

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

OMB No 1545-1709

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions	
	<b>Green Valley Recreation, Inc</b>	Employer identification number (EIN) or	<b>23-7185629</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
	<b>PO Box 586</b>		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	<b>Green Valley, AZ 85622</b>		

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **CHERYL MOOSE, PO BOX 586, Green Valley, AZ 85622**

Telephone No. ► **520-625-3440** FAX No. ► **520-625-2352**

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11-15**, 20**18**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 **17** or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Return of Organization Exempt From Income Tax

2017

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning, 2017, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization Green Valley Recreation, Inc. D Employer identification no. 23-7185629. E Telephone number (520) 625-3440. G Gross receipts \$ 11,387,598.

I Tax-exempt status: 501(c)(3), 501(c)(4), 4947(a)(1) or 527. J Website: www.gvrec.org. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

K Form of organization: Corporation, Trust, Association, Other. L Year of formation: 1972. M State of legal domicile: AZ.

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, number of members, total revenue, total expenses, and net assets.

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.

Sign Here: Signature of Cheryl Moose, CFO. Date.

Paid Preparer Use Only: Print/Type preparer's name Scott R Meyer CPA, Preparer's signature, Date 05-31-2018, Check self-employed, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: To promote the common good and general welfare of its members through the operation and maintenance of recreational and social facilities and the sponsorship of cultural, educational and civic activities of the senior community of Green Valley, AZ

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 7,644,525 including grants of \$ ) (Revenue \$ 747,359 ) Provided recreational, cultural, educational and social opportunities to enhance the fitness and lives for the 13,504 member households of Green Valley, AZ

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 7,644,525

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		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 . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> 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 . . . . .		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
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 . . . . .		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 . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b	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 . . . . .	X	
c	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 . . . . .		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI . . . . .		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		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 . . . . .	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? . . . . .		X
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 . . . . .		X
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 . . . . .		X
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 . . . . .		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		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 . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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 to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part 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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 103, 0, 132, 132).

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

Check if Schedule O contains a response or note to any line in this Part VI

Input box with 'X' checked

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Arizona
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in 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: -> CHERYL MOOSE (520) 625-3440, PO BOX 586, Green Valley, AZ 85622

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bob Allen Treasurer	4.00	X		X				0	0	
(2) Don Lathrop Director	2.00	X						0	0	
(3) Lance Heise Secretary	3.00	X		X				0	0	
(4) Jim Nelson President	5.00	X						0	0	
(5) Kathy Palese Vice-President	2.00	X		X				0	0	
(6) Donna Coon Asst Secretary	2.00	X		X				0	0	
(7) Denise Nichols Director	2.00	X						0	0	
(8) Tom Sadowski Director	2.00	X						0	0	
(9) Roger Myers Asst Treasurer	2.00	X		X				0	0	
(10) David Messick Director	2.00	X						0	0	
(11) Tim Stewart Director	2.00	X						0	0	
(12) Carol Crothers Director	2.00	X						0	0	
(13) Kent Blumenthal CEO	50.00				X			0	0	
(14)							142,605	0	0	



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							142,605	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII** Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues	6,627,415				
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	3,332,393				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		9,959,808			
Program Service Revenue	2a <u>Recreational programs</u>		Business Code 713990	747,359	747,359		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		747,359			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		643,898		643,898	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		b	Less: rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a			
		b	Less: direct expenses	b			
c		Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19		a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances		a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11a	<u>Miscellaneous</u>	713990	36,533	36,533			
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		36,533				
12	<b>Total revenue.</b> See instructions		11,387,598	783,892	0	643,898	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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 . . . . .	142,605	94,084	42,951	5,570
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 . . . . .	3,331,130	2,684,664	637,842	8,624
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	106,971	85,577	20,966	428
9 Other employee benefits . . . . .	628,776	501,049	125,467	2,260
10 Payroll taxes . . . . .	271,704	217,363	53,254	1,087
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .	133,672	82,304	50,685	683
c Accounting . . . . .	8,000	5,200	2,400	400
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.) . . . . .	649,103	649,103		
12 Advertising and promotion . . . . .	5,572	2,393	3,115	64
13 Office expenses . . . . .				
14 Information technology . . . . .	22,214	20,163	2,010	41
15 Royalties . . . . .				
16 Occupancy . . . . .	1,465,194	1,439,975	24,715	504
17 Travel . . . . .	20,373	15,747	4,533	93
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	29,221	23,910	5,205	106
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	1,262,126	1,072,806	185,534	3,786
23 Insurance . . . . .	222,303		220,836	1,467
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Operating supplies</b> . . . . .	293,221	256,117	36,362	742
b <b>Event supplies</b> . . . . .	52,263	46,746	5,407	110
c <b>Communications</b> . . . . .	78,355	66,008	12,100	247
d <b>Bank/CC/Payroll process fees</b> . . . . .	90,855	51,269	38,794	792
e All other expenses . . . . .	492,568	330,047	156,270	6,251
25 <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	9,306,226	7,644,525	1,628,446	33,255
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> 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
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	4,183,637	2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	93,754	4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete 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	155,699	9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,533,507	
	b	Less: accumulated depreciation	10b 18,846,580	
	11	Investments - publicly traded securities	16,348,308	10c 16,686,927
	12	Investments - other securities. See Part IV, line 11	1,338,825	11 781,936
	13	Investments - program-related. See Part IV, line 11	6,032,255	12 9,492,985
	14	Intangible assets		13
	15	Other assets. See Part IV, line 11		14
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	28,152,478	16 31,798,056	
Liabilities	17	Accounts payable and accrued expenses	298,985	17 409,922
	18	Grants payable		18
	19	Deferred revenue	3,106,536	19 4,559,805
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	3,405,521	26 4,969,727
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	28	Unrestricted net assets	24,746,957	27 26,828,329
	29	Temporarily restricted net assets		28
		Permanently restricted net assets		29
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	<b>Total net assets or fund balances</b>	24,746,957	33 26,828,329	
34	<b>Total liabilities and net assets/fund balances</b>	28,152,478	34 31,798,056	

**Part 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	11,387,598
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,306,226
3	Revenue less expenses. Subtract line 2 from line 1	3	2,081,372
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,746,957
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,828,329

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

EEA

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

2017

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 Valley Recreation, Inc

23-7185629

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(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 statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows 1c-1f.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) Certificates of Deposit	1,794,984	FMV
(B) Municipal bonds	2,320,405	FMV
(C) Corporate bonds	1,849,146	FMV
(D) Government and agency securities	741,678	FMV
(E) Money market funds	2,786,772	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	9,492,985	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.





**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Green Valley Recreation, Inc

Employer identification number  
23-7185629

**01. Members or stockholder classes and rights (Part VI, line 6)**

Many residents of Green Valley, AZ are retired seniors and members of GVR.

**02. Member election for additional members (Part VI, line 7a)**

The members of GVR elect the incoming board members on an annual basis.

**03. Governing body decisions (Part VI, line 7b)**

Certain major decisions, such as bylaw amendments, are available to be voted upon by all  
GVR members.

**04. Form 990 governing body review (Part VI, line 11)**

The Chair of the Audit Committee receives a draft of the 990 before it is filed for review  
on behalf of the entire board.

**05. Conflict of interest policy compliance (Part VI, line 12c)**

All board members are required to sign a code of conduct (conflict of interest) policy and  
also report any changes to the board at any board meeting.

**06. CEO, executive director, top management comp (Part VI, line 15a)**

Salary surveys are obtained by the board of other similar size nonprofit entities to  
determine the compensation package of the executive director.

**07. Governing documents, etc, available to public (Part VI, line 19)**

Upon written or physical request to the administrative office, any of these documents are  
made available for public inspection.

Name of the organization

Employer identification number

Green Valley Recreation, Inc

23-7185629

08. List of other fees for services expenses (Part IX, line 11g)

PROGRAM INSTRUCTORS AND PERFORMERS \$649,103

09. List of other expenses (Part IX, line 24e)

OTHER EXPENSES AS DETAILED IN SUPPLEMENTAL SCHEDULE

Client Copy

FOR YOUR RECORDS ONLY  
**Federal Supporting Statements**

2017 PG01

Name(s) as shown on return

Green Valley Recreation, Inc

FEIN

23-7185629

Form 990 - Schedule D - Part VI - Line 1e  
Investments - Other

Statement #D1e

<u>Description of Investment</u>	<u>Cost/basis (Investment)</u>	<u>Cost/basis (Other)</u>	<u>Depr</u>	<u>Book Value</u>
Vehicles	0	528,125	262,665	265,460
Projects in progress	0	865,167	0	865,167
<b>Total</b>	<u>0</u>	<u>1,393,292</u>	<u>262,665</u>	<u>1,130,627</u>

Client Copy

990

## Overflow Statement

2017  
Page 1

Name(s) as shown on return

Green Valley Recreation, Inc

FEIN

23-7185629

Description	Amount
Recreational instructors and contracts	\$ 649,103
<b>Total:</b>	<b>\$ 649,103</b>

Part IX, Line 24f, Other Expenses, Program

Description	Amount
Dues and subscriptions	\$ 4,524
Vehicles expenses	52,497
Other	60,688
Postage	7,940
Printing	51,109
Permits and fees	12,631
Small equipment and minor furniture	140,658
<b>Total:</b>	<b>\$ 330,047</b>

Part IX, Line 24f, Other Expenses, General and Admin

Description	Amount
Dues and subs	\$ 5,152
Real estate and pers prop taxes	18,697
Postage	6,553
Printing	11,244
Bad debts	69,230
Vehicles repair and maintenance	7,778
Small equipment and minor furniture	29,292
Other	3,430
Permits and fees	4,894
<b>Total:</b>	<b>\$ 156,270</b>

Name(s) as shown on return

Green Valley Recreation, Inc

FEIN

23-7185629

Part IX, Line 24g, Other Expenses, Fundraising

Description	Amount
Dues and subs	\$ 105
Postage	1,154
Printing	2,270
Bad debts	1,413
Other	70
Vehicles repairs and maintenance	159
Small equipment and minor furniture	598
Real estate and pers prop taxes	382
Permits and fees	100
<b>Total:</b>	<b>\$ 6,251</b>

Client Copy

For the  calendar year 2017 or  fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>Green Valley Recreation, Inc</b>	Employer Identification Number (EIN) <b>23-7185629</b>
	Address - number and street or PO Box <b>PO Box 586</b>	
Business Telephone Number (with area code) <b>520-625-3440</b>	City, Town or Post Office <b>Green Valley</b>	State ZIP Code <b>AZ 85622</b>

**68** Check box if:  This is a first return  Name change  Address change  
 A Date Arizona operations began: **05-12-1972**  
 B Nature of Arizona activities: **Recreation, education, social**  
 C Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Check box if return filed under extension:  
 82 82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.  
 88

**DRAFT**

81 PM  66 RCVD

**NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -**

D  NMMD Registry Identification Number: \_\_\_\_\_

E What type of entity is the dispensary?  
 Corporation  Limited Liability Company (LLC)  Partnership  S corporation  
 Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?  
 Corporation  Disregarded Entity  Partnership  S corporation

If the dispensary is an LLC, a partnership or an S corporation, include a schedule that lists the following ownership information:  
 name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed:  1040  1041  1065  1120  1120-S  Other (specify) \_\_\_\_\_

**Sources of Income**

1	Gross sales from business activities	1	SEE	00
2	Less cost of goods sold or of operations: Include itemized statement	2	FEDERAL	00
3	Gross profit from business activities: Subtract line 2 from line 1	3	990	00
4	Interest	4	ATTACHED	00
5	Dividends	5		00
6	Rents and royalties	6		00
7	Gain or (loss) from sales of assets, excluding inventory items	7		00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received	10		00
11	Other income: Include itemized statement	11		00
12	Total income: Add lines 3 through 11	12		00

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc	13		00
14	Salaries and wages other than amounts included on line 2	14		00
15	Interest	15		00
16	Taxes	16		00
17	Rent expense	17		00
18	Depreciation: Include schedule	18		00
19	Miscellaneous expenses: Include itemized statement	19		00
20	Total expenses: Add lines 13 through 19	20		00

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6	21		00
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24		00
25	Accumulation of income at beginning of year	25		00
26	Accumulation of income at end of year: Add lines 24 and 25	26		00

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions	27		00
----	----------------------------------------------------------------	----	--	----

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., to affiliates	A1	00	
A2 Contributions, gifts, grants, etc., paid	A2	00	
A3 Benefit payments to or for members or their dependents:			
A3a Death, sickness, hospitalization, disability, or pension benefits	A3a	00	
A3b Other benefits	A3b	00	
A4 Dividends and other distributions to members, shareholders, or depositors	A4	00	
A5 Other	A5	00	
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21	A6	00	

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

B1 Dues, assessments, etc., paid to affiliates	B1	00	
B2 Contributions, gifts, grants, etc., paid	B2	00	
B3 Benefit payments to or for members or their dependents:			
B3a Death, sickness, hospitalization, disability, or pension benefits	B3a	00	
B3b Other benefits	B3b	00	
B4 Dividends and other distributions to members, shareholders, or depositors	B4	00	
B5 Other	B5	00	
B6 Total: Add lines B1 through B5. Enter total here and on page 1, line 22	B6	00	

**SCHEDULE C Balance Sheet**

NOTE: Amounts reported in included schedules and in this column should be end of year amounts.

Assets		(a) Beginning of Year	(b) End of Year	
C1 Cash		00	C1	00
C2a Accounts receivable	C2a	00		
C2b Less allowance for doubtful accounts	C2b	00		
C2c Line C2a less line C2b. Enter difference in column (b)		00	C2c	00
C3a Other notes and loans receivable: Include schedule	C3a	00		
C3b Less allowance for doubtful accounts	C3b	00		
C3c Line C3a less line C3b. Enter difference in column (b)		00	C3c	00
C4 Inventories		00	C4	00
C5 Investments (securities): Include schedule		00	C5	8 00
C6 Investments (other): Include schedule		00	C6	00
C7a Land, buildings, and equipment; basis	C7a	00		
C7b Less accumulated depreciation: Include schedule	C7b	00		
C7c Line C7a less line C7b. Enter difference in column (b)		00	C7c	00
C8 Other assets (describe):		00	C8	00
C9 Total assets: Add lines C1 through C8		00	C9	00
Liabilities				
C10 Accounts payable and accrued expenses		00	C10	00
C11 Mortgages and other notes payable: Include schedule		00	C11	00
C12 Other liabilities (describe):		00	C12	00
C13 Total liabilities: Add lines C10 through C12		00	C13	00
Net Assets				
C14 Capital stock or trust principal		00	C14	00
C15 Paid-in or capital surplus		00	C15	00
C16 Retained earnings or accumulated income		00	C16	00
C17 Total net assets: Add lines C14 through C16		00	C17	00
C18 Total liabilities and net assets: Add lines C13 and C17		00	C18	00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.



Name (as shown on page 1) Green Valley Recreation, Inc	EIN 23-7185629
-----------------------------------------------------------	-------------------

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

CHERYL MOOSE \_\_\_\_\_ CFO  
OFFICER'S SIGNATURE DATE TITLE

Paid Preparer's Use Only

Scott R Meyer CPA \_\_\_\_\_ P01200065  
PAID PREPARER'S SIGNATURE DATE PAID PREPARER'S PTIN

SCOTT R MEYER CPA PC \_\_\_\_\_ 86-0841040  
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) FIRM'S  EIN OR  SSN

1700 EAST FORT LOWELL RD STE \_\_\_\_\_ 520-881-3734  
FIRM'S STREET ADDRESS FIRM'S TELEPHONE NUMBER

Tucson \_\_\_\_\_ AZ \_\_\_\_\_ 85719  
CITY STATE ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153

Client Copy