G Gross receipts $ 679,529.

F Name and address of principal officer: Anne C Dahl
Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status [X] 501(c) (3)◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.SwanEcosystemCenter.org

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1996

M State of legal domicile MT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Ecosystem Management & Education

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	275
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	311,212.	626,431.
9	Program service revenue (Part VIII, line 2g)	26,219.	4,996.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,575.	19,600.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,601.	10,139.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	379,607.	661,166.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,644.	221,971.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	190,556.	206,518.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 23,559.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	160,992.	228,469.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	362,192.	656,958.
19	Revenue less expenses. Subtract line 18 from line 12	17,415.	4,208.

	Net Assets or Fund Balances	Beginning of Year	End of Year
20	Total assets (Part X, line 16)	717,971.	824,068.
21	Total liabilities (Part X, line 26)	4,171.	87,475.
22	Net assets or fund balances Subtract line 21 from line 20	713,800.	736,593.

RECEIVED
JUL 19 2010
OGDEN, UT

SCANNED AUG 10 2010

Part II Signature Block

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

Sign Here

► Signature of officer — Date: 14 July 2010

► Stephen H Ellis — Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Martin J Kux — Date: 6/16/2010 — Check if self-employed ► [X] — Preparer's identifying number (see instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ► Valley Bookkeeping & Tax Svc
5703 Lindbergh Lake Road
Seeley Lake, MT 59868

EIN ► N/A

Phone no ► (406) 754-2529

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Ecosystem Management & Education

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 ☒ No

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 344,481. including grants of $ 221,971.) (Revenue $ 1,996.)

See Schedule O

4b (Code:) (Expenses $ 70,734. including grants of $) (Revenue $)

See Schedule O

4c (Code:) (Expenses $ 64,255. including grants of $) (Revenue $)

See Schedule O

4d Other program services (Describe in Schedule O) See Schedule O

(Expenses $ 113,009. including grants of $) (Revenue $ 3,000.)

4e Total program service expenses ► 592,479.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? *If 'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.* 12 A — Yes: ; No: 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, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II.*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	X	
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		X
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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27	X	
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2.*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI.*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a	8			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
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	10			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b If 'Yes,' enter the name of the foreign country. ►					
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter·					
a Gross income from other members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				

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 in Schedule O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body	1a	12		
b Enter the number of voting members that are independent	1b	8		
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? See Schedule O		2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6 Does the organization have members or stockholders?		6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*		9		X

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

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
12a Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* See Schedule O	12c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official See Schedule O	15a	X	
b Other officers of key employees of the organization See Schedule O	15b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► SV ECOSYSTEM MGMT CENTER, INC. 6887 HWY 83 CONDON MT 59826 (406)754-3137

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.

- 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 See instructions for definition of 'key employees '
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Neil Meyer Chairman	7	X		X				0.	0.	0.
Russell L Abolt Vice-Chairman	3	X		X				0.	0.	0.
Anne C Dahl President/Sec'y	55	X		X				48,000.	0.	0.
Stephen H Ellis Treasurer	3	X		X				0.	0.	0.
William Moore Director	3	X						0.	0.	0.
Kvande Anderson Director	1	X						0.	0.	0.
Tom Giles Director	1	X						0.	0.	0.
Tom Parker Director	1	X						0.	0.	0.
Pam Hamilton Director	1	X						0.	0.	0.
Glen Gray Director	1	X						0.	0.	0.
Jerye Motschman Director	1	X						0.	0.	0.
Gene Tingle Director	1	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total							►	48,000.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	489,532.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	136,899.				
g Noncash contribns included in lns 1a-1f	$	6,000.				
h **Total.** Add lines 1a-1f		▶	626,431.			
PROGRAM SERVICE REVENUE	Business Code					
2a STEWARDSHIP FORESTRY			1,996.	1,996.		
b EDUCATION WORKSHOP FEES			1,689.	1,689.		
c BEAR PROGRAM			1,116.	1,116.		
d LOCAL HISTORY PROGRAM			195.	195.		
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f		▶	4,996.			
OTHER REVENUE 3 Investment income (including dividends, interest and other similar amounts)		▶	20,163.	20,163.		
4 Income from investment of tax-exempt bond proceeds		▶				
5 Royalties		▶				
	(i) Real	(ii) Personal				
6a Gross Rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)		▶				
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	1,488.					
b Less: cost or other basis and sales expenses	2,051.					
c Gain or (loss)	-563.					
d Net gain or (loss)		▶	-563.	-563.		
8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a	22,718.				
b Less: direct expenses	b	13,308.				
c Net income or (loss) from fundraising events		▶	9,410.			9,410.
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		▶				
10a Gross sales of inventory, less returns and allowances	a	3,733.				
b Less cost of goods sold	b	3,004.				
c Net income or (loss) from sales of inventory		▶	729.	729.		
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d		▶				
12 **Total revenue.** See instructions		▶	661,166.	25,325.	0.	9,410.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	221,971.	221,971.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	48,000.	33,320.	4,160.	10,520.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	139,517.	118,783.	13,686.	7,048.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	19,001.	15,371.	1,829.	1,801.
11 Fees for-services (non-employees)				
a Management				
b Legal				
c Accounting	8,050.		8,050.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees	1,104.		1,104.	
g Other				
12 Advertising and promotion				
13 Office expenses	4,199.	2,454.	1,468.	277.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,367.	7,784.	503.	80.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,116.	1,931.	185.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,508.	2,265.	87.	156.
23 Insurance	6,961.		6,961.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Contract Services-Wtrshed Mgmt	57,240.	57,240.		
b Contract Svcs-Wilderness Rngr	30,631.	30,631.		
c Supplies	26,926.	26,601.	129.	196.
d Forest Stewardship Consultants	22,635.	22,635.		
e Contract Svcs-Backcountry Rngr	20,327.	20,327.		
f All other expenses	37,405.	31,166.	2,758.	3,481.
25 Total functional expenses. Add lines 1 through 24f	656,958.	592,479.	40,920.	23,559.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	166,765.	2	353,050.
	3	Pledges and grants receivable, net	10,869.	3	161,692.
	4	Accounts receivable, net	365.	4	15.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,074.	8	3,905.
	9	Prepaid expenses and deferred charges	2,710.	9	3,431.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 49,198.			
	b	Less: accumulated depreciation — 10b: 5,213.	36,693.	10c	43,985.
	11	Investments – publicly-traded securities	496,495.	11	257,990.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	717,971.	16	824,068.
Liabilities	17	Accounts payable and accrued expenses	4,171.	17	87,475.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	4,171.	26	87,475.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	550,640.	27	558,711.
	28	Temporarily restricted net assets	163,160.	28	177,882.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	713,800.	33	736,593.
	34	Total liabilities and net assets/fund balances.	717,971.	34	824,068.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**		
(ii) a family member of a person described in (i) above?	**11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the US? Yes	No	(vii) Amount of Support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	214,214.	449,228.	222,675.	311,212.	626,431.	1,823,760.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 **Total.** Add lines 1 through 3	214,214.	449,228.	222,675.	311,212.	626,431.	1,823,760.
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)						454,393.
6 **Public support.** Subtract line 5 from line 4						1,369,367.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	214,214.	449,228.	222,675.	311,212.	626,431.	1,823,760.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	4,798.	9,515.	18,538.	29,459.	19,600.	81,910.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	7,037.	7,155.	68,093.	26,219.	4,996.	113,500.
11 **Total support.** Add lines 7 through 10						2,019,170.

12 Gross receipts from related activities, etc. (see instructions) . . . 12 | 24,609.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) . . . 14 | 67.8 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . 15 | 54.5 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [X]

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 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 IV.)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer Identification number: 81-0512368

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ______

4 Number of states where property subject to conservation easement is located ► ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► $ ______

(ii) Assets included in Form 990, Part X ► $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $ ______

b Assets included in Form 990, Part X ► $ ______

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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ______

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► ______ %

b Permanent endowment ► ______ %

c Term endowment ► ______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		32,000.		32,000.
b Buildings				
c Leasehold improvements				
d Equipment		16,478.	5,093.	11,385.
e Other		720.	120.	600.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				43,985.

Part VII Investments–Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990 Part X, col (B) line 12)* ►		

Part VIII Investments–Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, Col (B) line 13)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25)* ►	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12).	661,166.
2	Total expenses (Form 990, Part IX, column (A), line 25).	656,958.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4,208.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) See Part XIV	18,584.
9	Total adjustments (net). Add lines 4 through 8.	18,584.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	22,792.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	694,958.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV). See Part XIV	2d	34,896.		
e	Add lines **2a** through **2d**			2e	34,896.
3	Subtract line **2e** from line **1**			3	660,062.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	1,104.		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	1,104.
5	Total revenue Add lines **3** and **4c**. (This must equal Form 990, Part I, line 12.)			5	661,166.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	672,166.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV) See Part XIV	2d	16,312.		
e	Add lines **2a** through **2d**			2e	16,312.
3	Subtract line **2e** from line **1**			3	655,854.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	1,104.		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	1,104.
5	Total expenses. Add lines **3** and **4c** (This must equal Form 990, Part I, line 18.)			5	656,958.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Schedule D, Part XI, Line 8
Other Changes In Net Assets Or Fund Balances

Unrealized gains on investments carried at FMV	$	18,584.
Total	$	18,584.

Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

Cost of Goods Sold	$	3,004.
Fundraising Expense		13,308.
Unrealized gain on investments @ FMV		18,584.
Total	$	34,896.

Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S

Cost of Goods Sold	$	3,004.
Fundraising Expense		13,308.
Total	$	16,312.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer Identification number: 81-0512368

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- [ ] Mail solicitations
- [ ] Internet and email solicitations
- [ ] Phone solicitations
- [ ] In-person solicitations
- [ ] Solicitation of non-government grants
- [ ] Solicitation of government grants
- [ ] Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . [ ] Yes [X] No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						0.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. *Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.*

		(a) Event #1 AAI/SEC Fundra (event type)	(b) Event #2 SEC Fundraiser (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col (c))
REVENUE	1 Gross receipts	14,432.	5,121.		19,553.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	14,432.	5,121.		19,553.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	200.			200.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,844.	2,049.		10,893.
	10 Direct expense summary Add lines 4- through 9 in column (d) ►				11,093.
	11 Net income summary. Combine lines 3, column (d) and line 10 ►				8,460.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7 ►				

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities: ______			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If 'No,' explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' explain:			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [X]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ► 0

3 Enter total number of other organizations ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Forest Stewardship/Fuels Mitigation	29	221,971.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Grantmaker's Description of How Grants are Used

The availability of financial grant assistance for fuels mitigation and forest stewardship is publicized via news articles and word of mouth. Interested landowners then prepare and submit applications for these grants. The Swan Ecosystem Center's two Forest Stewards, with assistance from a Montana DNRC (Department of Natural Resources and Conservation) Service Forester, review the applications to identify projects that qualify for these grants. Projects must meet guidelines for forest health and fuels mitigation while protecting wildlife habitat, managing beetle infestations and tree density, and complying with Best Management Practices for water quality protection. The ultimate goal is to improve forest health. The Forest Stewards and Service Forester perform an "on the ground" assessment to determine

Part I, Line 2 - Grantmaker's Description of How Grants are Used (continued)

needs, develop appropriate treatment and forest stewardship plans, write a "prescription" for the land, and enter into a written agreement with the landowner. Technical assistance and recommendations are provided throughout the project. Each project is inspected upon completion of the work to determine that all aspects of the agreement have been fulfilled.

Part II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
Program Service Revenue	4,996.	26,219.	68,093.	7,155.	7,037.
Total	$ 4,996.	$ 26,219.	$ 68,093.	$ 7,155.	$ 7,037.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total ► $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
Jerye Motschman (Homeowner Assn rep)	Director	3,556. Forest Stwrdshp CostShare
William Moore (son of landowner)	Director	11,317. Forest Stwrdshp CostShare
Stephen H Ellis	Treasurer/Director	3,075. Forest Stwrdshp CostShare

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.	81-0512368

Form 990, Part III, Line 4a - Program Service Accomplishments

FOREST STEWARDSHIP/FIREWISE PROGRAM

During 2009, two Forest Stewards worked with assistance from a Montana Department of Natural Resources and Conservation Service Forester with funding provided by government agencies to administer over $400,000 in cost share grant monies on stewardship projects for local landowners. The projects are designed to enhance plant and wildlife habitat, provide wildfire fuels reduction and beetle infestation management, and mitigate the encroachment of noxious and non-native plant species. In addition to accomplishing these forest stewardship goals, the cost share grants stimulated the local economy by employing local contractors. The Forest Stewards are working with approximately 88 private land owners to provide land assessments and stewardship plans for their properties. 29 of these land owners saw their plans completed during the year and received cost share grants totaling $221,971. The remaining plans will be completed in the coming months. These 88 projects consist of 1,367 acres, of which 656 acres have been treated in 2009.

Fund raising continues for additional stewardship projects and for public education via workshops, printed information and web-based materials designed to encourage land owners to properly care for their lands. Educational opportunities are also provided to forest contractors, keeping them informed of new programs and projects. A data base of such contractors is maintained and shared with interested land owners.

Form 990, Part III, Line 4b - Program Service Accomplishments

WATERSHED MANAGEMENT

Utilizing funds from the Montana Department of Environmental Quality, private

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Form 990, Part III, Line 4b - Program Service Accomplishments (continued)

foundations and donors, the Swan Ecosystem Center coordinates and is the chair for the Technical Advisory Group (TAG) consisting of members from several collaborative committees of government agencies, private organizations and individuals charged with the responsibility of managing the Swan Valley Watershed. TAG has 3-4 meetings and tours per year with an average of 10-15 participants. Monitoring is conducted at multiple sites strategically located throughout the Swan Valley along critical rivers, streams, and lakes to determine impacts of development on water quality. The work focuses on field inventories and assessments, identification and prioritization of heavily impacted watershed areas, and the development and implementation of restoration activities to minimize the impact of roads, construction, and other infrastructure as well as restoration of riparian areas. During 2009, several restoration projects were completed (including the Herrick Run road restoration) and a Water Restoration Plan was drafted by SEC's VISTA volunteer with input from committees of the Swan Valley Watershed coalition. The plan will not just focus on water quality but will also address wildlife, native fish, forests, wetlands, and other conservation targets. SEC also conducts water quality education programs, providing information via web site, publications, and workshops. Programs included water quality informational exhibits at a community event held at Swan Lake, Montana.

Form 990, Part III, Line 4c - Program Service Accomplishments

BACK COUNTRY RANGER CONTRACTS

Two back country rangers are contracted to provide extensive trail and campsite maintenance and restoration, recreational user monitoring and supervision, and visitor education. They emphasize Leave No Trace techniques and the use of bear resistant storage containers. They work in each of two separate back country areas of the USFS Flathead National Forest during the late spring, summer, and early fall

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Form 990, Part III, Line 4c - Program Service Accomplishments (continued)

months. These two paid rangers supervised 73 committed volunteers who volunteered approximately 1,000 hours during 2009. The Back Country Ranger program is funded by grants from the US Forest Service, Montana Dept of Fish, Wildlife & Parks, the National Forest Foundation, and by private donations and fund raisers.

Form 990, Part III, Line 4d - Other Program Services Description

EDUCATIONAL PROGRAMS AND WORKSHOPS

Swan Ecosystem Center's Education Coordinator developed and presented natural science and ecosystem education programs for adults and for local school students in after class and year-round activities. The goal is to provide a wide range of educational opportunities including learning about the Swan Valley's unique and fertile habitat. During 2009, the 29 students of grades K-8 at the Swan Valley School were served, as were approximately six home-schooled students. Programs included a weekly "After School Club" session, summer camps, and field projects throughout the year. In addition, there were 8 guided nature hikes funded by REI with 180 student participants from area communities. Seeley-Swan High School students participated in similar field trips, as did area teachers who supplemented their natural science curricula with forest stewardship curricula and resources through in-service training. 29 adult programs/workshops with an average of 15 participants were presented by specialized professionals. Family-oriented summer Campfire programs were also provided at the local USFS Campgrounds. Restoration projects, such as the Barber Pit wetlands habitat project which involved 800 hours of time by 46 volunteers, are also available for community participation.

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Form 990, Part III, Line 4d - Other Program Services Description (continued)

PUBLIC INFORMATION/VISITOR CENTER

The Swan Valley Ecosystem Center and the USFS have an agreement for SEC to provide paid staff and volunteers to be available year-round five days/week to interact with the public, provide information regarding trails, camping, wildlife, etc., and sell maps and firewood permits at the USFS Condon Work Center. This agreement with the USFS allows SEC to serve as a liaison between residents, tourists, and the agency. A large conference room in the facility is frequently in use for ecosystem-related workshops and meetings. A Resource Center/Library containing catalogued wildlife and ecosystem management books, scientific reports, photos, and reference papers relevant to the Swan Valley is available for research and general public use. A Visitor Center featuring wildlife, habitat, and outdoor education exhibits is open to the public, while an interpretive nature trail--built and maintained by volunteers--is available outside. During 2009, there were over 1900 visitors to the facility.

Public information is also available via the web site (www.SwanEcosystemCenter.org). This web site features information on all SEC's programs as well as educational materials on ecosystem management through links to other organizations.

SWANLANDS PROJECT

The objective of this project is to develop a conservation strategy for the public and private lands of the Swan Valley, Montana. As chair of the Swan Lands Coordinating Committee, the Swan Ecosystem Center provides leadership for this effort among government agencies, land trusts, environmental organizations, private land owners, community groups, and other interested citizens. The SLCC and various sub-committees held approximately 14 telephone conferences with an average of 6

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Form 990, Part III, Line 4d - Other Program Services Description (continued)

participants and met approximately 5 times with an average of 25 participants during 2009. Topics discussed and projects planned include the Forest Landscape Restoration Act, the Treasured Landscape Initiative (for the protection of the Crown of the Continent ecosystem), the Montana Legacy Project, affordable housing for the local area, mapping and prioritizing wetlands for restoration, and ARRA stimulus grants. The data accumulated about the potential effects on the area is then available for providing information to the community through newspaper articles, public meetings, and the Swan Valley Conservation website.

BEAR RESOURCES/WILDLIFE

The goal of the Bear Resources Task Force is to minimize the number and severity of negative encounters between wildlife (particularly bears) and humans. Coordinated by the Swan Ecosystem Center and utilizing the services of a "Bear Ranger" (funded in part by SEC, USFWS, USFS, and private donations), the Task Force provides public information through annual events. The Bear Social, held in the spring, and the Bear Fair, held in the summer, featured exhibits, speakers, and demonstrations. These family programs were attended by approximately 85 and 250 community members, respectively. Other means of disseminating information included visits with local residents and campers, two annual newsletters as well as other publications, and workshops. By the end of 2009, approximately 65 bear-resistant trash containers had been distributed through sale, rental, or loan for use by local businesses and residents. Electric fencing was provided for three properties to help prevent human/bear conflicts. SEC is also the local point of contact for local residents to report sightings or incidents of potentially dangerous wildlife.

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Form 990, Part III, Line 4d - Other Program Services Description (continued)

LOCAL HISTORIES

This program has produced oral history tapes, transcripts, summaries, and photo collections chronicling the history of the Swan Valley from the perspective of local long-time residents. This information is contained in two volumes of "Swan Valley: A Century of Change" and includes life stories of 68 individuals. The objective is to preserve the history and show how people have lived, worked, and recreated within the Swan Valley ecosystem over time.

ELK CREEK CONSERVATION AREA/SECTION 35 MANAGEMENT

The Swan Ecosystem Center serves as steward for the Elk Creek Conservation Area, a critical bull trout spawning stream. SEC has organized a management team of 5 volunteers to preserve this area for the future by restoring riparian lands and overseeing maintenance, weed control, tree harvesting, tree planting, and other forest management techniques. Section 35 is also used for tours to demonstrate recommended management practices for the public and local logging professionals.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Chairman Neil Meyer is the father of Director Pam Hamilton and the grand-uncle by marriage of Director Kvande Anderson.

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Form 990, Part VI, Line 11 - Form 990 Review Process

Swan Valley Ecosystem Management & Learning Center, Inc. has a written policy that requires Form 990/990-EZ, with all required schedules, to be provided electronically to each voting member of the Board of Directors prior to its being filed with the Internal Revenue Service. These forms must be reviewed and approved by the President and Treasurer before filing with the Internal Revenue Service.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

In accordance with the Conflict of Interest Policy, any potential conflict of interest that could result in a direct or indirect financial or personal benefit to a Director, Officer or staff member must be disclosed to the Board of Directors or committee authorizing a contract or other transaction. The Conflict of Interest Policy is reviewed and signed by all Directors annually.

Penalties imposed for breach of the Conflict of Interest Policy may include, but are not limited to the following:

Excluding the director, officer, or staff member from portions of all future meetings and discussions which relate to the stated conflict of interest, and/or

Censure of the director, officer, or staff member in private, in public, or both, and/or

Removal of the director, officer, or staff member from office or employment by a resolution passed by a vote of two-thirds of the Board of Directors at an annual or special general meeting of the Board, provided that notice of such a proposed resolution is given with the notice calling the meeting.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

Annual compensation for the President/Secretary is set by the Finance Committee. All compensation will be reviewed and approved by the Executive Committee before being presented to the Board of Directors for final approval. Factors taken into

Name of the organization: SWAN VALLEY ECOSYSTEM MGMT CENTER, INC.

Employer identification number: 81-0512368

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment (continuec

consideration include: length of service, level of responsibility, proficiency, and availability of funding in accordance with the annual budget.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

Salaries and hourly wages will be revised periodically (at least annually) by the President/Secretary prior to making recommendations to the Finance Committee. Factors taken into consideration include: length of service, level of responsibility, proficiency, and availability of funding in accordance with the annual budget. Compensation for all employees, except the President/Secretary, will be set by the Finance Committee after considering the recommendations of the President/Secretary.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

In person or by mail upon request.

Computation of Cost of Goods Sold (Form 990)

1. Inventory at start of year	4,074.
2. Purchases	2,835.
3. Cost of labor	0.
4. Additional 263A costs	0.
5. Other costs	0.
6. Total (Add lines 1 through 5)	6,909.
7. Inventory at end of year	3,905.
8. Cost of goods sold (Subtract line 7 from line 6)	3,004.

Form 990, Part IX, Line 24
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bear Program Event Expense	3,730.	3,730.		
Cash Over/Short	11.		11.	
Contract Services-Firewise	393.	393.		
Contract Services-Trail Maint	6,500.	6,500.		
Contract Services-Weed Control	2,780.	2,780.		
Contract Svcs-Bear Program	4,820.	4,820.		
Credit Card Fees	355.		355.	
Dues & Subscriptions	786.	300.	411.	75.
Equipment Maint/Repair	1,428.	1,174.	167.	87.
Meeting Hall Rent	70.	70.		
Misc Program Expense	44.	44.		
Postage and Shipping	1,834.	1,112.	112.	610.
Printing and Publications	2,868.	595.		2,273.
Program Honoraria	892.	892.		
Publicity	7,015.	5,358.	1,377.	280.
Real Estate Tax (Sec 35)	514.	514.		
Road Maintenance (Sec 35)	-61.	-61.		
Telephone/Internet	3,258.	2,945.	157.	156.
Vehicle Registration.	168.		168.	
Total	$ 37,405.	$ 31,166.	$ 2,758.	$ 3,481.