990 Form

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Open to Public

Inter	nal Reven	ue Service	 Go to www.irs.gov/Form990 for instructions and the latest in 	nformation.		Inspection		
Α	For the	2019 calendar	year, or tax year beginning , 2019, and	ending		, 20		
В	Check if a	applicable:	C Name of organizatiorGREENWAY NETWORK INC		D Employer	identification number		
	Address	change	Doing business as		4	3-1681768		
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephone			
ī	Initial retu	200 Table	10 TRIAD SOUTH DRIVE SUITE B		(636)279-5105			
ī		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts			
П	Amended		SAINT CHARLES, MO 63304	•	\$	37,027		
H		on pending	F Name and address of principal officer CHARLENE WAGGONER	11/-2 1- 11/-	aroup return for su			
	Application	on pending	9 4 30 30 30 30 30 30 4 30 4 30 4 30 4 3	100				
	_	₩	11 BRINNINGTON DR, SAINT PETERS, MO 63376	oceanismos	subordinates in			
<u> </u>		npt status: X 50				ee instructions)		
	Website:		REENWAYNETWORK.ORG		exemption nur			
	rt I		poration ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation:	1993 M S	State of legal de	omicile: MO		
Pe	$\overline{}$	Summary						
	1	SELECTION OF MANY AND CONTRACT OF THE SELECTION OF THE SE	the organization's mission or most significant activities: GREENWAY NETWO					
ė			NIZATION. OUR MISSION IS TO CONSERVE NATURAL RESOUR					
anc		OF AREA'S	WATERSHEDS AND PROTECT THE QUALITY OF LIFE FOR THE	RESIDENTS	OF THE	GREATER ST LOUI		
Governance		AREA.						
ò	2		▶ ☐ if the organization discontinued its operations or disposed of more than 25%		1 1			
৺	3		g members of the governing body (Part VI, line 1a)			8		
Activities &	4	Number of indep	pendent voting members of the governing body (Part VI, line 1b)		4	8		
ΖİĒ	5	Total number of	individuals employed in calendar year 2019 (Part V, line 2a)		5	0		
Acti	6	Total number of	volunteers (estimate if necessary)		6	2,000		
	7a	Total unrelated	business revenue from Part VIII, column (C), line 12		7a	0		
	b	Net unrelated be	usiness taxable income from Form 990-T, line 39		7b	0		
				Prior Year		Current Year		
	8	Contributions ar	d grants (Part VIII, line 1h)	41	,407	37,027		
ne	9	Program service	e revenue (Part VIII, line 2g)	1	,691	0		
Revenue	10	Investment incor	me (Part VIII, column (A), lines 3, 4, and 7d)			0		
Re	11	Other revenue (I	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0		
	12	Total revenue - a	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43	,098	37,027		
	13		ar amounts paid (Part IX, column (A), lines 1-3)			0		
	14	Benefits paid to		0				
	15	#ē	compensation, employee benefits (Part IX, column (A), lines 5-10)	W		0		
ses	0.000000		draising fees (Part IX, column (A), line 11e)			0		
ens			g expenses (Part IX, column (D), line 25) ▶ 0					
Expenses			(Part IX, column (A), lines 11a-11d, 11f-24e)	4.8	,051	29,405		
(50.50	18		Add lines 13-17 (must equal Part IX, column (A), line 25)		,051	29,405		
	19	1.4	penses. Subtract line 18 from line 12		,953)	7,622		
		110101100100000	poriode. Constant to nonthine 12 1111111111111111111111111111111111	Beginning of Curre		End of Year		
tso	20	Total assets (Pa	rt X, line 16)		,239	59,861		
Net Assets or	21		Part X, line 26)		,233	33,861		
Net /	22		nd balances. Subtract line 21 from line 20	E 2	,239	59,861		
	rt II	Signature		52	,239	39,001		
			that I have examined this return, including accompanying schedules and statements, and to the best of m	v knowledge and hel	ef it is			
true	correct, a	and complete. Declara	tion of preparer (other than officer) is based on all information of which preparer has any knowledge.	,				
		· 4nil	1 /Vanillo			06-04-2020		
Sig	n	Signature of	officer	000-000-00-00-00-00-00-00-00-00-00-00-0	Date	00-04-2020		
He	C		LASPILLE, TREASURER name and title					
	a	Print/Type prepare		Check	X if PTI	N		
D-:	الـ							
Pai		JOE WHELA		self-em	ployed	P00123689		
	parer		SEDERBURG AND ASSOCIATES	Firm's EIN				
US	e Only	/ Firm's address ►	3023 NORTH ST PETERS PARKWAY	Phone no.				
			ST PETERS MO 63376		636-928			
May	the IRS	diecuse this rati	im with the preparer shown above? (see instructions)			. X Yes No		

	n 990 (2019) GREENWAY NETWORK INC	43-1681768	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🔲
1	Briefly describe the organization's mission:		
	GREENWAY NETWORK IS A GRASSROOTS VOLUNTEER BASED ORGANIZATION. OUR MISSION :		
	RESOURCES, ENCOURAGE SOUND MANAGEMENT OF AREA'S WATERSHEDS AND PROTECT THE	QUALITY OF LI	FE 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		
	prior Form 990 or 990-EZ?	∐ Yes	X No
0000	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		_
	services?	∐ Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur		
	expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$28,480 including grants of \$) (Revenue	\$)
	See SERVICES page for a description of this program service.		
			A secretary as a second
			247 mars 11 0 mars 10 30 30 00 00 00 00 00 00 00 00 00 00 00
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	1
	(Code:) (Expenses ψ) (Nevenue	Ψ	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		100000000000000000000000000000000000000	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 28,480		

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 2 x 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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. X 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 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more X 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 13 X 14a 14a X 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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		х
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), 501(c)(4), and 501(c)(29) 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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	-	27500	- 11
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		Α
C	"Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions? In Fest, complete schedule W	23		
30		20		
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	. 16.20	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
00	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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	2200000		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		5	
b	Enter the number of Form 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	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?........ Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3a 3a X b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X h X C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 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 7a X b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C X d e 7e X f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. X g h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b C 14a Did the organization receive any payments for indoor tanning services during the tax year? X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X If "Yes," complete Form 4720, Schedule O.

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 this Part VI

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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		X
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		Х
6	Did the organization have members or stockholders?	6	Х	
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,			
0	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: The governing body?	0.0	7.	
a b	The governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	on	Х	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		Λ
	The colline Brighton and Code,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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?	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		x
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		X
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?	1 1	- 3	
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
12.0	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	401		
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	17	641015	
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			VVIII SOU
U	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	I			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MIKE CLASPILLE (636)279-5105, 14 BLUE FLAG CT, DARDENNE PRAIRIE, MO 63368			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

	(2019)	

GREENWAY NETWORK INC

4	-	_ 1	_	-	-	-	-	-	

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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.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any rela	ted organizat	on cor	mpens			current	officer, director, or	trustee.	r
(A) Name and title	(B) Average hours	box,	l not check unless er and a	perso	on e than d in is bot	th an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer		Highest compensated		from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHARLENE WAGGONER	20.00			+					
PRESIDENT/EXECUTIVE DIRECTOR		Х		X			0	0	0
(2) BENJAMIN GRAHAM DIRECTOR	5.00	х					0	0	0
(3) ABBY BROADSTONE	5.00								120000000000000000000000000000000000000
VICE PRESIDENT MEMBERSHIP		х		x			0	0	0
(4) MIKE CLASPILLE	15.00								
TREASURER		Х	:	X			0	0	0
(5) LARRY RUFF	5.00								
DIRECTOR		Х					0	0	0
(6) BRIAN WALDROP	10.00								
DIRECTOR		Х			_		0	0	0
(7) CHRISTINE ELLER	5.00								
DIRECTOR		Х					0	0	0
(8) CARRIE HENDERSON	5.00								
SECRETARY		Х		X	_	_	0	0	0
(9)									
<u>(10)</u>							10		
(11)									
<u>(12)</u>									
(13)									
(14)									

	(A) Name and title	(B) Average hours per week	box,	Position sot check more than one unless person is both a er and a director/trustee			s both a	n	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated am of other compensati		
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	fi orga	npensati rom the nization a l organiz	and
(15)													
(16)													
<u>(17)</u>													
<u>(18)</u>										3 April - 10 (4), 0			
<u>(19)</u>													
(20)													
<u>(21)</u>												e e e e e e e e e e e e e e e e e e e	
(22)							1,000,000						
(23)												Anna Anna Anna	
(24)													-
(25)													
С	Subtotal	on A .							0	0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those li											
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of re organization and related organizations greater that	or, trustee, k e <i>J for such i</i> portable con an \$150,000	individu npensa ? If "Ye	ual tion es,"	 and com	 othe	 er com e Sche	 pens	sation from the		3	Yes	No X
5	Did any person listed on line 1a receive or accrue of	compensatio	n from	any	unre	late	d orga	aniza	ation or individual		4		X
Section	for services rendered to the organization? If "Yes, on B. Independent Contractors	complete 3	Scheal	ile J	TOT S	sucr	n perso	on_		* * * * * * * * * * * * * * * * * * * *	5		X
1	Complete this table for your five highest compensation from the property of the compensation of the compen												
	compensation from the organization. Report compe		ne cale	enda	ir yea	ar er	naing v	with	(B)		(C)		
	Name and business address	5							Description of service	es .	Compensa	tion	
-											ene esseries mitroses		
2	Total number of independent contractors (including received more than \$100,000 of compensation from			hose		ed a	bove)	who)				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) (C) Total revenue Related or exempt Revenue excluded Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns Membership dues 1b 480 b Contributions, Gifts, Grants and Other Similar Amounts C Fundraising events 1c 1d d Related organizations e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 36,547 g Noncash contributions included in 1g Total. Add lines 1a-1f 37,027 **Business Code** 2a Program Service Revenue f All other program service revenue 3 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses . . c Rental income or (loss) 6c (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis 7b Other Revenue and sales expenses . . c Gain or (loss) 7c 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory . . . **Business Code** Miscellanous Revenue 11a e Total. Add lines 11a-11d 12 Total revenue. See instructions 37,027 0

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).

	and conforted and confort in organizations made comprete an ac	2001 BE 2001 BE 1000 BEST			
	Check if Schedule O contains a response or note to a	any line in this Part IX (A)	(B)	(C)	X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and	Fundraising
1	Grants and other assistance to domestic organizations		ехрензез	general expenses	expenses
100	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
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				The same of the sa
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	16		16	
С	Accounting	370		370	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees	5 1013100			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAMS PROJECTS	27,580	27,580		
b	FEES AND CHARGES	539		539	
С	DONATIONS	900	900		
d					
е	All other expenses				R II
25	Total functional expenses. Add lines 1 through 24e	29,405	28,480	925	0
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

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	52,239	1	59,861
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	4 No. 4 A 440 C 65 No. 65		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	Mar An est aparent a la vic		
		basis. Complete Part VI of Schedule D 10a	4' 44		
	b	Less: accumulated depreciation 10b		10c	
	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	And the state of t
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	52,239	16	59,861
	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	
s)	22	Loans and other payables to any current or former officer, director,			- ASSANDE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		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	1		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
JCe	27	Net assets without donor restrictions	52,239	27	59,861
alaı	28	Net assets with donor restrictions		28	
d B		Organizations that do not follow FASB ASC 958, check here			
ä		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
let /	32	Total net assets or fund balances	52,239	32	59,861
Z	33	Total liabilities and net assets/fund balances	52,239	33	59,861

		43-168	31768	}	P	age 12
Pa	rt XI Reconciliation of Net Assets		718		III Selection	
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)					,027
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			29	,405
3	Revenue less expenses. Subtract line 2 from line 1	. 3	10	7,62		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			52	,239
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	. 10			59	,861
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990: 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		Х
	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				#1	
	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?		· · · <u> </u>	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		[3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		-	3h		

Form 990 (2019)

EEA

SCHEDULE A

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.

Inspection

Employer identification number

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

2019

OMB No. 1545-0047

		AY NETWORK INC		V			43-168176				
Pa	rt I	Reason for Public Charit	y Status (All or	ganizations must c	omplete	this part.) See instructions	5.			
The	orgai	nization is not a private foundation bed	ause it is: (For line:	s 1 through 12, check on	ly one box.	.)					
1		A church, convention of churches, or	r association of chu	irches described in sect	ion 170(b)(1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990	or 990-EZ)	.)					
3		A hospital or a cooperative hospital s	service organizatio	n described in <mark>section</mark> 1	70(b)(1)(A	A)(iii).					
4		A medical research organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the				
		hospital's name, city, and state:									
5		An organization operated for the ben-	efit of a college or u	university owned or oper	ated by a g	government	al unit described in				
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receive	s a substantial part	of its support from a go	vernmental	unit or from	n the general public				
		described in section 170(b)(1)(A)(vi									
8		A community trust described in sect									
9	\Box	An agricultural research organization			erated in co	niunction v	vith a land-grant collec	ae			
	-	or university or a non-land-grant colle					E 50	5-			
		university:	3 (-			7,					
0	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons membe	ership fees, and gross				
		receipts from activities related to its e	99 50 (900)	er de mont de ve			ne Beer remember 200				
		support from gross investment incom	and the second second	THE RESERVE AND THE PARTY AND	1 N	A CONTRACT OF THE REAL PROPERTY.					
		acquired by the organization after Ju		10		77	0111 54011100000				
11		An organization organized and opera		POSTERO PRODUCTION OF THE PROPERTY OF THE PROP							
2	Ħ	An organization organized and opera	31.00.000.000.000.000.000.000.000.000.00				carry out the numoses	2			
-		of one or more publicly supported or	an man 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	in the party and analysis analysis and analysis analysis and analysis analysis and analysis analysis and analysis analysis and analysis ana			now Ard now Amendalization of a				
		Check the box in lines 12a through 12					3 43	. 5			
	а	Type I. A supporting organization									
	u	the supported organization(s) the						19			
		supporting organization. You mu			inty of the c	ill COLOTS OF	trustees of the				
	b	Type II. A supporting organization			ith ite eunr	orted orga	nization(e) by baying				
	D	control or management of the sup					18 16 16 16 16 16				
			CIR THE THE		ו שנו היום נו	JOHN OF TH	lariage the supported				
	_	organization(s). You must comp			anastian w	ith and from	etionally intograted wi	:46			
	С	Type III functionally integrated						iun,			
		its supported organization(s) (se		60 JUN 152 6				- (-)			
	d	Type III non-functionally integr						n(S)			
		that is not functionally integrated.		N 15			and an attentiveness				
	20	requirement (see instructions). Y	MERCENCE ASSESSIVE AND REPORT AND RELIGIOUS				0 00				
	е	Check this box if the organization				a Type I, I	ype II, Type III				
	•	functionally integrated, or Type II									
	f 	Enter the number of supported organ Provide the following information about		aprization(a)							
	g				//- A - N						
	(1)	Name of supported organization	(ii) EiN	(III) Type of organization (described on lines 1-10	(iv) Is the o listed in you		(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	docum	ent?	instructions)	instructions)			
					Yes	N-					
					res	No					
A)											
	2007										
B)											
-		and the second s									
C)											
D)											
W. O.C.											
E)											
ota	I		The state of the s								
			The state of the s	Annual Control of the	the second second	Later Control of the					

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2015 (b) 2016 Calendar year (or fiscal year beginning in) ▶ (c) 2017 (d) 2018 (e) 2019 (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 Total. 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 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total **7** Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	If the organization fails to qualif	y under the tes	sts listed belo	ow, please co	mplete Part I	1.)	
-	ction A. Public Support						
Cal	lendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
2		2,455	4,831	31,205	41,407	37,027	116,925
	sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	43,382	18,840				62,222
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	9,501	8,419	12,630	1,691		32,241
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						
	Total. Add lines 1 through 5	55,338	32,090	43,835	43,098	37,027	211,388
7a	Amounts included on lines 1, 2, and 3				200-200-200-200-200-200-200-200-200-200		
	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	0					
	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.)		Accessor to the second				211,388
	ction B. Total Support					,	
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	55,338	32,090	43,835	43,098	37,027	211,388
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			1			
	acquired after June 30, 1975						
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	55,338	32,090	43,835	43,098	37,027	211,388
14	First five years. If the Form 990 is for the or	\$ 77 8			7.0	1000 200	
	organization, check this box and stop here	<u> </u>					> <u></u>
Sec	ction C. Computation of Public Suppor	rt Percentage				T	
	Public support percentage for 2019 (line 8, c					15	100.00 %
	Public support percentage from 2018 Sched					16	100.00 %
	ction D. Computation of Investment Inc				7.53	T T	
	Investment income percentage for 2019 (line					17	0.00 %
	Investment income percentage from 2018 Sc					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and	see instructions	5 ▶ <u> </u>

Scriedule A (FOITI 990 01 990-EZ) 20

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	103	110
1		
2		
3a		
3b		
3с		
4a	_	
4b		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1 Has the organization accepted a gift or contribution from any of the following persons? a A person who circuit por indirectly controls, either alens or together with persons described in (b) and (c) below, the governing body of a supported organization or 10 supports organization. b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all simes during the tax year? If "No," describe in Part VI have the supported organization's directors or trustees at all simes during the tax year? If "No," describe in Part VI have the supported organization's directors or trustees at all simes during the tax year? If "No," describe in Part VI have the supported organization's directors or trustees at all simes during the tax year? If "No," describe in Part VI have the supported organization's during the tax year. 2 Did the organization operate for the benefit of any supported organization at during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organization of supporting organizations and what conditions or restrictions, I any, applied to such powers during the tax year. 1 Did two providing such benefit carried out the purposes of the supported organization (1 1" No," described in Part VI how control or management of the supporting organization's supporting organization's very such as a fine tax year, and the provided outling the prior tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (1) a copy of the Form 190 that was most recently field as of the date of notifica	Pa	rt IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (a) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 bid the circcius, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a misjority of the organizations activities. If the organization is described by the organization is activities or free described organizations and what controlled organizations and what controlled organizations and what controlled in a supported organization of the organization, describe how the powers to appoint and/or remove directors or frustees were altocated among the supported organization of the organization organization organizations. If any, applied to such powers during the trapported organization of the supported organizations. 1 Were a respirity of the organization's supported organization of the supported organization of the capture of the supported organization's supported organization of the capture of the supported organization's supported organization of the capture of the organization organization's supported organization organization's supported organization's				Yes	No
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Schedule A (Form 990 or 990-EZ) 2019 GREENWAY NETWORK INC	44 page 1	43-1681	768 Pa	age
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiz	ations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain	in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organ	izations	s must complete Sections	A through E.	
Section A - Adjusted Net Income		(A) Drior Voor	(B) Current Ye	ear
Section A - Adjusted Net Income		(A) Prior Year	(optional)	
1 Net short-term capital gain	1		91	
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or			40	
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			10,550
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)	ear
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			2.0000 er n tv er
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			date say
Section C - Distributable Amount			Current Year	r
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5	R. Albania		X1000 177
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting o	rganization (see	
instructions).			0.000	

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	3
Sec	Current Year			
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respons	sive	
	(provide details in Part VI). See instructions.	985X 54		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019	A CONTRACTOR OF THE PROPERTY O		
a	From 2014			
	From 2015			
	From 2016	- to the state of		
	From 2017			
	From 2018	- 	2 (202) 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
	Total of lines 3a through e	The transfer of the second		
	Applied to underdistributions of prior years			A STATE OF THE STA
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		A Designation of the second se	
4	Distributions for 2019 from		**************************************	
1131	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			The second secon
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:		- Constant of the Constant of	
	Evenes from 2015			
	Evenes from 2016		**	
-	Evanos from 2017		The same of the sa	
	Evenes from 2019			
	Excess from 2010			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
7A #54 #55 # (05 HF)							
							

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number GREENWAY NETWORK INC 43-1681768 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic 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 easement on the last day of the tax year. Held at the End of the Tax Year 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1

Schedule D (Form		AY NETWORK INC		43-1681768	Page
Part VII	Investments - Other Se				
PROCESSOR SEC. 100-100-100-100-100-100-100-100-100-100	Complete if the organizat	tion answered "Yes" on Fo	orm 990, Part IV, line 1	1b. See Form 990, Part	X, line 12.
	(a) Description of security of (including name of se		(b) Book value	(c) Method of value Cost or end-of-year mark	
(1) Financial of	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	n (b) must equal Form 990, Part >	(and (B) line 12)			
Part VIII	Investments - Program		orm 000 Part IV line 1	1a Saa Farm 000 Dart	V line 12
				ic. See Form 990, Part	A, line 13.
	(a) Description of invest	ment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)					tor raise
(2)					
(3)					
(4)					
(5)				A Service Asia American	
(6)					
(7)					
(8)					
(9)					
	ו (b) must equal Form 990, Part א	⟨, col. (B) line 13.) ▶			V
Part IX	Other Assets.			100 TO 10	2000 W200 100 D000
	Complete if the organizat	ion answered "Yes" on Fo	orm 990, Part IV, line 1	1d. See Form 990, Part	X, line 15.
		(a) Description		(b)	Book value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X	(. col. (B) line 15.)			
Part X	Other Liabilities.				
		ion answered "Yes" on Fo	orm 990, Part IV, line 1	1e or 11f. See Form 990	, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book	< value		
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (E			***************************************	
	uncertain tax positions. In Part XII				-
organization's I	iability for uncertain tax positions u	under FASB ASC 740. Check he	ere if the text of the footnote h	as been provided in Part XIII.	

Pa	t XI Reconciliation of Revenue per Audited Financial Statem	TERROR DE 1919 (1919 1919 1919 1919 1919 1919 19	er Return.
	Complete if the organization answered "Yes" on Form 990,		
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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
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	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	s per Return.
and the same of th	Complete if the organization answered "Yes" on 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	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4
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
The second second	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li		Part X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.	
-			

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization					Employe	r identification number			
GREENWAY NETWORK INC		**************************************				1681768			
Part I Fundraising Activities	s. Complete if	the organi:	zation ans	wered "Yes" on	Form 990, Part	IV, line 17.			
Form 990-EZ filers are no	t required to co	mplete this	part.						
1 Indicate whether the organization rai	sed funds through	any of the fol	llowing activit	ies. Check all that a	oply.				
a Mail solicitations		е 🗌	Solicitation of	f non-government gr	ants				
b Internet and email solicitations		f 🔲	Solicitation of	f government grants					
c Phone solicitations		g 🗌	Special fundr	alsing events					
d In-person solicitations									
2a Did the organization have a written of	r oral agreement	with any indivi	dual (includin	g officers, directors.	trustees,				
or key employees listed in Form 990	0.22				- 3)	Yes No			
b If "Yes," list the 10 highest paid indivi	NO INVESTIGATION AND THE PROPERTY AND ADDRESS OF THE PERSON OF THE PERSO								
compensated at least \$5,000 by the		***************************************							
		/iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to			
(i) Name and address of individual	(ii) Activity		r control of	(iv) Gross receipts	(or retained by)	(or retained by)			
or entity (fundraiser)	(,	contrib	outions?	from activity	fundraiser listed in col. (i)	organization			
		Yes	No		50 (1)				
ĭ									
2									
~									
3	 								
-									
4									
5									
6									
7									
8					J W				
9									
					SANCE AND ADDRESS OF THE SANCE AND ADDRESS OF				
10									
Total									
3 List all states in which the organization	n is registered or li	censed to sol	icit contributi	ons or has been noti	fied it is exempt fron	n			
registration or licensing.									
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								

					HIRPORT HUTTE ON COLUMN TO THE				
	<u> </u>								

43-1681768

		gross receipts greater than		d gross income on Form	n 990-EZ, lines 1 and 6b	. List events with
		gross receipts greater triair	(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	1	Gross receipts				
	2	Less: Contributions	-			
	٠	line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesuec	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses Direct expense summary. Add lines	4 through 9 in column (d)			
	11	Net income summary. Subtract line	10 from line 3, column (d)			
Pa	rt II		(E)	Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,	ine oa.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes	7			
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			######################################
	8	Net gaming income summary. Subt	tract line 7 from line 1, colur	mn (d)		
9 a b	ls t	ter the state(s) in which the organizat he organization licensed to conduct of No," explain:	T 107	these states?		Yes No
	-					
		ere any of the organization's gaming l Yes," explain:		ed, or terminated during the		🗌 Yes 🗌 No
FFA		- A MARIA 1971			6-1-1	ule G (Form 990 or 990-EZ) 2019

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

Statement of Program Service Accomplishments Name(s) as shown on return GREENWAY NETWORK INC Statement of Program Service Accomplishments Your Social Security Number 43 - 1681768

FORM 990-PART III(A)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$28480

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$0

EXPLANATION

2019 GREENWAY NETWORK ACHIEVEMENTS ST LOUIS SCIENCE CENTER FIRST FRIDAY OUTREACH 72 PEOPLE SIGN UP FOR CTB CONFLUENCE TRASH BASH COORDINATION 8 RENDEZVOUS LOCATIONS 401 PARTICIPANTS 15 TONS OF TRASH 176 TIRES 1 TON RECYCLABLES 1 TON METAL 70 INLETS MARKED MISSION CLEAN STREAM VOLUNTEERS 4 TONS TRASH 10 + TIRES GM EARTH DAY 34 SITES 43 VOLUNTEERS DARDENNE DAYS SPRING AND FALL LENGTH OF STREAM WATER QUALITY MONITORING 34 SITES 43 VOLUNTEERS E COLI TESTS BIG MUDDY SPEAKER SERIES 10 PRESENTATIONS IN SUPPORT OF BM REFUGE IN COOPERATION WITH MO RIVER RELIEF MANY THANKS TO BIG A'S FOR PROVIDING THE VENUE AND SPEAKER MEALS RACE FOR THE RIVERS FESTIVAL AND RACE 102 BOATS 2000 ATTENDEES 25 STUDENT VOLUNTEERS RIVER RING HONEYSUCKLE HACK FOX HILL PARK 13 PARTICIPANTS 8 STUDENT VOLUNTEERS SMALL GROUP WORK DAYS CONFLUENCE CONSERVATION CORPS 6 CLEAN UP EVENTS 6 HONEYSUCKLE REMOVAL EVENTS 72 TOTAL VOLUNTEERS SCHOOL GROUP ACTIVITIES JENNINGS MIDDLE SCHOOL R4R 30 STUDENT VOLUNTEERS GRAND GLAIZE HANCOCK PLACE HS STREAM TEAM WORKSHOP 120 STUDENT VOLUNTEERS GREEN FAIR AT ST LOUIS FLO VALLEY COMMUNITY COLLEGE 2 VOLUNTEERS PARTICIPATED IN OR REPRESENTED GN STREAM TEAMS UNITED GREAT RIVERS NPLD PLANNING MEETING POWDER VALLEY MEET AND GREET CONSERVATION FEDERATION AFFILIATE MEETING PELICAN DAY NATIONAL LANDS DAY AT THE CONFLUENCE 100 VOLUNTEERS EARTH DAY ST LOUIS MO AM WATERSHED FESTIVAL REACH 179 MEMBERS 2000 VOLUNTEERS 7000 PARTICIPANTS 3000 EMAIL LIST LIST 20-25% OPEN RATE FACEBOOK 849 R4R, 423 GN,364 CTB, 107 MCS

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 2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

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