#### 990 Form

# **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)

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For	the 2	2011 calend	lar year, or tax year begir	nning	, 2011, and e	ndina		, 20
В			pplicable:	C Name of organization GR	-	, _ , , , , , , , , , , , , , , , , , ,	g	П	Employer identification no.
			hange	Doing Business As	DEMINIT METHODIC INC				3-1681768
		e ss ci e chai	•		. box if mail is not delivered to street add	droce)	Room/suite		Telephone number
		l retui		,		11655)	Room/suite		•
$\overline{\Box}$				215 INDACOM DRIV				,,	536)498-0772
H		inate		City or town, state or coun	•				
H			return 	SAINT PETERS, MC			i	G	Gross receipts \$
Ш	Appli	cation	n pending		ncipal officer: CHARLENE WAGGONER		H(a) Isthisag	roup retur	·n for □ ਓ
			57	+	OR, SAINT PETERS, MO 63376		` affiliates?		∐ Yes X No
<u> </u>				501(c)(3) 501(c) (	)    (insert no.)	□ 527	H(b) Are all aff If "No," at	tach a list	. (see instructions)
<u>J</u>	Webs			V.GREENWAYNETWORK.OR			H(c) Group exe		
			rganization: X		sociation U Other	L Year of formation:	<b>1993</b> M State	of legal o	domicile: MO
Pa	art I		Summar	•					
			-	_	on or most significant activities:	GREENWAY NETWORK		TS VOL	UNTEER
Α		-			ION IS TO CONSERVE NATURA				
t o	- 1	-			EDS AND PROTECT THE QUAL	TY OF LIFE FOR THE	RESIDENTS OF	THE	
i v		-		ST LOUIS AREA.					
v e i r	'			,	discontinued its operations or dispo	osed of more than 25% of it	s net assets.		
t n i a	- 1			oting members of the gover	,			3	9
e n	·   '				s of the governing body (Part VI, line	,		4	9
s c					calendar year 2011 (Part V, line 2a)			5	0
&				r of volunteers (estimate if r	*/			6	1,300
	'				, (0),			7a	0
		b i	Net unrelated	d business taxable income t	rom Form 990-T, line 34			7b	0
R							Prior Year		Current Year
е				s and grants (Part VIII, line 1	•		27	,215	23,724
v e			-	vice revenue (Part VIII, line	=:		34	,853	29,790
n u	1	0	Investment in	ncome (Part VIII, column (A	), lines 3, 4, and 7d)				0
e	1	1 (	Other revenu	ue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)				0
	1	2	Total revenue	e - add lines 8 through 11 (r	must equal Part VIII, column (A), line	9 12)	62	,068	53,514
	1	3 (	Grants and s	similar amounts paid (Part I)	(, column (A), lines 1-3)				0
Е	1	4	Benefits paid	to or for members (Part IX	column (A), line 4)				0
х р					e benefits (Part IX, column (A), lines	5-10)			0
ė	1	6a	Professional	fundraising fees (Part IX, co	olumn (A), line 11e)				0
n s		b <sup>-</sup>	Total fundrais	sing expenses (Part IX, colu	ımn (D), line 25) 🕨	7,465			
e s	1	7 (	Other expens	ses (Part IX, column (A), lin	es 11a-11d, 11f-24e)		60	,001	48,674
•	1	8	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A), line 25)			,001	48,674
	1	9	Revenue less	s expenses. Subtract line 1	8 from line 12		2	,067	4,840
Net							Beginning of Current	'ear	End of Year
Asse or	2	20	Total assets	(Part X, line 16)			34	,676	39,516
Fund Bal-	2			es (Part X, line 26)					0
ance	_	-		r fund balances. Subtract li	ne 21 from line 20		34	,676	39,516
	art l			ire Block					
					is return, including accompanying sched an officer) is based on all information of			ge and be	lief, it is
		Ť.		1.11.12 11.11	•				
e:	ın		<del>-</del> 4	guy sice /					05-11-2012
Sig			Signatu	ure of officer				Date	
He	re			Y RUFF, TREASURER					
			Type or	r print name and title	_	Γ_		J	
_			Print/Type p	reparer's name	Preparer's signature	Date	Check 🛚	if PTI	N
Pai			JOE WHEI	LAN EA		05-11-2012	self-employ	ed	P00123689
	pai		Firm's name		G AND ASSOCIATES		Firm's EIN		
Us	e O	nly	Firm's addre	3023 NOR	TH ST PETERS PARKWAY		Phone no.		
				ST PETER	S MO 63376			63	6-928-1040
May	the	IRS o	discuss this r	eturn with the preparer sho	wn above? (see instructions)				X Yes No

Form		3-1681768	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		📙
1	Briefly describe the organization's mission:		
	GREENWAY NETWORK IS A GRASSROOTS VOLUNTEER BASED ORGANIZATION. OUR MISSION IS TO CONSERVE		
	NATURAL RESOURCES, ENCOURAGE SOUND MANAGEMENT OF AREA'S WATERSHEDS AND PROTECT THE QUALITY	Y OF	
	LIFE FOR THE RESIDENTS OF THE GREATER ST LOUIS AREA.		
2	Did the organization undertake any significant program services during the year which were not listed on the	П у	□ <b>.</b>
	prior Form 990 or 990-EZ?	∟ Yes	x No
2	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?	□ Vos	w No
	If "Yes," describe these changes on Schedule O.	🗆 163	M NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
7	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 \$ 36,245 including grants of \$ 12,220 ) (Revenue \$	3	0,135 )
	See SERVICES page for a description of this program service.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	S	)
4d	Other program services. (Describe in Schedule O.)		
4u	(Expenses \$ including grants of \$ ) (Revenue \$	1	
4e	Total program service expenses 36,245	,	
<u></u>	/		

EEA

#### 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"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 temporarily restricted			
	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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.7	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	441.		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	44.		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	114		Х
_	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	11d 11e		X
	Did the organization eport an amount for other habilities in Fart A, line 25? If Tes, complete scriedule B, Fart A	116		21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
124	Cabadula D. Dorta VI. VII. and VIII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	·za		
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		Х
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, Parts II and IV	15		Х
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, Parts III and IV	16		Х
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b		

# Part IV Checklist of Required Schedules (continued)

Га	Checklist of Required Schedules (confinded)		Vac	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	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			
2-14	\$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 25	24a		Χ
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	240		
·	to defense a system assemble and a	24c		
d	to derease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		
ZJa		25a		Х
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		
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?	25h		Х
200	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20		v
07	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.7
	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):	20-		v
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			37
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	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		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3.7
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			77
	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			v
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	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,			3.7
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		3,5	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	
	EEA	Form	990 (	ZO111

Form 990 (2011) GREENWAY NETWORK INC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
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 tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		X
<b>L</b>	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	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	70		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response to any question in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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 1b 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?	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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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,			3.7
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
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, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х
<u>Sac</u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
<u> </u>	This Section B requests information about policies not required by the internal Nevende Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	iva		21
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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		Х
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Χ
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion 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 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,			
20	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LARRY RUFF (636)498-0772  3457 RIVERCHASE PARKWAY SAINT CHARLES, MC	622	<b>1</b> 1	
	organization: LARRY RUFF (636)498-0772 3457 RIVERCHASE PARKWAY SAINT CHARLES, MC	, טאאו	<i>-</i>	

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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 to any question 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.

X	Check this box if neither the organization nor any related  (A)	(B)			(0				(D)	(E)	(F)
	Name and Title	Average	Position						Reportable	Reportable	Estimated
	Name and Title	hours per							compensation	compensation from	amount of
		week	(do not check more than one box, unless person is both an						from	related	other
		(describe							the	organizations (W-2/1099-MISC)	compensation from the
		hours for related	office	er and	r and a dire		ector/trustee)		organization (W-2/1099-MISC)	(W-2/1099-WI3C)	organization
		organizations in Schedule O)	dur i se v t c i e t	I t n r s u t s i t t e	f i C	K e y e m	Hce iom gmp hpl eeo sny	F o r m e r			and related organizations
			deo ur ao Ir	u e t i o n a I	r	p l o y e e	t s e a e t e d				
(1)	ABBY BROADSTONE										
	VICE PRESIDENT MEMBERSHIP	5.00	X		X				0	0	0
(2)	CHARLENE WAGGONER										
	PRESIDENT	10.00	Х		X				0	0	0
(3)	DAVID HARTMANN										
	SECRETARY	5.00	Х		X				0	0	0
(4)	GREG POLESKI										
	VICE PRESIDENT REVENUE GENERATION	5.00	X		X				0	0	0
(5)	JESSICA ROWE										
	PARLIAMENTARIAN	5.00	X		X				0	0	0
(6)	JIM BURRIS										
	DIRECTOR	5.00	Х						0	0	0
(7)	KELLY HEIDT										
	DIRECTOR	5.00	X						0	0	0
(8)	LARRY RUFF										
	TREASURER	10.00	X		X				0	0	0
(9)	MICHAEL GARVEY										
. ,	DIRECTOR	5.00	X						0	0	0
(10)											
(11)											
(12)											
(13)											
(14)											

Pa	rt VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	ΙHiς	ghes	st Com	pen	sated Employees	(continued)		
	(A)	(B)			(6	C)			(D)	(E)		(F)
	Name and Title	Average	(do r	not ch		sition	than on	.	Reportable	Reportable		stimated
		hours per week	'				is both	- 1	compensation from	compensation from related	ar	nount of other
		(describe	1				/trustee)		the	organizations	com	pensation
		hours for	I t d	l t	0	К	Нсе	F	organization	(W-2/1099-MISC)		rom the
		related	nr i dur	n r s u	f f	e y	i om	o r	(W-2/1099-MISC)		1	ganization d related
		organizations in Schedule	i s e	t s i t		-	g mp h p l e e o	m e				anizations
		O)	i e t d e o	t e	е	m p	s n y t s e	ř				
			u r	t	ļ ·	I	a e					
			a o   r	0		y e	t e					
				n a		ė	d					
(15)												
(16)												
(17)												
(18)												
(19)												
` '												
(20)												
(=0)												
(21)												
(21)												
(00)												
(22)												
(23)												
(24)												
(25)												
1b	Sub-total							<b>•</b>				
	Total from continuation sheets to Part VII, Section A											
	Total (add lines 1b and 1c)			• •	• •	•			0	0		0
2	Total number of individuals (including but not limited to the					· ·	nore th	an \$		<u> </u>		
_	reportable compensation from the organization	use listed abt	JVC) WI	110 16	CCIV	reu i	11016 111	анψ	100,000 111	0		
	reportable compensation from the organization											Vac Na
_	Dild											Yes No
	Did the organization list any <b>former</b> officer, director or	-		oyee		-						37
	employee on line 1a? If "Yes," complete Schedule J for so			• •							3	X
	For any individual listed on line 1a, is the sum of reportable											
	organization and related organizations greater than \$150,	,000? If "Yes,	" com	olete	Sch	nedu	le J for	such	1			
	individual										4	X
5	Did any person listed on line 1a receive or accrue compet	nsation from	any ur	rela	ted o	orgai	nization	or ir	ndividual			
	for services rendered to the organization? If "Yes," comple	ete Schedule	J for s	such	pers	son					5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compensated inc	dependent co	ntracto	ors th	nat re	eceiv	/ed mo	re tha	an \$100,000 of			
	compensation from the organization. Report compensation									tax		
	year.		,									
	•								(B)			(C)
	(A)	_							(B)			(C)
	Name and business address	5							Description of	Services	Compe	ensation
2	Total number of independent contractors (including but no	ot limited to th	nose lis	sted	abov	ve) v	vho					
	received more than \$100,000 of compensation from the c	organization	•									

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Part \	/111	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
	1a	Federated campaigns	1a	1,953				
	b	Membership dues	1b	875				
Contri-	C	Fundraising events	1c	8,577				
butions, Gifts,	d	Related organizations	1d	3,377				
Grants	e	Government grants (contributions)	1e	12,220				
and Other	f	All other contributions, gifts, grants,	-10	12,220				
Other Similar	'	and similar amounts not included above	1f					
Amounts	_			99				
	g	Noncash contributions included in lines 1a-1						
	h	Total. Add lines 1a-1f			23,724			
	_			Business Code				
				900099	23,827	23,827		
Program	b	PORTAGE DES SIOUX		900099	1,283	1,283		
Service	С	SOUTHWESTERN IL R C D		900099	3,236	3,236		
Revenue	d	RACE FOR THE RIVERS FES		900099	1,087	1,087		
	е	MISSION CLEAM STREAM		900099	357	357		
		All other program service revenue						
	g	Total. Add lines 2a-2f		<b>.</b>	29,790			
	3	Investment income (including dividends, inter and other similar amounts)						
	4	Income from investment of tax-exempt bond	procee	ds▶				
	5	Royalties						
		(i) Rea	ıl	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	72	Gross amount from sales of (i) Security		(ii) Other				
	74	assets other than inventory		. ,				
•	b	Less: cost or other basis and sales expenses						
O t	С	Gain or (loss)						
h	d	Net gain or (loss)						
e r	8a	Gross income from fundraising						
•		events (not including \$ 8,57	77					
R		of contributions reported on line 1c).						
e v		See Part IV, line 18	. а					
е	b	Less: direct expenses						
n u	С	Net income or (loss) from fundraising events						
e		Gross income from gaming activities.						
		See Part IV, line 19	. а					
	b	Less: direct expenses						
		Net income or (loss) from gaming activities		·				
		Gross sales of inventory, less	• •					
	iua	returns and allowances	а					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	• •	Business Code				
	11a			Dualiteaa Coue				
	iia b							
	G C	All other revenue						
		All other revenue						
		<b>Total.</b> Add lines 11a-11d			= = = :	00 800	-	
	12	<b>Total revenue.</b> See instructions			53,514	29,790	0	0

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#### 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).

	Check if Schedule O contains a response to any question	n in this Part IX .			
Do r	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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	467		467	
b	Legal				
С	Accounting	360		360	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other	7,775		310	7,465
12	Advertising and promotion				
13	Office expenses	565		565	
14	Information technology				
15	Royalties				
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	276		276	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	586		586	
24	Other expenses. Itemize expenses not covered				
	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.)				
а	CONFLUENCE GREENWAY	22,525	22,525		
b	EDUCATION	50	50		
С	ARLINGTON WETLANDS PROJECT	3,206	3,206		
d	CFC CHARITY FAIR	35	35		
е	All other expenses	10,429	10,429		
25	<b>Total functional expenses.</b> Add lines 1 through 24e .	48,674	36,245	4,964	7,465
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				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2011) GR
Part X Balance Sheet

art X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	34,126	1	38,966
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
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)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
	F		9	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
Ι.	other basis. Complete Part VI of Schedule D 10a 550		1.0	
b	Less: accumulated depreciation	550	10c	55
11	Investments - publicly traded securities		11	
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)	34,676	16	39,51
17	Accounts payable and accrued expenses		17	
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 (including federal income tax, payables to related third			
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
200		0	26	
26	Total liabilities. Add lines 17 through 25	U	26	
	Organizations that follow SFAS 117, check here			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	34,676	27	39,51
28	Temporarily restricted net assets		28	
3 29	Permanently restricted net assets		29	
1	Organizations that do not follow SFAS 117, check here			
	complete lines 30 through 34.			
30	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		32	
33	Total net assets or fund balances	34,676	33	39,51
34	Total liabilities and net assets/fund balances	34,676	34	39,51

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

### **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

2011

Open to Public Inspection

Employer identification number

GRE	ENW.	Y NETWORK INC							43-10	81768			
Pa	rt I	Reason for	<b>Public Charity</b>	y Status (All organiza	ations must	complete th	nis part.) Se	ee instruct	ons.				
The	orgar	nization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, convention	n of churches, or a	ssociation of churches d	lescribed ir	section 1	70(b)(1)(A	A)(i).					
2		A school described i	n section 170(b)(	1)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coop	erative hospital ser	rvice organization descri	bed in <b>sec</b>	tion 170(b	)(1)(A)(iii)						
4		A medical research	organization opera	ited in conjunction with a	hospital d	escribed in	section 1	170(b)(1)(	A)(iii). Ent	er the hos	oital's na	me,	
		city, and state:		•	·				, ,	·			
5	П		ated for the benefit o	of a college or university o	wned or op	erated by a	aovernme	ental unit d	escribed in				
		section 170(b)(1)(A		=		,	J						
6				r governmental unit desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(v	·).					
7	П		•	substantial part of its supp				•	neral public	•			
•		described in <b>sectior</b>	•		Join Holling	govorriiriori	tal allit of it	om alo go	riorai pabili	•			
8	П			n 170(b)(1)(A)(vi). (Com	nlete Part	II )							
9	X			1) more than 33 1/3% of it			itions man	nharshin f	aes and ar	nee			
3	EN	=		npt functions - subject to c					-	555			
		•		nd unrelated business tax			. ,						
				e 30, 1975. See <b>section</b>		•		) HOIH bus	11103303				
10	П						,	o)/4)					
10 11	H	•	•	ed exclusively to test for a		•			ıt tha				
	ш	•	•	exclusively for the benefit						coetion			
				orted organizations desc						Section			
		a Type I	<b>b</b> Typ	s the type of supporting	7	Functionally	•		ugn 1111. <b>d</b>	Type I	II-Other		
_	П			ganization is not controlled			_			турет	II-Oli lei		
е	ш	-	-		-					'n			
		•	•	and other than one or mo	ne publicly	supported	organizatio	ris describ	ed in Section	VI I			
		509(a)(1) or section 5	. , . ,	rmination from the IDC th	atitia a Tu	aal Turaal	l or Time II	المسممسنية	.~				
f		=		ermination from the IRS th	atitis a Ty	be i, Type i	i, or Type i	ıı supportii	ig				
-		organization, check the		tion accorded any eift are		from on a	· · · · ·						• • ⊔
g		•	o, nas me organiza	tion accepted any gift or c	OHUBUUOH	IIOIII aliy o	ule						
		following persons?	iraath, ar iadiraath, a	ontrolo oither alone or tee	ماند برمناهم	naraana da	aaribad in /	···\					l
		• • •	•	controls, either alone or too		persons de	scribed iri (	,II <i>)</i>			44 (2)	Yes	No
		, ,		of the supported organizat	uorr?						11g(i)		
			er of a person descri	**							11g(ii)		
		• •		described in (i) or (ii) abov							11g(iii)		
<u>h</u>	(i) h			ne supported organization	Ì	rannization	(A) Did v	au notifu	(4)	la tha	(vii)	A mount	of
	(1) 1	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your	(v) Did yo the organ			is the ion in col.		Amount support	. 01
				above or IRC section	governing	document?	col. (i)		(i) organiz				
				(see instructions)	Vac	Na		port?		S.?	-		
/A\					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(0)													
(C)													
(D)													
<b>/</b> _`													
(E)			I		1	1		1	1	1	1		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

٦.	III	If the erac		faila ta au	بمانة ، بيمامة	the teete	listed below.	nlaaaa	oomplote [	Dow III \
	111 III.	n me oroa	anizaiion	Talls to or	iailiv under	me iesis	iisiea below.	Diease	comblete i	2an m.)

Sec	tion A. Public Support		_	_			_
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<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 ln 4						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
•	Net because for a consistent books as						
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	<b>Total support.</b> Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see	e instructions)				. 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>					▶□
	tion C. Computation of Public Su	•				T I	
14	Public support percentage for 2011 (line 6, co						%
15	Public support percentage from 2010 Schedu						%
16a	33 1/3% support test - 2011. If the organiz						. □
	and <b>stop here.</b> The organization qualifies a		-				· · · · · · • ⊔
b	33 1/3% support test - 2010. If the organiz						⊾п
	box and <b>stop here.</b> The organization qualif						▶ ⊔
17a	10%-facts-and-circumstances test - 201	J		•			
	more, and if the organization meets the "fac					art IV how the	<b>.</b> .
	organization meets the "facts-and-circumstan	-	•		•		▶⊔
b	10%-facts-and-circumstances test - 2010	•					
	more, and if the organization meets the "fac		•	•	•		
40	organization meets the "facts-and-circumstan	Ū	•	. ,	•		=
18	<b>Private foundation.</b> If the organization did	not check a box of	on line 13, 16a, 16b	o, 17a, or 17b, che	eck this box and se	e instructions	▶⊔

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#### Part II

# 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.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		27,531	4,917	17,388	15,048	64,884
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	106,053
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513		31,824	14,100	9,827	8,577	64,328
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		59,355	60,427	62,068	53,415	235,265
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						235,265
	ction B. Total Support		<u>,                                      </u>				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) 2011	(f) Total
9	Amounts from line 6		59,355	60,427	62,068	53,415	235,265
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	59,355	60,427	62,068	53,415	235,265
14	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>	<u> </u>				▶ 🔲
Sec	ction C. Computation of Public Su	• •					
15	Public support percentage for 2011 (line 8, colu	( )				15	100.00 %
16	Public support percentage from 2010 Schedule					16	100.00 %
Sec	ction D. Computation of Investmer						
17	Investment income percentage for 2011 (line	e 10c, column (f) di	ivided by line 13, co	olumn (f))		17	0.00 %
18	Investment income percentage from 2010 Se	chedule A, Part III,	line 17			18	%
	33 1/3% support tests - 2011. If the organiz 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2010. If the organiz	and <b>stop here.</b> Th	ne organization qua	lifies as a publicly	supported organiz	ation	▶
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a pub	licly supported org	anization	. =
20	<b>Private foundation.</b> If the organization did r	not check a box on	line 14, 19a, or 19b	o, check this box a	and see instruction	s	🕨 📋

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

Department of the Treasury

**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. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public** Inspection

Internal Revenue Service Name of the organization

Employer identification number 43-1681768

GR.	EENWAY NETWORK INC	43-1681768
Pa	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	
3		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
6		
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
Da	purpose conferring impermissible private benefit?	
Pa		V, 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 h	istoric structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	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
С	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	
	structure listed in the National Register.	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	tion 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 easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the y	
	<b>)</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
•	s the state of superiode meaning and state of the state o	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
Ü	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
۵	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stateme	
9		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de the organization's accounting for conservation easements.	escribes
Dai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	thar Similar Assats
Га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	the Sillia Assets.
40	, ,	a alaman ah a at warka af
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and I	
	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 (ASC 958), to report in its revenue statement and bala	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	olic 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, pro	vide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990 Part X	<b>&gt;</b> \$

d

е

Equipment

550

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

550

550

Schedule D (Form 990) 2011 GREENWAY NETWORK INC Page 3 43-1681768 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (c) Method of valuation

(including name of security)	(b) Book value	(c) Method of Valua Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. S	ee Form 990 Part X line 13		
•			
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 1	5.		
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part X, line	e 25.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		_	
\			
(10) (11)			

2. FIN 48 (ASC 740) 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 (ASC 740).

tal revenue (Form 990, Part VIII, column (A), line 12)		ent			
	1				
tal expenses (Form 990, Part IX, column (A), line 25)	2				
cess or (deficit) for the year. Subtract line 2 from line 1	3				
t unrealized gains (losses) on investments	4				
nated services and use of facilities	5				
restment expenses	6				
or period adjustments	7				
ner (Describe in Part XIV.)	8				
	9				
	10				
	Ret	urr	)		
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		,			
d lines <b>4a</b> and <b>4b</b>	4	_			
tal expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5				
tal expenses. And lines of and 40. (This mast equal to only soot, that it, line to.)					
	or period adjustments her (Describe in Part XIV.) tal adjustments (net). Add lines 4 through 8 cess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  III Reconciliation of Revenue per Audited Financial Statements With Revenue per lat revenue, gains, and other support per audited financial statements hounts included on line 1 but not on Form 990, Part VIII, line 12: the unrealized gains on investments handed services and use of facilities coveries of prior year grants her (Describe in Part XIV.) de lines 2a through 2d bitract line 2e from line 1 hounts included on Form 990, Part VIII, line 12, but not on line 1: the estment expenses not included on Form 990, Part VIII, line 7b tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IIII Reconciliation of Expenses per Audited Financial Statements With Expenses tal expenses and losses per audited financial statements hounts included on line 1 but not on Form 990, Part IX, line 25: her (Describe in Part XIV.) de lines 2a through 2d bitract line 2e from line 1 hounts included on Form 990, Part IX, line 25: her losses her losses her losses her losses her (Describe in Part XIV.) de lines 2a through 2d bitract line 2e from line 1 hounts included on Form 990, Part IX, line 25, but not on line 1: the treatment expenses not included on Form 990, Part IX, line 25, but not on line 1: the treatment expenses not included on Form 990, Part IX, line 7b her (Describe in Part XIV.)	or period adjustments  her (Describe in Part XIV.)  at al adjustments (net). Add lines 4 through 8  gessor (deficit) for the year per audited financial statements. Combine lines 3 and 9  10  III Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret tal revenue, gains, and other support per audited financial statements  nounts included on line 1 but not on Form 990, Part VIII, line 12:  tunrealized gains on investments  coveries of prior year grants  her (Describe in Part XIV.)  di lines 2a through 2d  bitract line 2e from line 1  nounts included on Form 990, Part VIII, line 7b  di lines 4a and 4b  tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IIII Reconciliation of Expenses per Audited Financial Statements With Expenses per tal expenses and losses per audited financial statements  nounts included on line 1 but not on Form 990, Part IX, line 25:  nearly services and use of facilities  or year adjustments  her losses  her (Describe in Part XIV.)  di lines 2a through 2d  di lines 2a through 2d  to a line 2b line 1 but not on Form 990, Part IX, line 25:  nearly services and use of facilities  or year adjustments  her losses  her (Describe in Part XIV.)  di lines 2a through 2d  her (Describe in Part XIV.)  di lines 2b through 2d  her (Describe in Part XIV.)  di lines 2b through 2d  her (Describe in Part XIV.)	or period adjustments her (Describe in Part XIV.)  altal adjustments (net). Add lines 4 through 8  cess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  altal adjustments (net). Add lines 4 through 8  cess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  altal material revenue, gains, and other support per audited financial statements with Revenue per Return tal revenue, gains, and other support per audited financial statements  altal revenue, gains, and other support per audited financial statements  altal revenue, gains, and other support per audited financial statements  altal revenue, gains, and other support per audited financial statements  altal revenue, gains, and other support per audited financial statements  altal revenue, gains, and other support per audited financial statements  altal revenue, gains, and other support per audited financial statements  altal revenue, gains, and other support per audited financial statements  altal revenue, and support suppo	or period adjustments her (Describe in Part XIV.)  a tal adjustments (net). Add lines 4 through 8  cass or (deficit) for the year per audited financial statements. Combine lines 3 and 9  10  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return tal revenue, gains, and other support per audited financial statements  1	or period adjustments her (Describe in Part XIV.)  a tal adjustments (net). Add lines 4 through 8  tal adjustments (net). Add lines 3 and other support per audited financial statements with Revenue per Return tal revenue, gains, and other support per audited financial statements  tal revenue, gains, and other support per audited financial statements  tal revenue, gains, and other support per audited financial statements  tal revenue, gains, and other support per audited financial statements  2a  tal revenue, gains, and use of facilities  2b  toveries of prior year grants  2c  total dilines 2a through 2d  2d  dil lines 2a through 2d  2d  dil lines 2a through 2d  4a  tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5   4a  tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5   4a  tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5   4a  tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5   4a  tal expenses and losses per audited financial statements  1   tounts included on line 1 but not on Form 990, Part IX, line 25:  mated services and use of facilities  2    to year adjustments  2    ther (Describe in Part XIV.)  dil lines 2a through 2d  to year adjustments  2    ther (Describe in Part XIV.)  4    tal expenses not included on Form 990, Part IX, line 25, but not on line 1:  testment expenses not included on Form 990, Part IX, line 25, but not on line 1:  testment expenses not included on Form 990, Part IX, line 25, but not on line 1:  testment expenses not included on Form 990, Part IX, line 25, but not on line 1:  tal expenses and to tall expenses the facilities of the facilities

#### 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 answerd "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.

See separate instructions.

OMB No. 1545-0047

QU11
Open to Public Inspection

Name of the organization

GREENWAY NETWORK INC						.681/68
Part I Fundraising Activities				ered "Yes" to Form	990, Part IV, line 17	
Form 990-EZ filers are no			•	01 1 114 4 1		
1 Indicate whether the organization rais	ed funds through a					
a ☐ Mail solicitations				of non-government gra	nts	
<b>b</b> Internet and email solicitations		f ∐		of government grants		
c Phone solicitations		g ⊔	Special fund	draising events		
d In-person solicitations						
2a Did the organization have a written or						
or key employees listed in Form 990,			•	_		es 🗌 No
<b>b</b> If "Yes," list the ten highest paid individual		ndraisers) pu	rsuant to agr	eements under which t	he fundraiser is to be	
compensated at least \$5,000 by the o	rganization.					
		_				
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of utions?	from activity	fundraiser listed in	(or retained by) organization
		Yes	No		col. (i)	
1		162	NO			
1						
2						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organization	is registered or lice	nsed to solici	t contribution	ns or has been notified i	t is exempt from	
registration or licensing.						

		than \$15,000 of fundraising gross receipts greater than \$				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events Add col. (a) through
R			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e v						
e n	1 2	Gross receipts Less: Charitable				
u	_	contributions				
е	3	Gross income (line 1 minus				
		line 2)				
	_					
Ь	4	Cash prizes				
D i	5	Noncash prizes				
r e		Tronocci prizos				
С	6	Rent/facility costs				
t						
E x	7	Food and beverages				
p e	8	Entertainment				
n	ľ	Littertailinent				
s e	9	Other direct expenses				
s						
	10	Direct expense summary. Add lines 4	-			( )
Pa	11 art II	Net income summary. Combine line 3 <b>Gaming.</b> Complete if the o		"Yes" to Form 990 Part		more
		than \$15,000 on Form 990-	_	100 10 101111 000, 1 411	it, mie 10, ei 10penea	
			,o oa.			
R				(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
R e v e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				(c) Other gaming	
Revenue D	1	Gross revenue			(c) Other gaming	
	1 2				(c) Other gaming	
		Gross revenue			(c) Other gaming	
		Gross revenue			(c) Other gaming	
	3	Gross revenue			(c) Other gaming	
Direct Expe	2	Gross revenue			(c) Other gaming	
Direct Expe	2 3 4	Gross revenue			(c) Other gaming	
	3	Gross revenue			(c) Other gaming	
Direct Expe	2 3 4	Gross revenue	(a) Bingo	bingo/progressive bingo		
Direct Expe	2 3 4 5	Gross revenue	(a) Bingo  Yes%  No	bingo/progressive bingo	Yes%	
Direct Expe	2 3 4 5	Gross revenue	(a) Bingo  Yes%  No	bingo/progressive bingo	Yes%	
Direct Expe	2 3 4 5 6	Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)	bingo/progressive bingo  Yes %  No	☐ Yes % ☐ No	
Direct Expe	2 3 4 5	Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)	bingo/progressive bingo  Yes %  No	☐ Yes % ☐ No	
Direct Expe	2 3 4 5 6 7 8	Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)  the line 1, column d, and line	bingo/progressive bingo  Yes %  No	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo  Yes%  No  through 5 in column (d)  the line 1, column d, and line to operates gaming activities	bingo/progressive bingo  Yes %  No  7	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo  Yes%  No  through 5 in column (d)  the line 1, column d, and line to operates gaming activities	bingo/progressive bingo  Yes %  No  7	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo  Yes%  No  through 5 in column (d)  the line 1, column d, and line to operates gaming activities	bingo/progressive bingo  Yes %  No  7	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En is is is if "	Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)  the line 1, column d, and line to operates gaming activities ning activities in each of the	bingo/progressive bingo  Yes %  No  7  ssee states?	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses 9 a k	2 3 4 5 6 7 8 En ls is is if " We'll	Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)  the line 1, column d, and line to operates gaming activities ning activities in each of the	bingo/progressive bingo  Yes %  No  7  ssee states?	☐ Yes % ☐ No	( )
Direct Expenses 9 a k	2 3 4 5 6 7 8 En ls is is if " We'll	Cash prizes	(a) Bingo  Yes %  No  through 5 in column (d)  the line 1, column d, and line to operates gaming activities ning activities in each of the	bingo/progressive bingo  Yes %  No  7  ssee states?	☐ Yes % ☐ No	( )

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

#### **Statement of Program Service Accomplishments**

**2011** 01

Name(s) as shown on return

Your Social Security Number

GREENWAY NETWORK INC

43-1681768

FORM 990, PART III(A)

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$36245

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$12220

PROGRAM SERVICES REVENUE \$30135

#### EXPLANATION

GREENWAY NETWORK IS A GRASSROOTS VOLUNTEER BASED ORGANIZATION. OUR MISSION IS TO CONSERVE NATURAL RESOURCES, ENCOURAGE SOUND MANAGEMENT OF THE WATERSHEDS AND PROTECT THE QUALITY OF LIFE FOR THE RESIDENTS OF THE GREATER ST LOUIS AREA.

MISSION: CLEAN STREAM MARSHALLED OVER 1000 VOLUNTEERS TO COLLECT OVER 25,000 LBS OF TRASH FROM AREA ST CHARLES COUNTY STREAMS IN APRIL 2ND.

SPONSORED STL EARTH DAY SYMPOIUM

DARDENNE CREEK MONITORING DAY: MONITORED 19 CREEK SITES IN MAY AND OCTOBER AND SENT THE WATER QUALITY DATA TO MISSOURI STREAM TEAM AND WORLD WIDE MONITORING DAY.

GREENWAY BOARD MEMBERS MENTORED STREAM TEAM MEMBERS THROUGH OUT THE YEAR.

BARAT ACADEMY STUDENTS ASSISTED IN VARIOUS CLEAN UP PROJECTS, TREE PLANTINGS, INVASIVE SPECIES PLANT REMOVAL AND SITE MONITORING EVERY WEDNESDAY DURING THE SCHOOL YEAR.

GREENWAY BOARD MEMBERS ASSISTED IN TEACHING ELEMENTARY AND MIDDLE SCHOOL STUDENTS ABOUT WATER QUALITY AND MONITORING.

GREENWAY BOARD MEMBERS PARTICIPATED IN VARIOUS EARTH DAY ACTIVITIES AT THE GM PLANT IN WENTZVILLE IN ST CHARLES AND IN FOREST PARK.

GREENWAY BOARD MEMBERS REMOVED INVASIVE PLANTS AT PERRE MARQUETTE STATE PARK.

RECEIVED 319 DEPARTMENT OF NATURAL RESOURCES GRANT TO DEVELOP A WATERSHED MANAGEMENT PLAN FOR WATKINS CREEK IN ST LOUIS COUNTY.

THE RACE FOR THE RIVER FESTIVAL AUG 27TH BROUGHT A CROWD TO ST CHARLES RIVERFRONT TO ENJOY GREAT MUSIC, FOOD, EDUCATIONAL BOOTHS AND TRAILNET PARTNERED WITH US BY CO-SPONSORING THE RIDE FOR THE RIVERS ON THE KATY TRAIL. THE ACTUAL CANOE/KAYAK RACE WAS POSTPONED UNTIL OCT 8TH. YOU CAN SIGN UP FOR NEXT YEAR AT WWW.RACEFORTHERIVERS.ORG.

GREG POLESKI, GREENWAY BOARD MEMBER ORGANIZED PARTICIPATION IN THE GREAT RIVERS NATIONAL PUBLIC LANDS DAY, A NATIONWIDE PUBLIC SERVICE DAY ON SEPTEMBER 24TH. WE PLANTED 2000 NATIVE PRAIRE WETLAND PLANTS AND CLEANED UP TRASH AND REMOVED INVASIVE SPECIES AROUND THE CORA TSLAND REFUNGE AND GREAT RIVERS GREENWAYS WEST ALTON TRAILS.

RIVER SOUNDINGS SPEAKER SERIES WAS HELD AT FOREST PARK ON NOV 18 &

19TH. SPEAKERS INCLUDED WAYNE NELSON OF US FISH & WILDLIFE, TOM BELL OF US F&W, STEVE

SCHNARR OF MISSOURI RIVER RELIEF, ROB KOENING OF THE ST LOUIS BEACON, JUDD KNUEVEAN OF US

CORPS OF ENGINEERS, DANNY BROWN OF MDC, DR PATRICIA HAGEN, DIRECTOR AUDUBON CENTER OF

RIVERLANDS, R MICHAEL BUSH AUTHOR OF RIVERKEEPER, BRAD WALKER OF THE MISSOURI COALITION FOR

THE ENVIRONMENT, ROBERT CRISS PHD, WASHINGTON UNIVERSITY DEPT OF EARTH AND PLANETARY

SCIENCES, BILL LAMBRECHT, WASHINGTON BUREAU CHIEF OF THE ST LOUIS POST DISPATCH AND BEN

# Statement of Program Service Accomplishments 2011 02 Name(s) as shown on return GREENWAY NETWORK INC Statement of Program Service Accomplishments 43-1681768

FORM 990, PART III (A) CONTINUED

EXPLANATION (CONTINUED) GRIFFIN OF RIVER KIDS.

RECEIVED A WALMART COMMUNITY GRANT AND PLANTED SEVERAL HUNDRED TREES, BUSHES AND SHRUBS TO IMPROVE THE RIPARIAN HABITAT OF THE STREAM THAT FLOWS THROUGH PROGRESS PARK IN WENTZVILLE ON DEC 3.

RECEIVED A REI GRANT THROUGHT MISSOURI STREAM TEAM WATERSHED COALITION TO CREATE AND REENERGIZE STREAM TEAMS. PROJECT WIL TAKE PLACE IN 2012.

#### **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.

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

GREENWAY NETWORK INC

Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

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.

Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 4, 840 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990:	Forn	n 990 (2011) GREENWAY NETWORK INC	43-1681	L768		Pa	age <b>1</b> 2
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 4,840 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 39,516  Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990:	Pa	rt XI Reconciliation of Net Assets					
2 48,674 3 Revenue less expenses. Subtract line 2 from line 1 3 4,840 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 34,676 5 Other changes in net assets or fund balances (explain in Schedule O) 5 0 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 39,516  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response to any question in this Part XI					. 🗆
2 48,674 3 Revenue less expenses. Subtract line 2 from line 1 3 4,840 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 34,676 5 Other changes in net assets or fund balances (explain in Schedule O) 5 0 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 39,516  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990:							
Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Retassets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)  Retassets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)  Retassets or fund balances at end of year. A fund of year to fund equal Part X, line 33, column (B)  Retassets or fund balances at end of year. A fund of year	1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			53,5	514
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 39,516  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990:	2	Total expenses (must equal Part IX, column (A), line 25)	. 2			48,6	574
5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Say, 516  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990:	3	Revenue less expenses. Subtract line 2 from line 1	. 3			4,8	340
Recolumn (B))  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Check if Schedule O contains a response to any question in this Part XII  Check if Schedule O contains a response to any question in this Part XII  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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  Separate basis Consolidated 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?	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			34,6	576
column (B))    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response to any question in this Part XII	5	Other changes in net assets or fund balances (explain in Schedule O)	. 5				0
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII    Accounting method used to prepare the Form 990:   Cash	6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
Check if Schedule O contains a response to any question in this Part XII    Accounting method used to prepare the Form 990:   X 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     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 separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   X     3a   X		column (B))	. 6			39,5	516
1 Accounting method used to prepare the Form 990:	Pa	rt XII Financial Statements and Reporting					
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response to any question in this Part XII					. $\Box$
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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	D				26		