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 Ño. •1545-0047

2009

Open to Public

		the Treasury nue Service	•	The organization	may have to use a	copy of this r	eturn to satis	sfy state rep	orting requ	irements.	Inspectio	on
A	For the	e 2009 calend	lar year,	or tax year begin	ning		,	2009, and	ending		, 20	
_		applicable:	Please		on GREENWAY NI	ETWORK IN	rc		<u> </u>		D Employer identifica	ition no.
	Address	change	use IRS label or	Doing Business As	;						43-1681768	
_	Name ch	-	print or	Number and street	(or P.O. box if mail is not	t delivered to stree	et address)		Room/	suite I	E Telephone number	
	Initial ret	turn	type. See	4601 MID R	IVERS MALL D	R COLLEGE	E CEN				(636)498-07	172
Ī.	Terminat	ted	Specific Instruc-	City or town, state	or country, and ZIP + 4						G Gross receipts	
$\bar{\sqcap}$.	Amende	d return	tions.		RS, MO 63376							0,425
Ī,	Applicati	ion pending	F Name	and address of principa	al officer: CHARLE	NE WAGGON	IER			······································		
					R, SAINT PET				H(a)	ls this a group retu affiliates?	urn for Yes	X No
1	Tax-exer	mpt status:	X 501(c) (3) ◄ (insert no.)	4947(a)(1) or	527				Are all affiliates in		☐ No
J	Website:			WAYNETWORK.					H(c)	lf "No," attach a lis Group exemption	st. (see instructions) number	
K	Form of	organization: X	Corporation	Trust Asso	ciation Other		L Year	of formation:	1993	M State of lega	I domicile: MO	
Pa	rt I	Summar	У									
	1	Briefly descr	ibe the or	ganization's missic	on or most significan	nt activities:	IS TO	O CONSE	RVE NAT	JRAL RESO	URCES, ENCO	URAGE
		SOUND MA	NAGEME	NT OF AREA'S	S WATERSHEDS	AND PROT	ECT THE	QUALITY	OF LIF	E FOR ALI	CITIZENS.	
e G												
i v										~		
V e i r	2	Check this b	i 📙 🔻 xoc	if the organization	discontinued its ope	erations or dis	posed of mo	re than 25%	of its net a	issets.	3	
t n	1	Number of v	oting men	nbers of the govern	ning body (Part VI, li	ine 1a)	· · · · · · ·					9
9 n	1 4	Number of ir	ndepender	nt voting members	of the governing bo	ody (Part VI, li	ne 1b)					9
s c e &	1 -	Total numbe	r of emplo	yees (Part V, line	2a)							0
	6			`	ecessary)							700
	7a	-			from Part VIII, colun					-		0
	þ	Net unrelate	d busines	s taxable income f	rom Form 990-T, lin	ne 34 · · · ·	,					0
R									Pr	or Year	Current Year	
8	8		_		lh)							9,015
e	9	•		•	2g)						4	1,410
n	10		,), lines 3, 4, and 7d)						-	0
е	11		•	, ,	es 5, 6d, 8c, 9c, 10c	•						0 425
	12				nust equal Part VIII,						- 0	0,425
	13			. `	(, column (A), lines	•						0
E	15	•		,	, column (A), line 4) benefits (Part IX, co				-			0
р	ì	•	•		olumn (A), line 11e)	,	•		-	<u></u>		0
e	i			-	ımn (D), line 25) ▶			,904				
s e	1		• .	,	es 11a-11d, 11f-24f,	7		, , , , , , ,			5	7,454
s	18				equal Part IX, colum)					7,454
	19	•		•	8 from line 12		•					2,971
Net	·-		2						Beginning	of Current Year	End of Year	
Asset	ts 20	Total assets	(Part X, li	ine 16)	,					28,361		2,609
or Fund	21		•	,								0
Bail- ances	s 22	Net assets of	or fund bal	ances. Subtract li	ne 21 from line 20					28,361	. 3	2,609
Pa	rt II	Signatu										
					camined this return, includeration of preparer (other th							
		and benefi, it	s nue, conec	ui, and complete, Decial	anon or preparer tonier in	nan onicer) is bas	ed on an imonne	attott of winch p	neparer rias a	iy kilowiedge.		
Sig	n											
Hei	re	Signatu	re of officer							Da	te	
				, TREASURER								
		Type or	print name a	and title								
		Preparer's					Date	Che	eckif	(see instruction	entifying number ons)	
Paic	i	signature	7					emp	ployed 🕨 🛚		•	
	parer's											
Use	Only	Firm's name			G AND ASSOCIA				EIN	•		
		if self-employ address, and			TH ST PETERS	PARKWAY			- In	L 626 00	9 1040	
h.A	the - IT	OC dia #b '-			s, MO 63376	otruptions)				b. ► 636-92	8-1040 ⊠ Yes	No
may	me in	to discuss this	return wi	ui ine preparer sno	own above? (see ins	suucions) -				· · · · · · ·	· · · K7 162	LI NO

rai	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	IS TO CONSERVE NATURAL RESOURCES, ENCOURAGE SOUND MANAGEMENT OF AREA'S WATERSHEDS AND PROTECT
	THE QUALITY OF LIFE FOR ALL CITIZENS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 46,793 including grants of \$) (Revenue \$ 41,410)
	GREENWAY NETWORK HAS REORGANIZED THE DARDENNE CREEK WATERSHED ALLIANCE. WE ASSISTED MO RIVER
	RELIEF IN OBTAINING A GRANT TO HELP CLEAN THE MO RIVER. WE ASSISTED THE DNR IN THE BRUSH
	CREEK PROJECT IN PACIFIC MO. WE ORGANIZE THE ST CHARLES COUNTY MISSION: CLEAN STREAM. WE
	SPONSOR DARDENNE DAY: MONITORING 20 SITES ON DARDENNE CREEK TWICE A YEAR. WE COMPLETED OUR
	SECOND ANNUAL RACE FOR THE RIVERS CANOE & KAYAK RACE AND FESTIVAL ON THE MISSOURI RIVER. NEXT
	RACE SEPT 4-5 2010. WE ARE A MO STREAM TEAM AND ORGANIZING OTHER STREAM TEAMS IN THE AREA
	INTO A REGIONAL GROUP. WE HAVE RECEIVED AWARDS FROM DNR. WE ARE WORKING ON IMPORTANT
	RESEARCH PROJECTS TO TEST WATER QUALITY ON MANY OF THE STREAMS IN METRO AREA.
	WE ARE WORKING ON IMPORTANT RESEARCH PROJECTS TO TEST WATER QUALITY ON MANY OF THE STREAMS IN
	METRO AREA. WE RESTORED A SECTION OF PERUQUE CREEK.WE ASSISTED MO RIVER COMMUNITIES NETWORK
	IN CONDUCTING THE CLEAN STREAM EDUCATION INITIATIVE TRAINING FOR 47 TEACHERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(2000) Travelles Travelles
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			37
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,	146		v
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		Λ
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		1
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1.	 	
. •	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		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			l
	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 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	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,			
	Partl	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
22	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	24		v
25	III, IV, and V, line 1	34	-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			37
20	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		v
37	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		-	12
J.	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	The second secon			

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Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the catendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
ь	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
ь	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
ь	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			
	and services provided to the payor?	7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	20000000000	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	-	
. b	Did the organization make a distribution to a donor, donor advisor, or related person?	96		1
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12	ł		[
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
u	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		10000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	16.0		
	in 166, office the difficult of tax exempt into est received of accorded during the year 111111111111111111111111111111111111	Feb. 000000000000000000000000000000000000	T	1-000000000000000000000000000000000000

43-1681768 Part VI

Coverning Rody and Management
Schedule O. See instructions.
for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in
Governance, wanagement, and Disclosure For each Yes Tesponse to lines 2 through 76 below, and

	ction A. Governing Body and Management		 		Yes	No
1a	Enter the number of voting members of the governing body	1a	9			
ь	Enter the number of voting members that are independent	1b	9	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7		
	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 organizational documents since the prior Form 990 was	filed?	 	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		 	5		X
6	Does the organization have members or stockholders?		 	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?		 	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		 	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
a	The governing body?		 	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		 	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal				<u> </u>	
	enue Code.)					
			 	***************************************	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		 	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					-
	affiliates, and branches to ensure their operations are consistent with those of the organization?		 	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?		 	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		 	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?		 	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					-
	describe in Schedule O how this is done		 	12c		
13	Does the organization have a written whistleblower policy?		 	13		X
14	Does the organization have a written document retention and destruction policy?		 	14	†	X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official		 	15a	94444000000	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						
	with a taxable entity during the year?		 	16a	APRODOGGGGGGG	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		 	100		
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b	600000000000000000000000000000000000000	. 100000000
Sec	ction C. Disclosure		 	100	1	
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 (501(c)(3):	only	 			····
	available for public inspection. Indicate how you make these available. Check all that apply.	· · · y)				
	Own website Another's website Dupon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of initial conflicts or initial conflicts of initial conflicts of initial conflicts or initi	erest				
, ,	policy, and financial statements available to the public.	01031				
20	State the name, physical address, and telephone number of the person who possesses the books and records of	f the				
_~	organization: ► LARRY RUFF (636) 498-0772	, u 10				
	3457 RIVERCHASE PARKWAY SAINT CHARLES, MO 63301		 			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C	;)			(D)		(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable		Reportable	Estimated
	hours per week	dur ise vtc iet deo u r ao I r	s u t s i t	Of ticer	Key employee	H c e i omp h p o o s n y e t s e t e d	F or m e r	compensation from the organization (W-2/1099-MISC)		compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CHARLENE WAGGONER											
PRESIDENT	10.00		\dashv	Χ		ļ	<u> </u>		0	0	0
JAMES BURRIS											
VICE PRESIDENT	5.00		_	Х					4		
DAVID HARTMAN											
SEC	5.00		_	X		-			-		
LARRY RUFF											
TREASURER	10.00	1 1	_	X		<u> </u>	_		_		
		1	-				<u> </u>				
	ļ					<u> </u>	-		_		
					-	ļ	-		+		
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		<u> </u>				-	_		_		
									\top		
	<u> </u>		-				-		-		
	EEA				1		1				Form 990 (2009)

Pa	rt VII Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and	l Hig	hes	t Com	pen	sated Employees	(continued)	
	(A)	(B)			(C)			(D)	(E)	(F)
	Name and Title	Average hours per week	ltd nri dur ise vtc	l t n r s u t s i t	011.00	K e y e m p l o y e e	at apply H c e i om g mp h p i e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
				1	-						

					<u> </u>						
							-			,,	
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4444											
			-	-	-	╁					
						<u> </u>	-				
						 					
41.	T-A-1			<u>.</u>				<u> </u>			_
1b 2	Total	those listed							0 an \$100,000 in	<u> </u>	0
	reportable compensation from the organization									C	
3	Did the organization list any former officer, director or	trustee, key	emplo	/ee,	or h	ighe	est com	npen:	sated		Yes No
	employee on line 1a? If "Yes," complete Schedule J fo									· · · · · · · ·	. 3 X
4	For any individual listed on line 1a, is the sum of report the organization and related organizations greater than	•									
	individual				٠.						4 X
5	Did any person listed on line 1a receive or accrue com						-				5 V
Se	services rendered to the organization? If "Yes," complection B. Independent Contractors	ete Schedule	J for s	sucn	ı per	son	• •	• •			5 X
1	Complete this table for your five highest compensated	independent	contra	ctor	rs th	at re	ceived	mor	e than \$100,000 o	•	
	compensation from the organization.								(m)		
	(A) Name and business address								(B) Description of s	ervices	(C) Compensation
			·····								
-	Total number of independent contractors (Section 1)	t mot limite at a	0 th	, II4	- ندره	ha	- استان		l l		
2	Total number of independent contractors (including bur more than \$100,000 in compensation from the organiz		o inose	# IIST	.ea S	.DOV	e) WNO	rece			

43-1681768

Part '	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a]			
Omerated	b	Membership dues	1b	2,584				
Contri- butions,	С	Fundraising events	1c	14,098				
gifts,	d	Related organizations	1d					
grants and	e	Government grants (contributions)	1e					
other similar	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,333				
amounts	g	Noncash contributions included in lines 1a	a-1f: \$					
	h	Total. Add lines 1a-1f		>	19,015			
				Business Code				
	2a	TRAILNET	900099	38,649	38,649			
		PORTAGE DES SIOUX		900099	2,761			
Program	С							
Service Revenue	d							
	e			-				
	1 -	All other program service revenue						
	q			L	41,410			
	3 4 5	Investment income (including dividends, into other similar amounts) Income from investment of tax-exempt born	terest,	and eeds				
	,	Royalties						
		(i) Rez	1)	(ii) Personal	-			
		Gross Rents			-			
	ь				-			
	1	Rental income or (loss)			_			
	d	Net rental income or (loss)	• • •	· · · · · · •				
	7a	Gross amount from sales of (i) Securit	lies	(ii) Other	_			
		assets other than inventory			1			
	b	Less: cost or other basis						
0		and sales expenses						
ť	C	Gain or (loss)						
O t h e	d	Net gain or (loss)		<u> ▶</u>				
e	8a	Gross income from fundraising						
_		events (not including \$ 14,0	98					
R e		of contributions reported on line 1c).						
v		See Part IV, line 18	. а					
e	b	Less: direct expenses	. b		7			
n u	C	Net income or (loss) from fundraising even	ts .					
e	9a	Gross income from gaming activities.						
		See Part IV, line 19	. а					
	b	Less: direct expenses	. b		1			
		Net income or (loss) from gaming activities		>			3	
		Gross sales of inventory, less						
	IVA	returns and allowances	. а					
	ь	Less: cost of goods sold			1			
	1	Net income or (loss) from sales of inventor			1			
	-	Miscellaneous Revenue	<i>,</i>	Business Code				
	11a				1	1		
	b							<u> </u>
	c							
	_	All other revenue				<u> </u>		†
		Total. Add lines 11a-11d			1			
	1	Total revenue. See instructions			60,425	41,410	C	

Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are not re	quired to complete c	olumns (B), (C), and (ם).
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	360		360	
b	Legal				
c	Accounting	250		250	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other	5,904			5,904
12	Advertising and promotion				
13	Office expenses	1,043		1,043	
14	Information technology				
15	Royalties				
16	Occupancy	1,300		1,300	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,005		1,005	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	574		574	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	ENVIRONMENTAL STRATEGIES	35,065	35,065		
b	OPERATION CLEAN STREAM	351	351		
c	MEMBERSHIPS	225		225	
d	ST LOUIS EARTHDAY	326	326		
e	KRAUT RUN CREEK RESTORATION	10,209	10,209		
f	All other expenses	842	842		
25	Total functional expenses. Add lines 1 through 24f	57,454	46,793	4,757	5,904
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

Part	X	Balance Sheet		
			(A)	(B)
			Beginning of year	End of year
	1	Cash - non-interest-bearing	28,361 1	32,059
	2	Savings and temporary cash investments	2	
ĺ	3	Pledges and grants receivable, net		
	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		
	6	Receivables from other disqualified persons (as defined under section		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		
A S		Part II of Schedule L		,
s	7	Notes and loans receivable, net		
e	8	Inventories for sale or use	8)
S	9	Prepaid expenses and deferred charges	9)
	10a	Land, buildings, and equipment: cost or		
		other basis. Complete Part VI of Schedule D 10a 550		
	ь	Less: accumulated depreciation 10b	10)c 550
	11	Investments - publicly traded securities	1	
	12	Investments - other securities. See Part IV, line 11	1	
	13	Investments - program-related. See Part IV, line 11	1	
	14	Intangible assets	1	
	15	Other assets. See Part IV, line 11	1	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	28,361 1	
	17	Accounts payable and accrued expenses	28,301	
		Grants payable		
	18	Deferred revenue		
i	19			
а	20	Tax-exempt bond liabilities	2	
b	21	Escrow or custodial account liability. Complete Part IV of Schedule D		1
i	22	Payables to current and former officers, directors, trustees, key		
į		employees, highest compensated employees, and disqualified		•
ĭ		persons. Complete Part II of Schedule L		2
е	23	Secured mortgages and notes payable to unrelated third parties	2	
S	24	Unsecured notes and loans payable to unrelated third parties		4
	25	Other liabilities. Complete Part X of Schedule D	2	
	26	Total liabilities. Add lines 17 through 25	2	6
		Organizations that follow SFAS 117, check here ▶ ☒ and		
NF		complete lines 27 through 29, and lines 33 and 34.	_	
e u : n	27	Unrestricted net assets		7 32,609
ď	28	Temporarily restricted net assets		8
A	29	Permanently restricted net assets	2	9
s B s a		Organizations that do not follow SFAS 117, check here ▶ ☐		
e i		and complete lines 30 through 34.		
a	30	Capital stock or trust principal, or current funds	3	0
s n	31	Paid-in or capital surplus, or land, building, or equipment fund	3	1
Э е	32	Retained earnings, endowment, accumulated income, or other funds	3	2
S	33	Total net assets or fund balances	28,361 3	3 32,609
	34	Total liabilities and net assets/fund balances	28,361 3	4 32,609

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

		organization	~							identification n	umber		
Pa	******	AY NETWORK INC		y Status (All organiza	+1		45:4 V	Can innte		681768			
-								See instruc	ctions.				
1	Ji yai			se it is: (For lines 1 throusociation of churches de	-	•	•	٧:١					
2	H)(A)(ii). (Attach Schedule		section (I O(D)(I /\M	/*/·					
3	Н			rice organization describ		on 170/h)	(4)/A)/:::\						
A	H			ed in conjunction with a h				10/6\/1\/A\/	(iii) Entor	the beenite	الم ممم	_	
7	لــا	city, and state:	organization operati	ed in conjunction with a t	iospitai de:	scribed in	section if	U(D)(I)(A)	(III). Enter	me nospiia	is nam	e,	
5	П	• •	rated for the henefit	of a college or university	, owned or	operated	hy a gover	nmontal un	it dosoriba	nd in			
•		section 170(b)(1)(A			/ Owned Of	operateu	by a gover	rimental un	iit describe	eu in			
6		A federal, state, or lo	cal government or	governmental unit descri	ibed in sec	tion 170(k)(1)(A)(v).						
7		An organization that	normally receives a	a substantial part of its su	apport from	a governi	mental unit	or from the	e general p	oublic			
		described in section	170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Comp	olete Part II	.)							
9	X	An organization that	normally receives:	(1) more than 33 1/3% o	f its suppor	t from con	tributions,	membersh	ip fees, an	d gross			
		receipts from activitie	es related to its exe	mpt functions - subject to	o certain ex	ceptions,	and (2) no	more than	33 1/3% c	of its			
		support from gross in	nvestment income a	and unrelated business t	axable inco	me (less s	section 511	tax) from	businesse	s			
		acquired by the orga	nization after June	30, 1975. See section 5	i09(a)(2). (Complete	Part III.)						
10		An organization orga	inized and operated	exclusively to test for p	ublic safety	. See sec	tion 509(a)(4).					
11		An organization orga	inized and operated	exclusively for the bene	efit of, to pe	rform the	functions o	f, or to care	ry out the				
		purposes of one or n	nore publicly suppo	rted organizations descr	ibed in sec	tion 509(a)(1) or sect	tion 509(a)	(2). See se	ection			
		509(a)(3). Check the	box that describes	the type of supporting o	rganization	and com	plete lines	11e throug	h 11h.				
		a 🗌 Type I	b 🗌 Type	ell c] Type III-	Functiona	lly integrat	ed	d	Type II	II-Other		
е		By checking this box	k, I certify that the o	rganization is not control	led directly	or indirec	tly by one	or more dis	qualified				
		persons other than for	oundation manager	s and other than one or r	more public	ly support	ed organiz	ations desc	cribed in s	ection			
		509(a)(1) or section	509(a)(2).										
f		If the organization re	ceived a written de	termination from the IRS	that it is a	Type I, Ty	pe II, or Ty	pe III supp	orting				
		organization, check	this box										[
g		Since August 17, 20	06, has the organiz	ation accepted any gift o	r contributi	on from ar	ny of the						
•		following persons?											
		4.5	directly or indirectly	controls, either alone or	together w	ith person:	s described	d in (ii)				Yes	No
				of the supported organiz							11g(i)	†	1
				ribed in (i) above?							11g(ii)		1
			•	n described in (i) or (ii) at							11g(iii)	·	<u> </u>
h				the supported organization							1.8()	1	
	(i) N	lame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi)	s the	(iiv)	Amount	of
	*/	organization	,,-	(described on lines 1-9	in col. (i) lis	sted in your	the organi	ization in	organizati	on in col.		support	
				above or IRC section (see instructions)	governing d	locument?	col. (i)	of your port?	(i) organiz	ed in the S.?			
				(soo maaaaaaa)	Yes	No	Yes	No	Yes	No			
							1.00	1			· · · · · · · · · · · · · · · · · · ·		
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							-	 	-				
			1		1								
Tota								1					

Sched		NWAY NETWORK				43-1681768	3
Pa	rt II Support Schedule for Or	ganizations D	escribed in Se	ctions 170(k)(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you checked the	box on line 5, 7, o	r 8 of Part I.)				
Sec	tion A. Public Support		·				
ale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 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 In 4						
	tion B. Total Support						
ale	ndar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						***************************************
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (. 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		****				▶□
Sec	tion C. Computation of Public St	upport Percer	itage				
14	Public support percentage for 2009 (line 6,	• • •	-	• •			%
15	Public support percentage from 2008 Schee						%
16a	33 1/3% support test - 2009. If the organi	zation did not chec	k the box on line 13	, and line 14 is 3	3 1/3% or more, ch	eck this box	
	and stop here. The organization qualifies a	as a publicly suppor	rted organization			<i></i>	▶ 🔲
þ	33 1/3% support test - 2008. If the organi	zation did not chec	k a box on line 13 o	r 16a, and line 1	5 is 33 1/3% or mo	re, check this	
	box and stop here. The organization qualif	ies as a publicly su	pported organizatio	n		<i></i>	▶ 🗌
17a	10%-facts-and-circumstances test - 20	09. If the organizat	ion did not check a	box on line 13, 1	6a, or 16b, and line	e 14 is 10% or	
	more, and if the organization meets the "factorganization meets the "facts-and-circumst	ances" test. The or	ganization qualifies	as a publicly sup	oported organizatio	n	▶□
b		*					
	more, and if the organization meets the "fac	cts-and-circumstan	ces" test, check this	box and stop h	ere. Explain in Par	t IV how the	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Se	ction A. Public Support	DOX OF THE O					
	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	membership fees received. (Do not include						
,	any "unusual grants.")				27,531	4,917	32,448
2	dross receipts from admissions, merchan- dise sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose					41,410	41,410
_						41,410	41,410
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513				31,824	14,100	45,924
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	119,782
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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	***************************************		100000000000000000000000000000000000000			
	Public support (Subtract line 7c from line 6.)						119,782
Se	ction B. Total Support			*			
Cal	endar year (or fiscal year beginning in) 🕨		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		-		59,355	60,427	119,782
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						
C	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	Total support. (Add lines 9, 10c, 11, and 12.)						119,782
14	organization, check this box and stop here	· · · · · · · · · ·					▶ □
Se	ction C. Computation of Public S						
15	Public support percentage for 2009 (line 8,	• • •	•	* *	}		100.00 %
16		***************************************				16	100.00 %
	ction D. Computation of Investm				Т		
17	Investment income percentage for 2009 (lin		•			17	0.00 %
18	Investment income percentage from 2008 S	ichedule A, Part III,	line 17		• • • • • • • • [18	%
	1 33 1/3% support tests - 2009. If the organ 17 is not more than 33 1/3%, check this box	k and stop here. Th	ne organization qua	lifies as a publicly s	supported organizat	ion	▶ 🏻
0	 33 1/3% support tests - 2008. If the organ line 18 is not more than 33 1/3%, check this 						▶ □
20	Private Foundation: If the organization did	=	· -	,	· · · · · · · · · · · · · · · · · · ·		▶ 🗍

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions. Name of the organization

Employer identification number GREENWAY NETWORK INC 43-1681768 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 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Pa	t III Orģanizations Maintaining	Collec	tions (of Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (co	ntinue	ed)
3	Using the organization's acquisition, accession,	and othe	r record	s, check any c	f the follow	ving that are a	signific	ant use of its			
	collection items (check all that apply):										
a	Public exhibition		d 🗌 l	Loan or excha	nge progra	ıms					
b	Scholarly research	•		Other	_						
С	Preservation for future generations			****							
4	Provide a description of the organization's collect	tions and	d explain	how they furt	ner the org	anization's ex	empt p	urpose in			
	Part XIV.		,	•			• •	•			
5	During the year, did the organization solicit or re	ceive do	nations o	of art, historica	treasures	. or other simi	lar				
	assets to be sold to raise funds rather than to be								. Пү	es	No
Pai	t IV Escrow and Custodial Arra								<u> </u>		
	Part IV, line 9, or reported an amoun	•			,						
1a	Is the organization an agent, trustee, custodian of				utions or o	ther assets no	 ot				
	included on Form 990, Part X?			•					. П у	es	No
b	If "Yes," explain the arrangement in Part XIV and								• 🗀 •	'	
								Ame	ount		
c	Beginning balance						. 10				
d	Additions during the year						·				
 e	Distributions during the year										
f	Ending balance									***************************************	
2a	Did the organization include an amount on Form								. 🗆 Y	es	No
b	If "Yes," explain the arrangement in Part XIV.	000,1 0	717, 1110						•		
************	t V Endowment Funds. Complete	if the orc	anizatio	n answered "Y	es" to For	m 990 Part IV	line 1	Ω			
British and	Elia O Million Complete		ment year			(c) Two years		(d) Three years back	(e) Four	voare t	nack
1a	Beginning of year balance	(a) Ou	mon you	(0) /	y you	(c) Iwo years	Duck	(a) Three years back	(6) 100.	years 1	Juck
b	Contributions										
	Net investment earnings, gains, and losses				<u></u>						
C d	Grants or scholarships								-		
	Other expenditures for facilities							L			
e	and programs										
f	Administrative expenses										
	·				···········						
9	End of year balance		o bold o							<u> </u>	
2				5.							
a	Board designated or quasi-endowment Permanent endowment %		%								
b	Permanent endowment %										
2-	Are there endowment funds not in the possessic	on of the	oronoiza	tion that are h	old and ad	lministered for	tho				
3a		ni oi uie	organiza	uon mai are n	eiu ariu au	inimistered for	uic			Yes	No
	organization by: (i) unrelated organizations								. 3a(i)	169	140
	(ii) related organizations								3a(ii)	<u> </u>	
L	If "Yes" to 3a(ii), are the related organizations lis								. 3b	ļ	
b	Describe in Part XIV the intended uses of the or								. 30	L	
4 Da	rt VI Investments - Land, Build				oo Eorm C	OO Bort V lin	0.10				
	ii vi iii vestinents – Land, Build							1			
	Description of investment			r other basis		st or other		Accumulated	(d) Boo	k value	
1-	Lond		(Inve	estment)	basis	(other)	d	lepreciation			
1a	Land					<u> </u>					
b	Buildings										
ات C	Leasehold improvements										
d	Equipment			550							550
E	Other		000 Pa-	t V ookuma (D	line 10/-	<u>,,,,</u>					EEA
ı ota	I. Add lines 1a through 1e. (Column (d) must equ	ai rorm	990, Par	t A, column (B), line TU(C	<i>9.)</i> • • •	• • •		L. 4.1. 0 F		550

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12	2.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
	ratives			
	quity interests			
Other				

				_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	See Form 990, Part X, line 10	3.	2000000
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	

			MINING	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line	15.		
***************************************	(a)	Description	(b) Book value	

Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 19	5)		
Part X	Other Liabilities. See Form 990, Part X, I			
1.	(a) Description of liability	(b) Amount		
Federal incom				
		-		
	The state of the s			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

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

t XI Reconciliation of Change in Net Assets from Form 990 to		43-1681768	Pag
······································		ls	
Total revenue (Form 990, Part VIII, column (A), line 12)		1	
Total expenses (Form 990, Part IX, column (A), line 25)		2	
Excess or (deficit) for the year. Subtract line 2 from line 1		3	
Net unrealized gains (losses) on investments		4	
Donated services and use of facilities		5	
Investment expenses		6	
Prior period adjustments		7	
Other (Describe in Part XIV.)		8	
Total adjustments (net). Add lines 4 through 8		9	
Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
T XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue p	er Return	
Total revenue, gains, and other support per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
Net unrealized gains on investments	2a		
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		
Other (Describe in Part XIV.)	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1	, ,	3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIV.)	4b		
Add lines 4a and 4b		4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
t XIII Reconciliation of Expenses per Audited Financial Stater	ments With Expense:	s per Return	
Total expenses and losses per audited financial statements			
Total expenses and losses per addited infancial statements		1	
Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	~~
·	2a	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	3	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d		
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d	Ze Ze	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

2009

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

REENWAY NETWORK INC	<u> </u>		***************************************		43-1	681768
Fundraising Activit	ies. Complete if th	e organization	answered	"Yes" to Form 990, P	art IV, line 17.	
Indicate whether the organization			llowing act	ivities. Check all that	apply.	
a Mail solicitations	aloca farido arroag			of non-government g		
b Internet and email solicitations				of government grant		
c Phone solicitations				ndraising events	-	
d _ In-person solicitations		J	-	g - · · · · · ·		
2a Did the organization have a writter	n or oral agreement	with any indiv	idual (inclu	ding officers, directors	s, trustees	
or key employees listed in Form 9					,	es 🗌 No
b If "Yes," list the ten highest paid in		-				
to be compensated at least \$5,000	by the organization	n.				
(i) Name of individual	(ii) Activity	(iii) Did fundr	aiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(A) / Journs	custody or c		from activity	(or retained by)	(or retained by)
		contribut	tions?		fundraiser listed in col. (i)	organization
7		Yes	No		301. (y	
		9				

			<u> </u>			
Total ,						
3 List all states in which the organiza				or has been notified it	is everynt from	
registration or licensing.	adon is registered of	110011000 10 00	more rurius	or rias been nounce it	no exempt from	
J J						
					Д.	Historia
						100-100-100-100-100-100-100-100-100-100
	-			48		

EEA

43-1681768

	more than \$15,000 on Form 990-	EZ, line 6a. List events	with gross receipts greater	than \$5,000.	
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events Add col. (a) through
R e	_	(event type)	(event type)	(total number)	col. (c))
v .	1. Grass respirts				
_	1 Gross receipts				
u •	contributions				
e 3	3 Gross revenue (line 1	•			
	minus line 2)				
	4 Cash prizes		_		
ום	5 Non-cash prizes				
,	Non-cash prizes				
: e	Rent/facility costs				
:	,				
	7 Food and beverages				
× .					
e 6 n	B Entertainment				
s	9 Other direct expenses				
s ·	Cutof direct expenses				
10	O Direct expense summary. Add lines	4 through 9 in column (d)	·		()
1					
Part			s" to Form 990, Part IV, line	e 19, or reported more	
В	than \$15,000 on Form 990-EZ,	line 6a.			
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
1					
) .	1 Gross revenue				
)					
P r e c t	2 Cash prizes				
	3 Non-cash prizes				
Exp.	- 11311 33311 F 11333				
e e	4 Rent/facility costs				
en s e s					
š !	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	o	%)
'	6 Volunteer labor	NO	i i i i i i i i i i i i i i i i i i i		
١,	7 Direct expense summary. Add lines	2 through 5 in column (d)		
	,				
1	8 Net gaming income summary. Comb	ine line 1, column (d), ar	nd line 7		
					Yes No
	Enter the state(s) in which the organization				
	ls the organization licensed to operate ga If "No," Explain:	iming activities in each o	intese states?		9a
	TTO, Explain				
	Were any of the organization's gaming lic	enses revoked, suspen	ded or terminated during th	e tax year?	10a
- In 1	If "Yes," Explain:				
D I					
-	Does the organization operate gaming ac	ctivites with nonmembers	s?		11
11 i	Does the organization operate gaming ac Is the organization a grantor, beneficiary				11