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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009 Open to Public

Form **990** (2009) **5**

inter	nai Revenue	Service The organization may have to use a copy of this return to satisfy sta	ne reporting requi	rements	inspection
<u>A</u>	For the 200	9 calendar year, or tax year beginning , and ending			
В	Check if applica			D Empl	oyer identification number
X	Address chang	use IRS CHAD GREENWAY FOUNDATION			
	Name change	print or Doing Business As	_	26-	1782419
	v	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepi	none number
\sqcup	Instal return	See 574 PRAIRIE CENTER DRIVE, #287			
	Termination	Specific		G Gross rec	eipts\$ 92,056
	Amended return			0.000.00	,
\equiv		F. Nava and address of average of fine		H(a) is this	a group return for
	Application per	CHAD GREENWAY		affiliat	
		CIMD CICIONAL		H(b) Are al	l affiliates
				includ	04.
			.	IT NO.	attach a list (see instructions)
	Tax-exempt			1	
	Website •				exemption number
*****	************	zation X Corporation Trust Association Other ▶ L	Year of formation 2	800	M State of legal domicile
_ <u>P</u>	art I	Summary			
		fly describe the organization's mission or most significant activities			
0	T	he Chad Greenway "Lead the Way" Foundation aims to g	enerate re	venue	to
3	P	rovide aid to local athletics and disadvantaged or d	isabled ch	ildren	who
· 🖍	r	eside in South Dakota, Minnesota and Iowa.			
	2 Che	ck this box if the organization discontinued its operations or disposed of more than	25% of its net as:	sets	
⊸ §	3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	4
(N)	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		4	
OCANNED DEC 03 2010 us Activities & Governance	F Total			5	
∩કે	5 Tota	I number of employees (Part V, line 2a)		6	
III ₹	6 Tota	I number of volunteers (estimate if necessary)			
2	7a Tota	Il gross unrelated business revenue from Part VIII, column (C), line 12		7a	
Ş	b Net	unrelated business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year
3	o Con	tributions and grants (Part VIII, line 1h)		9,877	49,000
2 9	8 Con	tributions and grants (Part VIII, line 1h)		9,011	43,010
Revenue	· •	gram service revenue (Part VIII, line 2g)			
Š	l .	stment income (Part VIII, column (A), lines 3, 4, and 7d)		7 076	46
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,976	00.056
	12 Tota	I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,853	92,056
	13 Grai	nts and similar amounts paid (Part IX, column (A), lines 1–3)	4	0,000	22,508
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)			
S	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
nses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)			
Expe	b Tota	I fundraising expenses (Part IX, column (D), line 25) ▶ 31,795			
ũ	17 Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3	7,050	39,188
	18 Tota	enue less expenses Subtract line 18 from line 12 RECEIVED	7	7,050	61,696
	19 Rev	enue less expenses Subtract line 18 from line 12 RECEIVED		803	30,360
20 8			Beginning of Cu	rrent Year	End of Year
sets	20 Tota	Il assets (Part X, line 16)		803	31,163
ASS	21 Tota	Il liabilities (Part X, line 26)			
Net Assets or Fund Balances	22 Net	assets or fund balances Subtract line 21 from line 20		803	31,163
	art II	Signature Block OGDEN UT			<u>.</u>
		Under penalties of perury, I declare that I have examined this return, including accompanying schedul	es and statements.	and to the be	est of my knowledge
		and belief, it strug forrest, and complete Declaration of preparer (other than officer) is based on all i	nformation of which	preparer has	s any knowledge
Sig	ın			- 1 1/	. 1/1 ./0
He		Signature of officer		Date	- 10 L
110	16		IDENT	Date	
	Ì				
_		Type or print name and title			Preparer's identifying number
Pa	id	Preparer's Delivorated Zimmen Date	Check self-	. If	(see instructions)
		signature Deborah J. Zimmerman 11/	10/10 emplo	yed ▶	P00546420
	eparer's	Firm's name (or yours Keith & Associates, LLC		EIN	>
US	e Only	rf self-employed), 715 Bakewell St		Phone	
		address, and ZIP + 4 Covington, KY 41011		no D	859-261-6800
Mav	the IRS d	scuss this return with the preparer shown above? (see instructions)			X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	rt III State	ment of Program S	Service Accompl	ishments			
1	Briefly describe the	he organization's missio	n				
T	he Chad G	reenway "Le	ad the Way"	Foundation a	aims to	generate	revenue to
					aged or	disabled	children who
r	eside in	South Dakot	a, minnesot	a and lowa.			
	B.145			a disease the sease which is	ara not hatad a	<u> </u>	
2			icant program service	s during the year which w	ere not listeu o	[1	Yes X No
	the prior Form 99		Sahadula O				165 22 10
•	•	these new services on		nges in how it conducts, a	any program		
3		ion cease conducting, o	make significant cha	inges in now it conducts, a	ariy program		Yes X No
	services?	those shanges on Sch	odulo O				
		these changes on Scho		ganization's three largest p	orooram service	es hy eynenses	
4				7(a)(1) trusts are required			1
				or each program service re		mount of granto and	•
	anocations to our	ers, trie total expenses,	and revenue, it any, it	or each program service in	Сропси		
42	(Code.) (Expenses \$	22 508 m	cluding grants of \$	22.5	08) (Revenue	\$)
		, , , , , , , , , , , , , , , , , , ,		Foundation	•		
							children who
		South Dakot			agea or	arbabica	OHITTATOH WHO
_	eside III	South Dakot	a, mimesoc	a and lowa.			
		- •					
4h	(Code) (Expenses \$	ın	cluding grants of \$) (Revenue	\$
40	(Code) (Expenses ψ	•••	ordaning grants or w		, (1.000,100	,
4c	(Code) (Expenses \$	ır	cluding grants of \$) (Revenue	\$)
	(5555)) (<u></u>		and an area of the second of t		, (,
<i>A</i> -1	Other program as	ervices (Describe in Sci	redule O \				
40	(Expenses \$		nedule O) including grants of S) (Revenue	s \$	1
40		ervice expenses	27,3			· Ψ	1

Pa	rt 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		X
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,"	•		
0	complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
		9		x
40	complete Schedule D, Part IV	3		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	10		x
44	quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	-10		
11	· · · · · · · · · · · · · · · · · · ·	11		x
	VII, VIII, IX, or X as applicable			
•	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 related 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	12	<u> </u>	X
404	Schedule D, Parts XI, XII, and XIII	14	 	<u> </u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No if "Yes." completing Schedule D. Parts XI. XII. and XIII is optional 12A X			
40	The post of the po	13	İ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	446	İ	X
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		v
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-	ĺ	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			•
	If "Yes," complete Schedule G, Part III	19	 	X
20	Did the organization operate one or more hospitals? If "Yes " complete Schedule H	20	i	X

Form 990 (2009) CHAD GREENWAY FOUNDATION Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 X 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X employees? If "Yes," complete Schedule J 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 X 24b through 24d and complete Schedule K. If "No," go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III 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): 28a X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L. Part IV 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, 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III. IV. and V. line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 36 organization? If "Yes," complete Schedule R, Part V, line 2 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, X 37 Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

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X

38

_Pa	art 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	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	portable			v
	gaming (gambling) winnings to prize winners?	I	1c		X
2a					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
_	instructions)	a to			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	э бу	3.		x
	this return?		3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	u thorse	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·			ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	andai	40		x
L	account)?		_4a		-
b	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 F	Rank			
	and Financial Accounts	Jairk			
E 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega		JD		
C	Prohibited Tax Shelter Transaction?	aran ig	5c		
6a		e	100		
oa	organization solicit any contributions that were not tax deductible?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
-	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods			
	and services provided to the payor?		7a		
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 wa	S			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a po	ersonal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
	required?		7h	ļ	ļ
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		ļ
9	Sponsoring organizations maintaining donor advised funds.				•
а	Did the organization make any taxable distributions under section 4966?		9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	<u> </u>	├
10	Section 501(c)(7) organizations. Enter	المدا			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter	ا مدا			
a	Gross income from members or shareholders	11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
40	amounts due or received from them)	11b	1	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	1	1

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

	Scriedule O. See instructions.					
Sec	tion A. Governing Body and Management				,	,
					Yes	No
1a	Enter the number of voting members of the governing body	1a	_4	_		
b	Enter the number of voting members that are independent	1b		_ :		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its 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		<u> </u>
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					
а	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
	tion B. Policies (This Section B requests information about policies not required by the I	nterna	al			
Kev	renue Code.)				1 1	
					Yes	No
	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			١.,		v
	form?			11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			4.0	77	
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	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			120	1	
·	describe in Schedule O how this is done			12c		X
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
 I 5	Did the process for determining compensation of the following persons include a review and approval by			17		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			.02		
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			.50		
~	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		
Sec	tion C. Disclosure			, , , , ,	!	
7	List the states with which a copy of this Form 990 is required to be filed None					-
8	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					
	Our unbesta					

Own website Another's website X Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ▶ **JEFF GINN** 73 CAVALIER BLVD

KY 41042

859-448-3430

FLORENCE

DAA

Form **990** (2009)

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

X Check this box if the organization	n did not compe	nsat	e an	y cur	rent	offic	<u>er, d</u>	firector, or trustee	r	
(A) Name and Title	(B) Average	(C) Position (check all that apply)				that a	ا	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	individual trustee or director		Officer	Key employee	Highest compensated employee		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
CHAD GREENWAY										
DIRECTOR	1.00	X	L	X				0	0	0
JENNIFER GREENWAY										
DIRECTOR	1.00	X	<u> </u>	X				. 0	0	0
ALAN GREENWAY			ŀ							
DIRECTOR	1.00	X		X				0	0	0
DAVID MARTIN										
DIRECTOR	2.00	X		X	<u> </u>		<u> </u>	0	0	0
					\vdash				!	
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Form 990 (2009) CHAD GREENWAY FOUNDATION

Part	VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)		
	(A) (B) (C) Name and Title Average Position (check all that apply								acomponentian	(E) Reportable compensation	(F) Estimated amount of	
	•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other other compensation from the organization and related organizations	
	·····											
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	· · · · · · · · · · · · · · · · · · ·											
			-									
1b 7	Fotal	<u> </u>		I	1	L						
	Total number of individuals (in eportable compensation from	-			thos	e lıs	ted a	bov	e) who received more than	\$100,000 in		
3 [4 F	Old the organization list any fo employee on line 1a? If "Yes," For any individual listed on line the organization and related o	ormer officer, dire complete Schede e 1a, is the sum	ector dule of re	r or t J for	suci able	h ind	lividi ipens	ıal satıo	on and other compensation	from	Yes 3	No X
5 [ndividual Did any person listed on line 1	la receive or acc	rue (comp	ens	atıor	n fror	n an	ny unrelated organization fo		4	X
	services rendered to the organ on B. Independent Contract		" cor	nple	te So	chec	lule .	J for	such person		5	X
1 (Complete this table for your fix compensation from the organic	ve highest comp	ensa	ited i	ndep	pend	ient d	conti	ractors that received more	than \$100,000 of		
		(A) business address							Descrip	(B) tion of services	(C) Compensati	JON
								-				
						_						
		<u>-</u>										
	Total number of independent of more than \$100,000 in compe		_				ed to	tho	se listed above) who receiv	ved		
DAA	nore man a rou, oou in compe	msauon nom the	orga	ai IIZ	uon	_					Form 990	(2009)

Pa	rt V	Statement of Revenue of Revenu	nue					
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			, ,			revenue		512, 513, or 514
nts	1a	Federated campaigns	1a					
gra	b	Membership dues	1b		1			
an,	C	Fundraising events	1c					
ar ar	d	Related organizations	1d					
ns,	е	Government grants (contributions)	1e					
er s	f	All other contributions, gifts, grants,	1					
호칭		and similar amounts not included above	1f	49,000				
E P	g	Noncash contributions included in lines 1a-	1f :	5				
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a-1f		•	49,000			
ue				Busn. Code				
ven	2a	GOLF TOURNAMENT			30,000	30,000		
Re	b	FOOTBALL CAMP			13,010	13,010		
vice	С							
Ser	d							
am	е							
ogr	f	All other program service reve	nue					
Pr	g	Total. Add lines 2a-2f		>	43,010			
	3	Investment income (including	dıvıder	ids, interest, and				
		other similar amounts)		▶	46	46		
	4	Income from investment of tax	-exem	pt bond proceeds ►				
	5	Royalties		<u> </u>				
		(ı) Real		(II) Personal			,	
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
	d 7a	Net rental income or (loss) Gross amount from (1) Securities		<u> </u>				
	1 a	sales of assets (i) Securities	3	(II) Other				
i		other than inventory						
	b	Less cost or other						
		basis & sales exps						
		Gain or (loss)						
			. 1					
e	8a	Gross income from fundraising eve	nts					
Other Revenue		(not including \$						
Re Ç		of contributions reported on line 1c						
ē		See Part IV, line 18	a					
5		Less direct expenses	b					
		Net income or (loss) from fund		events				
	9a	Gross income from gaming activities						
		See Part IV, line 19	a	-				
		Less direct expenses	b					
		Net income or (loss) from garr	ing ac	tivities				
	TVA	Gross sales of inventory, less	_					
		returns and allowances	a b					
	ı	Less: cost of goods sold	-	ventory				
	_ <u>c</u>	Net income or (loss) from sale Miscellaneous Revenue		Busn Code				
	11a			22311 0006		•		
	TTa b							
	d	All other revenue			-			
	e	Total. Add lines 11a–11d						
	12	Total Revenue. See instruction	ns	• 1	92,056	43,056	0	0

Form 990 (2009) CHAD GREENWAY FOUNDATION

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizators in the U.S. See Part IV, Ine 22 Grants and other assistance to individuals in the U.S. See Part IV, Ine 22 Grants and other assistance to individuals in the U.S. See Part IV, Ine 22 Grants and other assistance to individuals in U.S. See Part IV, Ine 22 Grants and other assistance to individuals in U.S. See Part IV, Ine 25 Grants and other assistance to governments, organizators, and individuals outside the U.S. See Part IV, Ine 25 Grants and the Key employees Grants and the Wey employees Grants and	Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
Canals and other assistance to modividuals in the U.S. See Part IV, Ine 22 22,508 22,508	7b,	8b, 9b, and 10b of Part VIII.	Total expenses			
2 Grants and other assistance to individuals in the U.S. See Part IV, Inc. 12 and 16 2 Benefits paid to or for members 3 Compensation of current officers, directors, trustees, and key employees 4 Compensation or included above to dequalified persons (excited assistance) and the persons described in acction 4958/(ft/l) and persons described in acction 4958/(ft/l) and persons described in acction 4958/(ft/l) and persons described in acction 4958/(ft/l) and persons described in acction 4958/(ft/l) and persons described in acction 4958/(ft/l) and persons described in acction 4958/(ft/l) and persons described in acction 4958/(ft/l) and section 495	1	Grants and other assistance to governments and				
the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits part IV, lines 15 and 16 Benefits part of or for members Compensation of current officers, directors, trustees, and key employees Couprisson and individuals outside the U.S. See Part IV, lines 16 Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of trustees and vages Person plan combistions (include section 401(k) and section 403(k) employer contributions) Other employee benefits Considering and promotions Compensation of trustees and vages Payments of trustees and promotion Compensation of trustees and promotion Compensation of trustees and promotion Compensation technology Compe		organizations in the U.S. See Part IV, line 21	22,508	22,508		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits pact to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of undered disove, to disqualified persons (as defined under section 4550(f(1)) and	2	Grants and other assistance to individuals in				
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U. S. See Part IV, lines 15 and 16 Benefits paid to or for membrars Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 49580/(17)) and persons described in section 49580/(17) and persons described in section 49580/(17) and persons described in section 49580/(17) and persons described in section 49580/(17) and persons described in section 49580/(17) and persons described in section 49580/(17) and persons described in section 49580/(17) and persons described in section 49380/(17) and section 49380/(17) an	3	Grants and other assistance to governments,				
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26 Joint costs. Check here ▶ ☐ If following		·	61 606	27 260	0 500	21 705
			01,696	21,368	2,533	31,795
	26					
organization reported in column (B) joint costs		organization reported in column (B) joint costs				
from a combined educational campaign and		from a combined educational campaign and				
fundraising solicitation Porm 990 (2009)	DAA	rundraising solicitation				Form 990 (2000)

art)	K Balance Sheet		(A)		(B)
1			Beginning of year		End of year
1	Cash—non-interest bearing		803	1	15,576
2	Savings and temporary cash investments			2	15,587
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, director			- 1	
	employees, and highest compensated employees. Co	omplete Part II of			
1	Schedule L			5	
6	Receivables from other disqualified persons (as defin	ed under section			
	4958(f)(1)) and persons described in section 4958(c)((3)(B) Complete	1		
	Part II of Schedule L			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a			
Ь	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	e 34)	803	16	31,163
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 I	V of Schedule D		21	
22					
	employees, highest compensated employees, and di				
1	persons Complete Part II of Schedule L			22	
23		hird parties		23	
24	Unsecured notes and loans payable to unrelated third			24	
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25			26	
+	Organizations that follow SFAS 117, check here ▶	X and			
27 28 29	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		803	27	31,163
28	Temporarily restricted net assets			28	
29	• •			29	
-	Organizations that do not follow SFAS 117, check	here •			
	and complete lines 30 through 34.				
30			į	30	
31		nent fund		31	
				32	
32	Total net assets or fund balances	e, or other fullus	803		31,163
33	Total liabilities and net assets/fund balances		803		31,163

Form **990** (2009)

orm	990 (2009) CHAD GREENWAY FOUNDATION 26-1782419		Pag	ge 12
	rt XI Financial Statements and Reporting			
	,		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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 in			
	Schedule O.			
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
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 in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	n 990	(2009)

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

Open to Public Inspection

Name of the organization

Employer identification number

		CHAD GREENWA	Y FOUNDATION					26-	-T / 8	<u> 2419</u>			
Part	Reas	on for Public Charity	Status (All organizations	must c	complet	e this	part.) S	See in	struct	tions.			
The org	anization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check only	one box)							
1	A church, co	nvention of churches, or ass	ociation of churches described i	ın section	170(b)(1)(A)(i).							
2	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	A hospital or	a cooperative hospital servi-	ce organization described in sec	ction 170	(b)(1)(A)(i	iii).							
4	A medical re	search organization operated	d in conjunction with a hospital o	described	ın sectio	n 170(b)	(1)(A)(ii	ii). Ente	r the ho	ospital'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	_		overnmental unit described in s	ection 17	0(b)(1)(A)(v).							
7	٦		substantial part of its support fro				rom the	genera	l public	;			
	described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	7		70(b)(1)(A)(vi) (Complete Part	II)									
9	An organizat	ion that normally receives: (1) more than 33 1/3 % of its sup	port from	contributi	ons, me	mbersh	ıp fees,	and gre	oss			
	receipts from	activities related to its exem	npt functions—subject to certain	exceptio	ns, and (2	2) no mo	re than	33 1/3 9	% of its				
	support from	gross investment income ar	nd unrelated business taxable in	come (les	ss section	511 tax) from b	usiness	ses				
	acquired by t	the organization after June 3	0, 1975 See section 509(a)(2).	(Comple	te Part III)							
10	An organizat	ion organized and operated	exclusively to test for public safe	ety See s	ection 50	9(a)(4).							
11	An organizati	on organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	•				
	purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2) See	section	1			
	509(a)(3). Ch	neck the box that describes t	he type of supporting organization	on and co	mplete lir	nes 11e	through	11h					
_	_ a 🔲 Type	el b Typell	c Type III–Functions	ally integr	ated	d [Тур	e III-Ot	her				
е	By checking	this box, I certify that the org	janization is not controlled direct	tly or ındır	ectly by o	ne or m	ore disq	ualified					
	persons othe	r than foundation managers	and other than one or more pub	olicly supp	orted org	anızatıo	ns desc	rıbed ın	section	ו			
	509(a)(1) or s	section 509(a)(2)											
f	If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II, o	or Type	III suppo	orting					
	organization,	check this box											
g	Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne							
	following per	rsons?											
	(i) A person	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (II)					Yes	No
	and (III)	below, the governing body o	f the supported organization?								11g(i)		
	(ii) A famıly	member of a person describ	bed in (i) above?								11g(ii)		
	(iii) A 35% d	controlled entity of a person of	described in (i) or (ii) above?								11g(iii)		
h	Provide the	following information about t	he supported organization(s)						-		_		
	me of supported	(iı) EIN	(III) Type of organization		organization		ou notify		s the	(\	/ii) Amo		
0	rganization		(described on lines 1-9 above or IRC section		sted in your document?		iization in of your	organızat (ı) organı	zed in the		supp	οπ	
			(see instructions))		1		oort?		Sγ				
				Yes	No	Yes	No	Yes	No		_		
				ł						ł			
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21	6 –	1	7	R	2	Δ	1	g

Page 2

Pa	rt II Support Schedule for Or)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you che						
	tion A. Public Support			·			
Cal	endar 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 line 4			<u></u>			
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instructions)	š	<u> </u>	1	1	2
13	First five years. If the Form 990 is for the			urth or fifth tax ve	ar as a section 50°		
13	organization, check this box and stop her		., 0000110, 011110, 10	a.c., o tax , o		-(-/(-/	▶ [
Sec	tion C. Computation of Public Su		tage				
14	Public support percentage for 2009 (line 6			nn (f))		1	4 %
15	Public support percentage from 2008 Sch			.,,		1	5 %
16a	33 1/3 % support test—2009 If the organ			13, and line 14 is	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies						▶ [
b	33 1/3 % support test-2008. If the organ				15 is 33 1/3 % or i	nore, check this	5
	box and stop here. The organization quali						▶ [
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums"	acts-and-circumsta	ances" test, check	this box and stop	here. Explain in P	art IV how the	> [
b	10%-facts-and-circumstances test—200						6 or
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						P
18	Private foundation. If the organization did	I not check a box	on line 13, 16a, 16	8b, 17a, or 17b, ch	eck this box and se	ee instructions	▶
					90	hodulo A (Eorm	990 or 990-F7) 200

Page 3

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

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)		<u>-</u>	
	tion A. Public Support			T	1		
Cal	lendar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						<u>u</u> -
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
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	-			<u> </u>		
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		4 > 0000	4 > 0007	(1) 0000	() 0000	(D. Takal
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						_
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>			<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	>
Sec	tion C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2009 (line 8	, column (f) divide	d by line 13, colun	nn (f))		15	%
<u>16</u>	Public support percentage from 2008 Sch					16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2009 (I	ine 10c, column (f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2008					18	%
19a	33 1/3 % support tests—2009. If the orga						
	17 is not more than 33 1/3 %, check this b		=				. ▶ ∟
b	33 1/3 % support tests—2008. If the orga						
••	line 18 is not more than 33 1/3 %, check t		=				
20	Private foundation. If the organization did	i not check a box o	<u>on line 14, 19a, or</u>	190, check this bo	ix and see instruct	IUIIS	<u>- </u>

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Schedule A (Form 990 or 990-EZ) 2009 CHAD GREENWAY FOUNDATION 26-1782419

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2009

Name of the organization CHAD CREENWAY FOLINDATION	ATTON				Employer 26-17	Employer identification number 26–1782419	er	
Part General Information on Grants and Assistance	Assistance							
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	e amount of the g ce? itoring the use of	rants or as grant funds	sistance, the grantees' in the United States	its or assistance, the grantees' eligibility for the grants or assistance, and int funds in the United States	s or assistance, an	Q	X Yes	₽
Œ	vernments ar cipient that re if additional s	d Organ ceived n space is	izations in the Ur nore than \$5,000. needed	nited States. Com Check this box if	iplete if the org no one recipie	janization ansv int received mo	vered "Yes" to ore than \$5,000. Us	 Δ υ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ŧ
MOUNT VERNON PUBLIC SCHOOLS 500 NORTH MAIN STREET								
MOUNT VERNON SD 57363		GOV	20,000					
								:
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	organizations							

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

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26-1782419

Schedule I (Form 990) 2009 CHAD GREENWAY FOUNDATION

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Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CHAD GREENWAY FOUNDATION

Employer identification number 26-1782419

Form 990, Part III, Line 4d - All Other Achievements

The Chad Greenway "Lead the Way" Foundation aims to generate revenue to provide aid to local athletics and disadvantaged or disabled children who reside in South Dakota, Minnesota and Iowa.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public