Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization GREENWAY NETWORK INC D Employer identification number Address change Doing business as 43-1681768 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 249 KILDARE CT (636)279-5105 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return O FALLON, MO 63366 14,842 X No Application pending F Name and address of principal officer: CHARLENE WAGGONER **H(a)** Is this a group return for subordinates? 11 BRINNINGTON DR SAINT PETERS MO 63376 H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. See instructions) (insert no.) WWW.GREENWAYNETWORK.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 1993 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: GREENWAY NETWORK IS A GRASSROOTS VOLUNTEER BASED ORGANIZATION. OUR MISSION IS TO CONSERVE NATURAL RESOURCES, ENCOURAGE SOUND MANAGEMENT Activities & Governance OF AREA'S WATERSHEDS AND PROTECT THE QUALITY OF LIFE FOR THE RESIDENTS OF THE GREATER ST LOUIS AREA. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 8 4 8 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 1,750 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 10,914 7,492 Revenue 7,350 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 10,914 14,842 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,259 21,549 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,259 21,549 Revenue less expenses. Subtract line 18 from line 12 (1,345)(6,707)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 51,234 57,941 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 57,941 51,234 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge MIKE CLASPILLE Sign Signature of officer Date Here MIKE CLASPILLE, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date X Check **Paid** JOE WHELAN 11-06-2023 P00123689 self-employed **Preparer** Firm's name SEDERBURG & ASSOCIATES Firm's EIN **Use Only** 3023 N ST PETERS PARKWAY Firm's address Phone no. Saint Peters MO 63376 636-928-1040

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$

4e Total program service expenses

) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		х
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			
	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	, , , , , , , , , , , , , , , , , , ,			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d		44.1		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
•	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			Λ
124	Schedule D. Parts XI and XII	12a		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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
10	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?	10		32
20 a	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_55		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x

Form 990 (2022) Page 4 GREENWAY NETWORK INC 43-1681768 Checklist of Required Schedules (continued) Part IV

			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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
لہ	to defease any tax-exempt bonds?	24c 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	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	254		
	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	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part 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? If			
	"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		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	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 L	33		3.5
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
J-T	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 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 as charitable contributions?	. 6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?			Х
b	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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		Х
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?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		L	
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?	. 15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		
	If "Yes," complete Form 6069.			

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2	through 7b below, and for a "No"			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S	Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X	
Section A. Governing Body and Management					
			Yes	No	

			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			
h	committee, explain on Schedule O.			
ь 2	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			
5	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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 on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a		x
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		
I1a	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 on Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	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 on 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		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?	1E-		v
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	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	Toa		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Image: Support of the control of t			
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.			
	MIVE CIACOTILE (626)279_5105 14 DINE FIAC OF DADDENNE DOATOR MO 62268			

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

EEA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A)	(B)	Position (do not check more than one box, unless person is both an				(D)	(E)	(F)		
Name and title	Average					Reportable	Reportable	Estimated amount		
Name and the	hours					trustee)		compensation	compensation	of other
	per week		ŕ		from the	from related	compensation			
	(list any	or -	Ins	g	Ke	em Hig	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	direc	tt	Officer	y em	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee t con				
	below	uste	trus		'ee	npen				
	dotted line)	Ф	tee			Highest compensated employee				
						٩				
(1) BRIAN_WALDROP	10.00									
DIRECTOR		х						0	0	0
(2) LAURA MADDEN	5.00									
DIRECTOR		х						0	0	0
(3) CARRIE HENDFERSON	<u>5.0</u> 0									
DIRECTOR		Х						0	0	0
(4) LARRY RUFF	5.00									
DIRECTOR		Х						0	0	0
(5) KELLY DUNLAP	10.00									
SECRETARY		X		х				0	0	0
(6) CHARLENE WAGGONER	20.00									
PRESIDENT/EXECUTIVE DIRECTOR		Х		х				0	0	0
(7) MIKE CLASPILLE	15.00									
TREASURER		Х		х				0	0	0
(8) ABBY BROADSTONE	5.00									
VICE PRESIDENT MEMBERSHIP		Х		х				0	0	0
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(40)										
(12)										
(13)										
(13)										
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Part	VII Section A. Officers, Dire	ectors, Tru	stees,	Key E	Emp	oloy	/ee	s, an	d F	lighest Comp	ensated E	mployee	S (continued)
	(A) Name and title		(B) Average hours per week	box,	unles	Pos eck m ss per	son is	nan one s both ar /trustee)	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2.	n I c	(F) imated amount of other compensation from the
		org	(list any nours for related ganizations below lotted line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	/ org	ganization and ed organizations
(15)													
(16)													
<u>(17)</u>													
(18)													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal		 n A						•				
d	Total (add lines 1b and 1c)			 						0		0	0
2	Total number of individuals (including reportable compensation from the organization)		to those I	isted a	bove	e) wh	no re	eceive	d mo	ore than \$100,000	of		0
	Did the organization list any former of		truotoo	leave an	20101		or b	iahaat		on on onto d			Yes No
3	employee on line 1a? If "Yes," comple							-		•		3	х
4	For any individual listed on line 1a, is the organization and related organization												
	individual	-										4	х
5	Did any person listed on line 1a receive				-			_				-	-
Secti	for services rendered to the organization B. Independent Contracto		compiete	Scried	uie .	<i>J</i> 101	Suci	n pers	OH .			5	<u> </u>
1	Complete this table for your five highes	t compensated											
	compensation from the organization. R		sation for	the cal	enda	ar ye	ar e	nding	with		nization's tax		<u> </u>
	Name and b	(A) usiness address								(B) Description of service	es	(C Compe	
2	Total number of independent contractor	-			thos	e lis	ted a	above)	who	0			
	received more than \$100,000 of comp	ensation from t	the organi	zation									

43-1681768

Form 990 (2022) Part VIII

Statement of Revenue

		Check if Schedule O contains a response	or no	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ervice Contributions, Gifts, Grants ue and Other Similar Amounts	b	Federated campaigns			7,492 6,085 365 900	6,085 365 900	Dusilless revenue	sections 512–514
Program Service Revenue	d e f	All other program service revenue	_		7,350			
Other Revenue	3 4 5 6a b c d 7a b	Investment income (including dividends, interediction other similar amounts)	est, a	eeds				
	9a b c 10a b	Net income or (loss) from fundraising events Gross income from gaming activities, See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	9a 9b 10a 10b					
Miscellanous Revenue	11a b c d			Business Code	14.842	7.350	0	0

Form 990 (2022) GREENWAY NETWORK INC

Part IX	Statement of Functional Expenses
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	i otai expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	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				
5	section 401(k) and 403(b) employer contributions)				
9					
	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	25.		2=-	
С	Accounting	370		370	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	4,600			4,600
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	2,140	2,140		
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 RIVER SOUNDING	3,202	3,202		
b	RACE FOR THE RIVER FESTIVAL	5,823	5,823		
С	PRG PROJECT PLANNING	1,925	1,925		
d	PRG PROJECT COMMUNICATION	240	240		
e	All other expenses	3,249	3,249		
25	Total functional expenses. Add lines 1 through 24e	21,549	16,579	370	4,600
26	Joint costs. Complete this line only if the	22,313	20,013	370	2,000
	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)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	57,941	1	51,234
	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			
		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			
		basis. Complete Part VI of Schedule D 10a			
	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	
	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)	57,941	16	51,234
	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	
w	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
Čė	27	Net assets without donor restrictions	57,941	27	51,234
alan	28	Net assets with donor restrictions	,	28	•
Ä		Organizations that do not follow FASB ASC 958, check here			
ūn		and complete lines 29 through 33.			
Ϋ́	29	Capital stock or trust principal, or current funds		29	
its c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances	57,941	32	51,234
ž	33	Total liabilities and net assets/fund balances	57,941	33	51,234
			- · ,	-	,

Form	990 (2022) GREENWAY NETWORK INC	43-16	<u>81768</u>	3	Pa	age 12
Pai	rt XI Reconciliation of Net Assets					
	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)	1			14,	842
2	Total expenses (must equal Part IX, column (A), line 25)	2			21,	549
3	Revenue less expenses. Subtract line 2 from line 1	3			(6,	707
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			57,	941
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			51,	234
Pai	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					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain 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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		х
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			3b		

EEA

Form **990** (2022)

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

,20

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2022

OMB No. 1545-0047

110111011101011	1100 001 1100				iatest informatio		-
Name of filer						EIN or SSN	
	NETWORK INC	at to tou				43-1681768	
	e of officer or person subj						
Part I	SPILLE, TREASU		urn Information				
			urn Information				
8038-CP and	d Form 5330 filers ma	y enter dolla	using this Form 8879-TE a ars and cents. For all othe the amount on that line for	er forms, enter who	ole dollars only. If	you check the box o	n line 1a, 2a ,
	6b, 7b, 8b, 9b, or 10b , ne below. Do not com		is applicable, blank (do no than one line in Part I.	ot enter -0-). But, i	f you entered -0- o	on the return, then e	nter -0- on the
1a Forn	m 990 check here	<u>x</u>	b Total revenue, if an	y (Form 990, Part	VIII, column (A), I	ine 12)	1b 14,842
2a Forn	m 990-EZ check here	🗌	b Total revenue, if an	y (Form 990-EZ, I	ine 9)		2b
3a Forn	m 1120-POL check he	re 🗌	b Total tax (Form 112	20-POL, line 22) .			3b
4a Forn	m 990-PF check here	∐	b Tax based on inves	•	·	. ,	4b
5a Forn	m 8868 check here .	∐	b Balance due (Form	,			5b
6a Forn	m 990-T check here.	∐	b Total tax (Form 990				6b
	m 4720 check here .	=	b Total tax (Form 472				7b
	m 5227 check here .	=	b FMV of assets at e				8b
	m 5330 check here .	=	b Tax due (Form 5330				9b
	m 8038-CP check here		b Amount of credit p				10b
Part II			ure Authorization of				
Jnder penait	Ities of perjury, I declare	etnat	I am an officer of the a	•		subject to tax with re and that I have exam	• •
of antitud				, (EIN)		and that i have exam	' '
2022 electron complete. I funtermediate acknowledge the date of an (direct debit) retum, and the	further declare that the e service provider, tran lement of receipt or rea any refund. If applicable o entry to the financial in the financial institution to	amount in P smitter, or e son for reje e, I authorize o debit the e	edules and statements, and lart I above is the amount selectronic return originator ection of the transmission, e the U.S. Treasury and its count indicated in the tax pentry to this account. To re	shown on the copy (ERO) to send the (b) the reason for designated Finar preparation softwal voke a payment, I	r of the electronic re return to the IRS rany delay in processial Agent to initial re for payment of the must contact the U	etum. I consent to all and to receive from essing the return or te an electronic fund ne federal taxes owe .S. Treasury Financi	llow my n the IRS (a) an refund, and (c) Is withdrawal Id on this al Agent at
2022 electron complete. I funtermediate acknowledge the date of an (direct debit) return, and the 1-888-353-48 processing of the payment.	further declare that the se service provider, tran tement of receipt or reading refund. If applicable and refunding the financial institution to the financial institution to the electronic paymes. I have selected a persunds withdrawal.	amount in P smitter, or e sson for reje e, I authorize nstitution ac debit the e siness days nt of taxes t	lart I above is the amount selectronic return originator ection of the transmission, at the U.S. Treasury and its count indicated in the tax p	shown on the copy (ERO) to send the (b) the reason for designated Finar preparation softwar voke a payment, I dement) date. I also rmation necessary	of the electronic reference return to the IRS any delay in process and all agent to initiate for payment of the must contact the Up authorize the finate to answer inquiries.	etum. I consent to all and to receive from essing the return or te an electronic fund ne federal taxes owe .S. Treasury Financi ancial institutions invo s and resolve issues	llow my the IRS (a) an refund, and (c) s withdrawal d on this al Agent at blved in the related to
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SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** GREENWAY NETWORK INC 43-1681768 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🗵 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

17a 10%-facts-and-circumstances test - 2022. 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 - 2021. 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 supported 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

EEA

43-1681768

(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 qualify under the tests listed below, please complete Part II.)

	on A. Public Support	() 0040	(1) 0010	() 0000	(D 0004	() 0000	
_	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	41,407	37,027	18,971	10,914	7,492	115,811
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	1,691				7,350	9,041
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	43,098	37,027	18,971	10,914	14,842	124,852
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						124,852
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	43,098	37,027	18,971	10,914	14,842	124,852
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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.)	43,098	37,027	18,971	10,914	14,842	124,852
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(c)(3)
	organization, check this box and stop her	е					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8	, column (f), di	vided by line 1	3, column (f))		15	100.00 %
16	Public support percentage from 2021 Scho	edule A, Part II	I, line 15 .			16	100.00 %
Secti	on D. Computation of Investment Inc	come Percer	itage				
17	Investment income percentage for 2022 (I	ine 10c, colum	n (f), divided b	y line 13, colur	mn (f))	17	0.00 %
18	Investment income percentage from 2021			-		18	0.00 %
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizati	=	-				
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization did	-	_			-	

Schedule A (Form 990) 2022 GREENWAY NETWORK INC Page 4 43-1681768

Part IV **Supporting Organizations**

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

ecti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	NO
•	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i>	30		
4a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4 a		
b	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.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	40		
С	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 $170(c)(2)(B)$			
		4c		
5a	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	answer lines 5b and 5c 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
b	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
•	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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	•		
•	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
-	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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 .	9с		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	3.0		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	, , , , , , , , , , , , , , , , , , , ,	11a		
		11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
		11c		
Section	on B. Type I Supporting Organizations			
	F		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			Г
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	n E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	<u> </u>	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	··· •	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedul	e A (Form 990) 2022 GREENWAY NETWORK INC		43-16817	768	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	gan	izations		
1	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	trus	st on Nov. 20, 1970 <i>(explai</i>	n in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section	s A through	E.
Conti	on A - Adjusted Net Income		(A) Prior Year	(B) Currer	nt Year
Secu	on A - Adjusted Net Income		(A) FIIOI Teal	(option	nal)
1	Net short-term capital gain	1			
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 maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Conti	on B - Minimum Asset Amount		(A) Drier Voor	(B) Currer	nt Year
Secti	on B - Minimum Asset Amount		(A) Prior Year	(option	nal)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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			
6	Distributable Amount, Subtract line 5 from line 4, unless subject to				

emergency temporary reduction (see instructions). ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2022

7

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			3			
4	4 Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	: VI)	5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which						
	(provide details in Part VI). See instructions.	8					
9	9 Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		

10	Line o amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

EEA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 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.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

GREEN	WAY NETWORK INC	43-1681768
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Par		
I UI	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
1		starically impartant land area
		storically important land area
		rtified 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 contribution contribution in the form of a conservation contribution c	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	
	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	1)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	
Part		her Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	7.000.0.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and be	valance sheet works
·u	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	ance of public
h	•	and about works of
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance the interior of transport and transport in the research in further and transport in the research in the research in further and transport in the research in the	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:	Ф
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	n, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	_
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

Par	t III 📗 Orga	nizations Maintaining	Collections o	of Art, His	torical T	reasures, or	r Other Similar A	ssets (co	ontin	ued)
3	Using the orga	anization's acquisition, access	sion, and other rec	ords, check a	any of the fo	ollowing that mak	ce significant use of its			
	collection item	ns (check all that apply):								
а	Dublic exhi	bition		d	Loan o	r exchange prog	ram			
b	Scholarly r	esearch		е	Other					
С	_	on for future generations								_
4	_	cription of the organization's o	collections and exp	olain how the	y further the	e organization's	exempt purpose in Pa	rt		
	XIII.				,	3				
5		ar, did the organization solicit	or receive donation	ns of art. hist	orical treas	ures, or other sir	milar			
		sold to raise funds rather than						. Yes	, r	No
Par		ow and Custodial Arra								
		olete if the organization	•	es" on For	m 990. P	art IV. line 9.	or reported an ar	mount on	Forr	n
		Part X, line 21.			555, .	a, o,	o op o o a a a			••
1a		ation an agent, trustee, custod	lian or other interm	ediary for co	ntributions	or other assets r	not			
	_	orm 990, Part X?		-				Yes		No
b		in the arrangement in Part XI					• • • • • • • • •	🗀 .		,
	п тоо, охра	in the arrangement in rate Ar	n ana complete tri	o ronowing to	DIC.		Δ	mount		
С	Reginning hal	ance					1c	mount		
d		ng the year					1d			
		luring the year					1e			
e f							1f			
2a	•	zation include an amount on F						. Yes		No
	_	in the arrangement in Part XI] NO
Par		wment Funds.	II. CHECK HEIE II III	е ехріапаціо	THAS DEEN	provided on Fair				
i ai		olete if the organization	answered "Ve	e" on For	m 99∩ P	art IV/ line 10)			
	COM	oloto ii tilo organization	(a) Current year		ior year	(c) Two years bac		k (e) Four	voore	hack
1a	Reginning of v	vear balance	(a) Current year	(5)	ioi yeai	(c) Two years bac	(u) Three years back	(e) 1 oui	years	Dack
b										
		nt earnings, gains, and								
С										
4		olorobino								
d		olarships								
е	•	tures for facilities and								
	. •									
f		expenses								
g	-	alance				\				
2		stimated percentage of the cul	•	ance (line 1g	column (a))) neid as:				
a	•	ated or quasi-endowment	<u> </u>							
D		idowment%	0							
С	Term endown		. 4000/							
0-		ges on lines 2a, 2b, and 2c sho					d			
3a		owment funds not in the poss	session of the orga	inization that	are neid ar	na aaministerea t	or the			NI -
	organization b	•						a (1)	Yes	No
	**	organizations						3a(i)		
	` '	rganizations						_ ` _		
b		e 3a(ii), are the related organi						. 3b		
4 Do:		art XIII the intended uses of the		endowment for	ınds.					
Par		, Buildings, and Equipole		o" on For	~ 000 D	ort IV / line 11	la Cas Farm 000	Dort V	ina 1	10
		olete if the organization								
	Des	scription of property	(a) Cost or		1 ' '	r other basis	(c) Accumulated	(d) Boo	< value	
	Land		,	stment)	+ (other)	depreciation			
1a		• • • • • • • • • • • • • • • • • • • •			+					
b					+					
C	Leasehold imp				-					
d	_ : '	• • • • • • • • • • • • • • • • • • • •			-					
e				D() / /	(D) "	40-1				
ı otal.	Add lines 1a th	rough 1e. (Column (d) must	equai Form 990, i	∼art x, colur	nn (B), line	1UC.)				

Schedule D (For	Investments - Other Securities.					3-1681768	Page
711	Complete if the organization answered "Ye	es" on Form	990, Part	IV, line	11b. See For	m 990, Part X, li	ne 12.
	(a) Description of security or category (including name of security)		(b) Book val	ue	, ,	Method of valuation: end-of-year market value	
(1) Financial	derivatives						
(2) Closely-he	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.).						
Part VIII	Investments - Program Related.						
	Complete if the organization answered "Ye	es" on Form	990, Part	IV, line	11c. See Fori	m 990, Part X, li	ne 13.
	(a) Description of investment		(b) Book val	ue	` '	Method of valuation: end-of-year market value	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX	Other Assets.						
	Complete if the organization answered "Ye	es" on Form	990, Part	IV, line	11d. See For	m 990, Part X, li	ne 15
	(a) Descripti	tion				(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
$\overline{}$	n (b) must equal Form 990, Part X, col. (B) line 15.)						
Part X	Other Liabilities.						
	Complete if the organization answered "Yoline 25.	es" on Form	990, Part	IV, line	11e or 11f. Se	ee Form 990, Pa	art X,
1.	(a) Description of liability	(b) Book val	ue				
-	ncome taxes						
(2)							
(3)							
(4)							
(5)							
(6)							

(a) Description of habiting	ty	(b) Dook value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Pa	art X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part		-	Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (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	
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art 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		
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	
Part	XIII Supplemental Information.			
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	nes 1b and 2b; Part V, line 4; F	Part X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	/ additional information.		

EEA Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public

Inspection Employer identification number

77 FF	NWAY NETWORK INC					43-168	1768
Part		Complete if th	ne organiza	ation answ	vered "Yes" on F		
. u.,	Form 990-EZ filers are not	•	•		100 0111	om ooo, r arriv,	
1					ies. Check all that a	pply.	
а	Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants						
b	Internet and email solicitations		f		of government gran	-	
С	Phone solicitations		g		draising events		
d	☐ In-person solicitations		5 L	g openiaa	araioning oronic		
2a		oral agreement w	ith any indivi	dual (includin	a officers, directors	trustees.	
						Yes No	
b	b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be						
	compensated at least \$5,000 by the o	,	, [
	•	· ·					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3							
	registration or licensing.						

Part II

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

		gross receipts greater than	\$5.000.			
		3 1 3	(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				
ď	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
səsue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lin	•			
Da	11 rt III	Net income summary. Subtract lin Gaming. Complete if the or				ore then
Га	1111	\$15,000 on Form 990-EZ, li		ies on Folli 990, Fait i	v, line 19, or reported in	iore triair
		· · · · ·				
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross ravanua	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
	3	Cash prizes		bingo/progressive bingo		
	2 3 4	Cash prizes	(a) Bingo Yes % No	bingo/progressive bingo	(c) Other gaming Yes % No	
	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	☐ Yes%	
	2 3 4 5	Cash prizes	Yes % No es 2 through 5 in column (bingo/progressive bingo Yes % No	☐ Yes % ☐ No	
	2 3 4 5 6 7 8	Cash prizes	Yes % No es 2 through 5 in column (bingo/progressive bingo Yes % No Dlumn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No es 2 through 5 in column (ubtract line 7 from line 1, co	bingo/progressive bingo Yes % No d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes	Yes % No es 2 through 5 in column (ubtract line 7 from line 1, co	bingo/progressive bingo Yes % No No blumn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes	Yes % No es 2 through 5 in column (ubtract line 7 from line 1, co	bingo/progressive bingo Yes % No No blumn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes	Yes % No es 2 through 5 in column (ubtract line 7 from line 1, co	bingo/progressive bingo Yes % No No blumn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Cash prizes	Yes % No es 2 through 5 in column (ubtract line 7 from line 1, column cation conducts gaming act gaming activities in each	bingo/progressive bingo Yes % No d)	Yes % No ne tax year?	col. (a) through col. (c))

EEA Schedule G (Form 990) 2022

990		Overflow Statement (This page is not filed with the return. It is for your records only.)	202	22 Page 1
ame(s) as shown on return		· · · ·	FEIN	
REENWAY NE	TWORK	INC		43-1681768
<u> </u>	IWOICIC	TIVC		15 100170

Description		Amount
DONATIONS	\$\$	7,492
	Total: \$	7,492

Description	Amount
PRG PROJECT STORAGE	\$ 2,379
PRG STREAM	620
PADDLE MO MUSIC	250
Total:	\$ 3.249

SCHEDULE O (Form 990)

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

43-1681768 GREENWAY NETWORK INC 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