#### 990 Form

### **Return of Organization Exempt From Income Tax**

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

Ā	For th	ne 2013 calend	lar year, or tax year beginning . 2013. and end		HISPSCHON
В		f applicable:	C Name of organization GREENWAY NETWORK INC	ing	, 20
		change	Doing Business As		D Employer identification no.
	Name ci	-			43-1681768
	Initial re	•		Room/suite	E Telephone number
			215 INDACOM DRIVE	1717	(636)498-0772
$\equiv$	Termina		City or town, state or province, country, and ZIP or foreign postal code		38,693
$\equiv$	Amende		SAINT PETERS, MO 63376		G Gross receipts \$
Ш	Applicati	ion pending	F Name and address of principal officer: CHARLENE WAGGONER	H/a) la lhia a sassa	
	<del>.</del>	F-9	11 BRINNINGTON DR, SAINT PETERS, MO 63376	H(a) Is this a group r subordinates?	Yes X No
			501(c)(3)	H(b) Are all subordin	ates included? Yes No list. (see instructions)
	Website		. GREENWAYNETWORK . ORG	H(c) Group exemption	n number
			Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation: 199	M State of le	gal domicile: MO
	int I	Summar			<del></del>
	1		be the organization's mission or most significant activities: GREENWAY NETWORK	IS A GRASSRO	OTS VOLUNTEER
ф		BASED OR	GANIZATION. OUR MISSION IS TO CONSERVE NATURAL RESOURCES	, ENCOURAGE	SOUND
Activities & Governance		MANAGEME	NT OF AREA'S WATERSHEDS AND PROTECT THE QUALITY OF LIFE	FOR THE RESI	DENTS OF THE
e <u>r</u>	1	GREATER	ST LOUIS AREA.		
Š	2	Check this be	ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its	s net assets.	
৺	3	Number of vo	oting members of the governing body (Part VI, line 1a)	з	و
es	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)	4	9
Σ	5	Total number	of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
<u> </u>	6	Total number	of volunteers (estimate if necessary)	6	1,300
	7a	Total unrelate	ed business revenue from Part VIII, column (C), line 12	7a	<del></del>
	b		business taxable income from Form 990-T, line 34	<u> </u>	<del></del>
	ĺ			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	36,38	
Revenue	9	Program serv	rice revenue (Part VIII, line 2g)	21,87	
Š	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0
8	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<del>-</del>
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,26	7 38,693
	13		milar amounts paid (Part IX, column (A), lines 1-3)	30,20	7 30,033
	14			0	
	15		to or for members (Part IX, column (A), line 4)		0
Ses	16a		fundraising fees (Part IX, column (A), line 11e)		- 0
Expenses			ing expenses (Part IX, column (D), line 25) ▶ 1,244		0
Ä			es (Part IX, column (A), lines 11a-11d, 11f-24e)	54,36	9 27 406
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,36	
	19		expenses. Subtract line 18 from line 12	3,89	
Se c				nning of Current Year	<del></del>
Net Assets or Fund Balances	20	Total assets (	Part X, line 16)	42,99	End of Year 54, 194
A B	21	,	s (Part X, line 26)	12,33	7 31,194
홅	22	Net assets or	fund balances. Subtract line 21 from line 20	42,99	7 54,194
Pai		Signatur		12,33	7 34,194
Under	penalties	s of perjury, I decla	re that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and belief, it is	
true, co	оптесt, ar	nd complete. Decla	ration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
			Jany Rus		04-29-2014
Sigi	n	Signature	of officer	Date	
Her	e	LARRY	RUFF, TREASURER		
			int name and title		· · · · · · · · · · · · · · · · · · ·
		Print/Type prep	arer's name Preparer's signature	Check X if	PTIN
Paic	i	JOE WHEI		self-employed	P00123689
	arer			m's EIN	200123003
	Only		2002 2004 /	one no.	
	,		ST PETERS MO 63376		28-1040
May t	he IRS	discuss this r	eturn with the preparer shown above? (see instructions)	330-3	X Yes No

## 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			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
3	Did the organization engage in direct or indirect political acceptance with the organization engage in direct or indirect political acceptance with the organization engage in direct or indirect political acceptance with the organization engage.	2		X
·	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			
4		3		X
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		li	_
5		4		X
Ū	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	]		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ĺ		
6		5		
U	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
۰	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	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 temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	5- Same and a state and the state of the sta			
L	complete Schedule D, Part VI	11a		X
b	Suite 12 that is 570 of fillion			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	The state of the total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	The state of the s			
	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	- 1		
_	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1	1	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	<u>X</u>
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		<u>X</u>
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>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		Ì	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18	-	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00 -	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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, 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	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?			
26	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
27	disqualified persons? If so, complete Schedule L, Part II	26		<u>X</u>
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ļ	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		Ì	
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
U	Schedule L, Part IV			3.5
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<u>X</u>
Ū	Co. P. I.	20-		v
29	Did the assessment of the second of the seco	28c		$\frac{x}{x}$
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
	conservation contributions? If "Yes," complete Schedule M	20	1	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	<u> </u>	
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-+	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	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		$\frac{x}{x}$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		<del></del> -
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_		

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u>.</u>		_,		
				-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			1		
b	Enter the number of Forms W-2G included in 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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		l				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<i>.</i> .				
3a					3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 author						
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				]		
L	account)?				4a	***********	X
b	If "Yes," enter the name of the foreign country:						
<b>5</b> -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts the appropriation a part to a part it is at the state of the sta						/ ·
5a							X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	• •			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	• •			6a		X
J	gifts were not tax deductible?				۱.,		1
7		• •		• • • •	6b	**********	
ʻ a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
a	and services provided to the payor?				7-		v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7a 7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	• • •			10		
•	required to file Form 8282?				7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				76		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract				7e	***************************************	X
f			· · · · ·		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 885						X
_					7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						- <u>-</u> -
	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	0000000000	1
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a		-0000000000
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter:						
а	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		<i>P</i> • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from 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					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans	13b					
С	L <sub>i</sub>	13c					
	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b	i	

Form 990 (2013) GREENWAY NETWORK INC 43-1681768 Page 6 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. Check if Schedule O contains a response or note to any line in the Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 9 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: The governing body? Х Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 Did 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 Х 15a **b** Other officers or key employees of the organization 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? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed MO 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ☑ Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

▶LARRY RUFF (636)498-0772, 3457 RIVERCHASE PARKWAY, SAINT CHARLES, MO 63301

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

financial statements available to the public during the tax year.

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-orm	990	(2013)	

GREENWAY NETWORK INC

43-1681768

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	<b>2)</b>			(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per week (list any	(do no	ot che	ck m	ore th	nan one		compensation from	compensation from related	amount of other
	hours for	box, u	ınless	pers	on is	both an		the	organizations	compensation
	related organizations			a dire	ctor/	trustee)		organization	(W-2/1099-MISC)	from the
	below dotted	유료	Inst	Officer	<u>6</u>	em Hig	Former	(W-2/1099-MISC)		organization and related
•	line)	Individual trustee or director	Institutional trustee	g	Key employee	hest	Ter			organizations
		3 5	nal t		oloye	i com				
		stee	nste		ά	pens				
			8			Highest compensated employee				
								~		
(1) CHARLENE WAGGONER	10.00									
PRESIDENT		X		X				0	0	0
(2) GREG POLESKI	5.00	:							1	
VICE PRESIDENT REVENUE GENERATION		X		X				0	0	0
(3) ABBY BROADSTONE	5.00									
VICE PRESIDENT MEMBERSHIP		X		X				0	0	0
(4) LARRY RUFF	10.00					ļ				
TREASURER		Х		X				0	0	0
(5) DAVID HARTMANN	5.00			,,						
SECRETARY		X		X				0	0	0
(6) MICHAEL GARVEY	5.00	4,7								
DIRECTOR (7) WHILE WHITE THE		X					_	0	0	<u> </u>
(7) KELLY HEIDT	_ <u>5.00</u> _	v					İ			_
DIRECTOR	F 00	X		_				0	0	0
(8) JESSICA ROWE	5.00	v		v						_
PARLIAMENTARIAN	5 00	Х	-	X				0	0	0
(9) SHARON KENNY DIRECTOR	5 - 00 -	x	- 1				ļ			•
(10)		^	-		_	<del>                                     </del>		0	0	0
7.5/				1						
(11)				$\dashv$	_					
<u></u>										
(12)			$\dashv$	_			$\dashv$			
7.5/										
(13)			-				$\dashv$			
Σ-'	<b></b>									
(14)			$\dashv$				1			
<b>* -'</b>							ĺ			
	<u> </u>		_							

Part VII Section A. Officers, Directors, Trustee	s, Key Employ	yees, a	and l	High	est	Comp	ens	ated Employees	(continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles: er and	eck m s pers direc	ition ore the son is tor/tr	han one s both an ustee)		(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)									·	
<u>(16)</u>										
(17)										10,02
<u>(18)</u>										
(19)										14.9-
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total	ction A .						•	0		0
Total number of individuals (including but not limit reportable compensation from the organization		ed abo	ve) v	who	rece	eived n	nore	than \$100,000 of	(	)
3 Did the organization list any former officer, direct	or, or trustee, k	ey em	ploy	ee, c	or hi	ghest o	comp	ensated		Yes No
<ul> <li>employee on line 1a? If "Yes," complete Schedule</li> <li>For any individual listed on line 1a, is the sum of a organization and related organizations greater that individual</li> </ul>	reportable comp	ensati	ion a	nd c	the	r comp	ensa			3 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-				izati			5 X
Section B. Independent Contractors	, complete ou	icadic	0 101	340	, p.	013011				
Complete this table for your five highest compens compensation from the organization. Report compensation.  Year.										
(A) Name and business addre	ss	·						(B) Description of	services	(C) Compensation
Total number of independent contractors (including received more than \$100,000 of compensation from the contractors of the	-		ose l	liste	d ab	ove) w	ho			

Part VIII Statement of Revenue

		Check if Schedule O contains	s a response o	or no	ote to any line in th	is Part VIII			[
	Γ					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		1a	1,134	]			
o a	b	Membership dues	<u>'</u>	1b	949				
A.E.	С	Fundraising events	<i>'</i>	1c	9,551				
# h	d	Related organizations		1d		1			
S.E	е	Government grants (contribution	ns) ,	1e	10,197				
Sign	f	All other contributions, gifts, gra	ints,						
the the		and similar amounts not include	ed above	1f	5,041				
<u></u>	g	Noncash contributions included		: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	T. ( ) A 11P ( ) 46				26,872			
•			****		Business Code				
97	2a	MISSION CLEAN STREAM		Ì	900099	1,000	1,000		
ever		RACE FOR THE RIVER FI	ZST	-	900099	8,321		·	·
8. E		NAT PUBLIC LANDS DAY		-	900099	500			· · · · · · · · · · · · · · · · · · ·
Program Service Revenue		MISSOURI RIVER CLEAN-		-	900099	2,000			
S E	e	TIPPOUNT REVENUE CEMEN		-	300033	2,000	2,000		
ogra	f	All other program service revenu		-					
Ē		Total. Add lines 2a-2f				11,821			
						11,021			
	3	Investment income (including div and other similar amounts) Income from investment of tax-e:				-			
	5	Royalties							
i			(i) Real	Ť	(ii) Personal				
	6a	Gross rents	(I) Real	$\dashv$	(II) Personal				
		Less: rental expenses		$\dashv$					
ļ		· · · · · · · · · · · · · · · · · · ·		$\dashv$					
į	i	Rental income or (loss) L							
		Net rental income or (loss)		<del></del>					
	7a	Gross amount from sales of	(i) Securities	-	(ii) Other				
		assets other than inventory		-	111 1111				
	b	Less: cost or other basis							
		and sales expenses							
		Gain or (loss)							
		Net gain or (loss)		· i					
en ue	ъа	Gross income from fundraising							
ě		events (not including \$	9,551						
Other Rev		of contributions reported on line							
흫		See Part IV, line 18							
0		Less: direct expenses			<del> </del>				
		Net income or (loss) from fundrai	_	·	· · · · · · •				
		Gross income from gaming activi							
		See Part IV, line 19							
		Less: direct expenses		p [					
	С	Net income or (loss) from gaming	gactivities .	٠.					
	10a	Gross sales of inventory, less							
		returns and allowances		. ト					
•		Less: cost of goods sold		Ь					
	С	Net income or (loss) from sales of	of inventory .	• •					
-	44 -	Miscellaneous Revenue		$\dashv$	Business Code				
	11a			-					
	b			-					
	C	All all an marcaine		-		-			
		All other revenue		L		****			
1		Total. Add lines 11a-11d				20 600	11 001		0
1	12	Total revenue. See instructions			🟲	38,693	11,821	0	0

	990 (2013) GREENWAY NETWORK INC			43-1683	L768 Page 1
Pa	rt IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organ			
	Check if Schedule O contains a response or note to a	ny line in this Part IX			<u>.</u> <u>.</u> <u>2</u>
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
^	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		:		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	486		486	
b	Legal				
С	Accounting	360		360	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)	1,251		7	1,244
12	Advertising and promotion				
13	Office expenses	455		455	
14	Information technology			· · ·	
15	Royalties			W.A. 1999	
16	Occupancy	2,400		2,400	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	830	830		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,811		1,811	
	Other expenses. Itemize expenses not covered	1,011		2,022	
24	· · · · · · · · · · · · · · · · · · ·				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	CEA	650		
a	BIG MUDDY SPEAKER SERIES	650	650		
b	RIVER SOUNDINGS SYMPOSIUM	1,671	1,671		
C	BROEMMELSEIK TREE PLANTING	3,704	3,704		
d	FALL DARDENNE DAY	197	197		<del> </del>
е	All other expenses	13,681	13,681		
25	Total functional expenses. Add lines 1 through 24e .	27,496	20,733	5,519	1,244
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Cash - non-interest-bearing			Check if Schedule O contains a response or note to any line in this Part X			
1   Cash - non-interest-bearing				(A)		(B)
2   Savings and temporary cash investments   2   3				Beginning of year		End of year
3   Pledges and grants receivable, net   3   4		1	Cash - non-interest-bearing	42,997	1	54,194
A Accounts receivable, net		2	Savings and temporary cash investments		2	
S   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.   S		3	Pledges and grants receivable, net		3	
Trustees, key employees, and highest compensated employees.   S		4	Accounts receivable, net		4	
Complete Part II of Schedule L   5		5	Loans and other receivables from current and former officers, directors,			
Section   Sec			trustees, key employees, and highest compensated employees.			
4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employees and sponsoring organizations (see instructions). Complete Part I of Schedule 1			Complete Part II of Schedule L		5	
Sponsoring paginizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part I of Schedule 1		6	Loans and other receivables from other disqualified persons (as defined under section			
Total assets. Add lines 1 through 15 (must equal line 34)   10   10   10   10   10   10   10   1			4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
7   Notes and loans receivable, net			sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Section   Sect			organizations (see instructions). Complete Part II of Schedule L		6	
10a	G	7	Notes and loans receivable, net		7	
10a	set	8	Inventories for sale or use		8	-
Secured mortgages and notes payable to current and former officers, trustees, key employees, highest compensated employees, and disqualified presons. Complete Part IV of Schedule D   21   Secured mortgages and notes payable to unrelated third parties   23	As	9	Prepaid expenses and deferred charges		9	
Secured mortgages and notes payable to current and former officers, trustees, key employees, highest compensated employees, and disqualified presons. Complete Part IV of Schedule D   21   Secured mortgages and notes payable to unrelated third parties   23		10a	Land, buildings, and equipment: cost or			
11   Investments - publicity traded securities   11   12   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   15   15   15   15   15   15						
11   Investments - publicity traded securities   11   12   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   15   15   15   15   15   15		b	Less: accumulated depreciation 10b		10c	
13   Investments - program-related. See Part IV, line 11   13     14   Intangible assets   14   15     15   Other assets. See Part IV, line 11   15     16   Total assets. Add lines 1 through 15 (must equal line 34)   42,997   16   54,194     17   Accounts payable and accrued expenses   17     18   Grants payable   18   19     19   Deferred revenue   19     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Loans and other payables to current and former officers, 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25     26   Total liabilities. Add lines 17 through 25   0   26   0     0   Organizations that follow SFAS 117 (ASC 958), check here   □   Add complete lines 27 through 29, and lines 33 and 34.   29     27   Permanently restricted net assets   28     28   Temporarily restricted net assets   29     0   Organizations that do not follow SFAS 117 (ASC 958), check here   □   and complete lines 30 through 34.   30     0   Capital stock or trust principal, or current funds   30     31   Paid-in or capital surplus, or land, building, or equipment fund   31     32   Retained earnings, endowment, accumulated income, or other funds   42,997   33   54,194		11	•		11	
13   Investments - program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   15   15   15		12	Investments - other securities. See Part IV, line 11		12	
14		13			13	
15 Other assets. See Part IV, line 11   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   42,997   16   54,194   17   Accounts payable and accrued expenses   17   18   Grants payable   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   23   24   Unsecured notes and loans payable to unrelated third parties   23   24   Unsecured notes and loans payable to unrelated third parties   24   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25   25   26   Total liabilities. Add lines 17 through 25   25   26   Total liabilities. Add lines 17 through 25   27   27   27   27   27   27   28   29   27   27   27   27   28   29   29   27   27   27   28   29   29   27   27   27   28   29   29   27   27   27   28   29   29   27   27   28   29   27   27   28   29   27   27   28   29   27   28   29   29   27   27   28   29   27   27   28   29   27   27   28   29   27   28   29   28   29   29   27   27   28   29   27   28   29   29   27   27   28   29   28   29   29   27   27   28   29   28   29   29   27   28   29   29   27   28   29   28   29   29   29   29   29		14	· ·		14	
16   Total assets. Add lines 1 through 15 (must equal line 34)   42,997   16   54,194     17					15	
17					16	54,194
18   Grants payable   18   19   Deferred revenue   19   19   20   Tax-exempt bond liabilities   20   21   20   21   22   22   22   23   24   22   23   24   24					17	,
Tax-exempt bond liabilities					18	
Tax-exempt bond liabilities			• •	<u> </u>	19	
21 Escrow or custodial account liability. Complete Part IV of Schedule D					20	
22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25     26 Total liabilities. Add lines 17 through 25 0 26 0 0     Organizations that follow SFAS 117 (ASC 958), check here					21	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	S					
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Corganizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 42,997 33 54,194	litie					
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Corganizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 42,997 33 54,194	abil				22	
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		23	• • •	1	23	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D					24	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			· ·			
of Schedule D			· · ·			
Total liabilities. Add lines 17 through 25			·		25	
Organizations that follow SFAS 117 (ASC 958), check here		26		0	26	0
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets				-		
Temporarily restricted net assets	ø,					
33 Total net assets or fund balances	2	27		42,997	27	54,194
33 Total net assets or fund balances	a a				28	
33 Total net assets or fund balances	<b>В</b>				29	
33 Total net assets or fund balances	Š	23				
33 Total net assets or fund balances	of F					
33 Total net assets or fund balances	sts	30	•		30	
33 Total net assets or fund balances	)SS(					
33 Total net assets or fund balances	at A		·			
	ž			42,997		54,194
		i				

	1 990 (2013) GREENWAY NETWORK INC	43-1681768	B Pa	ge 12
Pa	n XI Reconciliation of Net Assets			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	38,6	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	27,4	
3	Revenue less expenses. Subtract line 2 from line 1		11,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,9	
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities	6		
7	Investment expenses			
8	Prior period adjustments		-	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	54,1	94
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			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	Χ
	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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	888		
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ſ		
	the Single Audit Act and OMB Circular A-133?		3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Γ		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

EEA

Form **990** (2013)

#### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Tame	or the	organization						- 1	Linkloyer i	dermication	Hallibei		
GREI	ENW.	AY NETWORK INC								681768			
Pa		Reason for P	ublic Charity	<b>Status</b> (All organiza	tions mu	ust comp	olete this	part.) S	ee instru	uctions.			
The c	organ	ization is not a private	e foundation because	se it is: (For lines 1 throug	gh 11, che	ck only on	e box.)						
1		A church, convention	of churches, or as	sociation of churches des	scribed in s	section 17	'0(b)(1)(A)	(i).					
2		A school described in	section 170(b)(1)	(A)(ii). (Attach Schedule	E.)								
3		A hospital or a coope	rative hospital serv	rice organization describe	ed in sectio	on 170(b)(	1)(A)(iii).						
4		A medical research of	rganization operate	ed in conjunction with a h	ospital des	cribed in s	ection 170	)(b)(1)(A)(	iii). Enter t	he			
		hospital's name, city,	and state:										
5		An organization oper	ated for the benefit	of a college or university	owned or	operated b	y a govern	mental uni	t describe	d in			
		section 170(b)(1)(A)	(iv). (Complete Par	rt II.)									
6		A federal, state, or lo	cal government or g	governmental unit descrit	oed in <b>sect</b>	ion 170(b	)(1)(A)(v).						
7		An organization that	normally receives a	substantial part of its su	pport from	a governn	nental unit	or from the	general p	ublic			
		described in section	170(b)(1)(A)(vi). (	Complete Part II.)									
8		A community trust de	scribed in <b>section</b>	170(b)(1)(A)(vi). (Compl	ete Part II.	)							
9	X			(1) more than 33 1/3% of									
				mpt functions - subject to									
		support from gross in	vestment income a	and unrelated business ta	xable inco	me (less s	ection 511	tax) from b	ousinesses	3			
		acquired by the organ	nization after June	30, 1975. See <b>section 5</b> 0	09(a)(2). (C	Complete F	Part III.)						
10				l exclusively to test for pu									
11				l exclusively for the benef									
				rted organizations descril						ction			
		509(a)(3). Check the	box that describes	the type of supporting or									
		a 🗌 Typel	b 🗌 Type						Type III-I		nally inte	grated	t
е				rganization is not controlle									
		other than foundation	managers and oth	er than one or more publ	icly suppor	rted organi	zations de	scribed in s	section 50	9(a)(1)			
		or section 509(a)(2).											
f		If the organization re-		termination from the IRS									_
		organization, check t											• • ∟
g		=	06, has the organiza	ation accepted any gift or	· contributio	on from an	y of the						
		following persons?				·	المستعددات	: (::\					41-
		• •		controls, either alone or t							44=(1)	Yes	No
				ne supported organization			• • • • •				11g(i)		
				ribed in (i) above?							11g(ii)		
		• •		n described in (i) or (ii) ab							11g(iii)		l
h				the supported organization	(iv) Is the on	nanization	(v) Did you	ı notify	(vi) is	the	(vii) Amou	not of my	netan/
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) list		the organiz		organizatio	on in col.		support	, ictal y
				above or IRC section (see instructions))	governing de	ocument?	col. (i) o supp	f your	(i) organize U.S	ed in the			
				(see instructions))	Yes	No	Yes	No	Yes	No			
/A\						110							
(A)													
(B)													
(0)													
(C)													
(0)													
(D)								***	**				
ι-,					1								
(E)							<u> </u>						
<b>\-</b> /													
Tota	.1					l							

43-1681768 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Seci	tion A. Public Support						
alen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-		AA J			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					All Market	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						-
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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(a) 2000	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2009	<b>(b)</b> 2010	(6) 2011	(u) 2012	(6) 2010	(i) rotal
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here		<u> </u>	n, or fifth tax year a	as a section 501(c)(	(3)	▶□
	tion C. Computation of Public S	uppoπ Percen	itage	<u> </u>		14	%
14	Public support percentage for 2013 (line 6,	column (t) divided t	oy line 11, column (	1))		15	
15	Public support percentage from 2012 Scheo 33 1/3% support test - 2013. If the organiz	oule A, Part II, Iline	the hey on line 13	and line 14 is 33 1			
16a	box and <b>stop here</b> . The organization qualifi						▶ □
_	33 1/3% support test - 2012. If the organiz						_
b	check this box and <b>stop here</b> . The organiza	ation qualifies as a	publicly supported	organization			▶ □
17a	10%-facts-and-circumstances test - 2013						
ı ı a	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac	ts-and-circumstand	ces" test. The orga	nization qualifies a	s a publicly support	ted	
	organization						▶ □
b	10%-facts-and-circumstances test - 2012	. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lir	ne	
~	15 is 10% or more, and if the organization n	neets the "facts-an	d-circumstances" t	est, check this box	and <b>stop here.</b>		
	Explain in Part IV how the organization mee	ets the "facts-and-c	ircumstances" test	. The organization	qualifies as a publi	cly	
	supported organization						▶ □
18	Private foundation. If the organization did	not check a box or	ı 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 or if the organization failed to qualify under Part II.)

Sec	tion A. Public Support	daily dilaci til	o tooto notou o	5.5.1, p.56.55 55		/	
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
ouic	madi your (or mood) your bogg,	(4,7 = 5 = 5	<u> </u>		, , , , , , , , , , , , , , , , , , , ,		
	City are to contributions and membership food						
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,917	17,388	15,048	28,229	17,321	82,903
2	Gross receipts from admissions, merchandise					***	
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	41,410	34,853	29,790	19,379	11,821	137,253
•	Gross receipts from activities that are not an						
3	unrelated trade or bus. under sec 513	14,100	9,827	8,577	10,659	9,551	52,714
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	60,427	62,068	53,415	58,267	38,693	272,870
-	-						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	!					
	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						
	Add lines 7a and 7b				1		
_							
8	Public support (Subtract line 7c from line 6.)						272,870
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	60,427	62,068	53,415	58,267	38,693	272,870
10-	Gross income from interest, dividends,					1	
IVa	payments received on securities loans, rents,			1			
	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 in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						050 050
	and 12.)	60,427					272,870
14	First five years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year as	s a section 501(c)(	3)	. 🗆
	organization, check this box and stop here		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<b>.</b>
Se	ction C. Computation of Public S	upport Percer	ntage			145	100 00 %
15	Public support percentage for 2013 (line 8, c			f))			100.00 %
16	Public support percentage from 2012 Sched	ule A, Part III, line			<u></u>	16	100.00 %
Se	ction D. Computation of Investme	ent Income Pe	rcentage			14-	0.00 %
17	Investment income percentage for 2013 (line	e 10c, column (f) di	vided by line 13, co	olumn (f))		17	0.00 %
18	Investment income percentage from 2012 S	chedule A, Part III,				18	7
19a	33 1/3% support tests - 2013. If the organiz	zation did not checl	k the box on line 14	, and line 15 is mo	re than 33 1/3%, a	nd line	▶ 🏻
	17 is not more than 33 1/3%, check this box	and <b>stop here.</b> Th	ne organization qua	limes as a publicity :	supported organiza	10011	
k	33 1/3% support tests - 2012. If the organiz	zation did not chec	k a box on line 14 o	or line 19a, and line	16 is more than 3	3 1/3%, and	▶ □
	line 18 is not more than 33 1/3%, check this	box and stop here	<ol><li>The organization</li></ol>	qualifies as a publ	iciy supported orga	ilization	
20	Delicate foundation if the organization did i	not check a box on	me 14. 198. Of 19	ひ. いにしん いじろ ひひえる	300 11134 4040113		

### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

ZDE	ENWAY NETWORK INC	43-1681768
Par		nts.
	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	
3	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 can be used	
Ü	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
Pai	Conservation Easements	
Boliback	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 education)	
	Protection of natural habitat  Preservation of a certified his	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervation
-	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation 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, and not on a	
_	historic etructure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation 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	☐ Yes ☐ No
	violations, and enforcement of the conservation easements it holds?	
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	r
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	") ·
	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	describes the
	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.  Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.
P	Organizations Maintaining Collections of Art, Historical Treasures, of Ot	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	d balance sheet
1a	If the organization elected, as permitted under SFAS 116 (ASC 938), not to report in its revenue seatest works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	rtherance of
	works of art, historical treasures, or other similar assets held for public exhibitor, descending the public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	ns.
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	alance sheet
b	If the organization elected, as permitted under SFAS THE (ASC 356), to report with a second variety of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	rtherance of
	Works of art, historical treasures, or ourier similar assets field for public symbols, seeming any present and these items:	
	public service, provide the following amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1	▶\$
	(i) Revenues included in Form 990, Part VIII, life 1	▶ \$
_	(ii) Assets included in Form 990, Part A	provide the
2	full units a provinte sequired to be reported under SFAS 116 (ASC 958) relating to these items:	
	m	▶ \$
a	Assets included in Form 990, Part X	<b>⊳</b> \$
r	ASSEIS INCIDICEU III I OIIII 000, I CICA	

	rt III Organizations Maintaining (	Collections of	of Art, Hist	orical Tr	reasures,	or Otl	ner Similar A	ssets	(contin	iued)
3	Using the organization's acquisition, accession,	and other record	ls, check any	of the follov	ving that are	a signific	cant use of its			
	collection items (check all that apply):									
а	☐ Public exhibition	d 🗌	Loan or excha	ange progra	ams					
b	Scholarly research	e 🗌	Other		_					
C	Preservation for future generations					***				
4	Provide a description of the organization's collection	ctions and explain	n how they fur	ther the org	ganization's e	exempt p	urpose in Part			
	XIII.									
5	During the year, did the organization solicit or re	ceive donations	of art, historic	al treasures	s, or other sir	nilar				
	assets to be sold to raise funds rather than to be	maintained as p	art of the orga	anization's o	collection?		<b></b> .	!	☐ Yes	☐ No
Pa	rt IV Escrow and Custodial Arran									NA.
	Complete if the organization ar 990, Part X, line 21.	swered "Yes	" to Form 9	90, Part	IV, line 9,	or rep	orted an amo	unt on	Form	
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for contril	outions or o	ther assets r	not				
	included on Form 990, Part X?							1	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the fol	llowing table:							
							A	mount		
C	Beginning balance		. <b></b> .			10				
d	Additions during the year	. <b></b>				10	1			
e	Distributions during the year	. <b></b> .				1e				
f	Ending balance					<u>1f</u>				
2a	Did the organization include an amount on Form									
<u>b</u>	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the ex	planation has	been prov	ided in Part	XIII .			<u></u> .	
Pa	tt V Endowment Funds.									
	Complete if the organization an	swered "Yes'	to Form 9	90, Part	IV, line 10	).				
		(a) Current year	(b) Pr	or year	(c) Two years	s back	(d) Three years bac	k (e)	Four years	back
1a	Beginning of year balance				i					
b	Contributions	.=								
C	Net investment earnings, gains, and									
	losses									
đ	Grants or scholarships				4					
е	Other expenditures for facilities and									
	programs	<u></u>								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current		e (line 1g, colu	ımn (a)) hel	ld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment									
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should e	qual 100%.								
3a	Are there endowment funds not in the possession	n of the organiza	tion that are h	eld and adr	ministered fo	r the				
	organization by:							_	Yes	No
	(i) unrelated organizations							. 3	a(i)	<u> </u>
	•							. 38	a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required o	n Schedule R	?				. Li	3b	<u> </u>
4	Describe in Part XIII the intended uses of the org		wment funds.					···		
Par	t VI Land, Buildings, and Equipm					_				
	Complete if the organization an	swered "Yes"	to Form 9	90, Part	IV, line 11	a. See	Form 990, P	art X,	line 10	<u>.                                    </u>
	Description of property	1 ''	other basis	1 ' '	other basis	٠.	Accumulated	(d)	Book value	3
		(inve	stment)	(0)	ther)	de	preciation			
1a	Land	• •								
b	Buildings	• •								
С	Leasehold improvements	• •								
d	Equipment	• •								
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part	X, column (B	), line 10(c)	).)					

Schedule D (Form 990) 2013	GREENWAI NEIWORK INC	43-1001/00	ray
Part VII Investments - Ot	her Securities		

	Complete if the organization answer	ed "Yes" to Form 990, F	Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n:
(1) Financial d				
, ,	Id equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII	must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.			
	Complete if the organization answer	ed "Yes" to Form 990, F		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market was	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	* · · · · · · · · · · · · · · · · · · ·			
	must equal Form 990, Part X, col. (B) line 13.)	<b></b>		
Part IX	Other Assets. Complete if the organization answer	ed "Yes" to Form 990, F	Part IV, line 11d. See Form 990,	Part X, line 15.
	(a)	Description		(b) Book value
(1)		·····		
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	(1) 15 × 000 B 1 (D) line (1)	<b>-</b> \		
	n (b) must equal Form 990, Part X, col. (B) line 1: Other Liabilities.	0.)		
Part X	Complete if the organization answer	ed "Yes" to Form 990, F	Part IV, line 11e or 11f. See Forn	n 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value	_	
	ncome taxes			
(2)			_	
(3)			$\dashv$	
(4)			$\dashv$	
(5)			$\dashv$	
<u>(6)</u>			$\dashv$	
			—	
(8)				
(9)	must equal Form 990. Part X. col. (B) line 25.)		$\dashv$	
	must equal Form 990, Part X, col. (B) line 25.)  uncertain tax positions. In Part XIII, provide the t	evt of the footnote to the organ	nization's financial statements that reports	the
∠. Liability for	uncertain tax positions, in Fart Alli, provide the t	evroi nie iooniore to nie ordai.	nzagon a mianolal atatomenta that reports	

	dule D (Form 990) 2013 GREENWAY NETWORK INC	43-1681768	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	,	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIII.)	_	
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 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	_	
b	Prior year adjustments	_	
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)		
_C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information	D-4 V P	
	ride 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; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
		•	

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

#### 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 Form 990 or Form 990-EZ.

2013

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Inspection Name of the organization Employer identification number GREENWAY NETWORK INC 43-1681768 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g 

Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (II) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 3 5 8 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	iri II					
		than \$15,000 of fundraising gross receipts greater than	event contributions a \$5.000.	nd gross income on For	m 990-EZ, lines 1 and	6b. List events with
		<b>J</b>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	١,	Onne meninte				
Reve	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus				
_		line 2)	**************************************			
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		The state of the s		
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines				
800	11 irt	Net income summary. Subtract line  Gaming. Complete if the o				<u> </u>
8.86.		than \$15,000 on Form 990	_	res to Form 990, Par	t iv, line 19, or reporte	a more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re						<del></del>
	1 1	Gross revenue				
es	1	Gross revenue				
nses	2	Gross revenue				
ot Expenses						
	2	Cash prizes				
ШÌ	2	Cash prizes				
ШÌ	2 3 4	Cash prizes	☐ Yes%	☐ Yes%	☐ Yes%	
ШÌ	2 3 4 5	Cash prizes	☐ No	□ No	□ No	
ШÌ	2 3 4 5	Cash prizes	No 2 through 5 in column (d)	No No	□ No	
Direct E	2 3 4 5 6 7 8	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, colu		□ No	
6 Direct E	2 3 4 5 6 7 8	Cash prizes	No  2 through 5 in column (d)  act line 7 from line 1, colu  on operates gaming activi	No	▶	
Direct E	2 3 4 5 6 7 8 Entitist	Cash prizes	No  2 through 5 in column (d)  act line 7 from line 1, colu  on operates gaming activi	mn (d)	▶	
a 6 Direct E	2 3 4 5 6 7 8 Entitist	Cash prizes	No  2 through 5 in column (d)  act line 7 from line 1, column on operates gaming activities in each of	mn (d)	▶	
b 6 Direct E	2 3 4 5 6 7 8 Entire last the	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, colu on operates gaming activities in each of	mn (d)	□ No	
Direct E.	2 3 4 5 6 7 8 Entire la	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, colu on operates gaming activities in each of	mn (d)	□ No	Yes No

990	Overflow Statement	2 <b>013</b> Page 1
Name(s) as shown on return		FEIN
GREENWAY NETWORK INC		43-1681768

### **OTHER**

Description	1	Amount
MISSION CLEAN STREAM	\$	803
MISSOURI RIVER CLEAN-UPS		2,200
CONSEVATION FEDERATION		237
STL EARTHDAY		272
NATIONAL PUBLIC LANDS DAY		1,065
RACE FRO THE RIVERS FESTIVAL		8,852
VOLUNTEER COMMUNICATION		252
Total:	\$	13,681

### SCHEDULE O (Form 990 or 990-EZ)

### 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 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection
Employer identification number

GREENWAY NETWORK INC	43-1681768
01. Members or stockholder classes and rights (Part VI,	line 6)
BY PAYING MEMBERSHIP DUES MEMBERS RECEIVE A NEWLETTER AND ARE INVITED TO	OUR ANNUAL EVENTS
02. Form 990 governing body review (Part VI, line 11)	
GOVERNING OFFICER REVIEWS 990 BEFORE IT IS SUBMITTED	
03. Governing documents, etc, available to public (Part	VI, line 19)
IS POSTED ON OUR WEBSITE IN A PDF FORMAT.	
	-
04. List of other fees for services expenses (Part IX,	line 11g)
RACE FOR THE RIVER FUNDRAISINGS EXPENSES	
05. List of other expenses (Part IX, line 24e)	
PROGRAM PROJECTS EXPENSES	
	As MA COLUMN