(Rev. January 2017)

Department of the Treasury

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

File a separate application for each return.

OMB No 1545-1709

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868. Internal Revenue Service 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, click on Charities & Non-Profits, and click on e-file for Chairities 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. Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print Green Valley Recreation, Inc. 23-7185629 Number, street, and room or suite no. If a P.O. box, see instructions. File by the Social security number (SSN) due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions Green Valley, AZ 85622 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 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) and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until , 20 18 , to file the exempt organization return 11-15 for the organization named above. The extension is for the organization's return for: alendar year 20 17 or tax year beginning , 20 , and ending 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. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3a estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 3b using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

Form 990

## Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Inte		enue Service	▶ Go to	www.irs.gov/Form990	for instruction	s and the latest infe	remetica		Open to Public
A	For th	he 2017 calend	ar year, or tax year beg	inning	or motraction				Inspection
В		if applicable:		een Valley Recre		, 2017, and	ending	_	, 20
	Addres	s change	Doing business as	sen variey kecre	ation, Inc	3			D Employer identification no
П	Name o			t					23-7185629
П	Initial re		Number and street (or P.O.	box if mail is not delivered to stre	et address)		Room/suite	ı	E Telephone number
Ħ		ONE AND	PO Box 586						(520) 625-3440
H		turn/terminated	City or town, state or provin	ce, country, and ZIP or foreign po	stal code			(	G Gross receipts
Н	Amende	ed return	Green Valley,	AZ 85622					\$ 11,387,598
Ш	Applicat	tion pending	F Name and address of princi	pal officer:			H(a) is this a grou		
ı	Tax-exe	empt status:	501(c)(3) X 501(c) ( 4	) ◀ (insert no.) 4	947(a)(1) or	527	H(b) Are all sub		
J	Website	e: Www	.gvrec.org	, , (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	547(a)(1) 01 [	52/			list. (see instructions)
K	Form of			ssociation Other			H(c) Group ex	emption r	number
-	rt I	Summary	V	ssociation Other		L Year of formation:	1972 M Stat	e of legal	I domicile: AZ
	1			-1					
-		violet desert	e the organization's mis	sion or most significant ac	ctivities: To	promote the	common good	and	general
Activities & Governance		wellare o	of its members t	hrough the opera	tion and	maintenance of	£		
nar		TOCTAL CIE	s and the spons	orship of cultur	al, educa	tional and civ	vic activit	ies c	of the senior
er			or oreen varie	Y, AL		The same of the sa			it the sellion
90	2	Check this bo	x large if the organization	on discontinued its operati	ons or dispose	d of more than 25% of	of its net assets		
∞5	3	Number of vo	ting members of the gov	erning body (Part VI, line	1a)		or its rict assets.	1 2	
S	4	Number of inc	lependent voting member	ers of the governing body	Part VI line 11			3	12
Ħ	5	Total number	of individuals employed i	n calendar year 2017 (Pa	d V line 2m				12
cţį	6	Total number	of volunteers (estimate if					5	132
Ă	1							6	100
	h	Not upreleted	business revenue from	Part VIII, column (C), line	12			7a	0
	- 5	ivet unrelated	business taxable income	from Form 990-T, line 34	3			7b	0
		0 - 1 11 11					Prior Year		Current Year
ø	8	Contributions	and grants (Part VIII, line	e 1h)			9,043	191	
Ē	9	Program servi	ce revenue (Part VIII, line	e 2g)				,957	9,959,808
Revenue	10	Investment inc	ome (Part VIII, column (	A), lines 3, 4, and 7d) .				-	747,359
S.	11	Other revenue	(Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and	11e)			,364	643,898
	12	Total revenue	- add lines 8 through 11	must equal Part VIII, colu	mn (A) line 12			,321	36,533
	13	Grants and sin	nilar amounts paid (Part	IX, column (A), lines 1-3)	11111 (A), IIIIE 12	)	9,967	,136	11,387,598
	14	Benefits paid to	o or for members (Part I)	X column (A), line 4)					0
	15	Salaries other	compensation employe	c benefits (Part IV)					0
ses	100000	Professional fu	indraising food (Dod IV	e benefits (Part IX, colum	n (A), lines 5-1	0)	4,156	,707	4,481,186
Expenses	h	Total fundacion	indialising lees (Part IX,	column (A), line 11e)					0
xb		Other	ng expenses (Part IX, co	umn (D), line 25)		33,255			
ш	17	Other expense	s (Part IX, column (A), lii	nes 11a-11d, 11f-24e)			4,787	.878	4,825,040
	18	lotal expenses	. Add lines 13-17 (must	equal Part IX, column (A)	, line 25) ·		8,944		9,306,226
	19	Revenue less	expenses. Subtract line	18 from line 12			1,022		the state of the s
or			4				Beginning of Current		2,081,372
Net Assets or Fund Balances	20	Total assets (P.					The second secon		End of Year
t As	21	Total liabilities (	(Part X, line 26)				28,152		31,798,056
FE	22	Net assets or fu	und balances. Subtract I	ine 21 from line 20		-	3,405		4,969,727
Par	tII	Signature	Block	and a street mile 20 of the			24,746	957	26,828,329
Under	penaltie	s of periury I declare	e that I have examined this set u	m, including accompanying sched	lules and statement				
true, c	orrect, a	nd complete. Declara	ation of preparer (other than offi	n, including accompanying sched cer) is based on all information of	which preparer ha	is, and to the best of my kno s any knowledge.	wledge and belief, it is		
			All .		- The same			T	
Sign			MOOSE						
Signature of officer  Date  Date									
iere			MOOSE, CFO		Profit in				
Type or print name and title									
		Print/Type prepare	er's name	Preparer's signature		Date	[at [7]		
aid		Scott R M	Meyer CPA				Check	if PTII	
rep	arer	Firm's name		MEYER CPA PC		05-31-2018	self-employed		P01200065
	Only	Firm's address					Firm's EIN		
	-	300.000	Z, OO LIND	T FORT LOWELL RD	STE 105		Phone no.		
av th	e IDC	discuss this set	Tucson A	2 85719			52	0-881	L-3734
or D	0 1110	uiacuas triis rett	an with the preparer sho	own above? (see instruction	ons) · · · ·				· · X Yes No

For	rm 990 (2017) Green Valley Recreation, Inc 23-7185629 Page 2
	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 and or 990-EZ?
3	is 1997, describe these new services on schedule O.
J	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	restribe triese changes on schedule O.
	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.
	the teles expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 7.644.525 including grants of \$ ) (Payonin C
	Provided recreational, cultural, educational and social opportunities to enhance the fitness and lives for the 13,504 member households of Green Valley, AZ
	and 10/200 Member Households of Green Valley, AZ
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Pougnus 5
	including grants of \$) (Revenue S)
d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
е	Total program service expenses ► 7,644,525
	'   V = 1 V = V

# Form 990 (2017) Green Valley Recreation, Inc Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1 4		١.,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	<del> </del>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	-	X
	candidates for public office? If "Yes," complete Schedule C, Part I			<b> </b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	<del>-</del>	X
	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,	4	-	<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
	Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
	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	1		
7	Did the organization receive or hold a consequation opposed including	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	Complete Schedule D, Part III	8		Х
·	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			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
* 1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		VESIOSE,	
	complete Schedule D, Part VI	11a	х	
O	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	1,00	-^-	
	or its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	11b	x l	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	- 1117		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D. Part IX	11d	l	v
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X	11e		<u>X</u>
f	Did the digarization's separate or consolidated financial statements for the tax year include a footpote that addresses	116		Х
	the organizations liability for uncertain tax positions under EIN 48 (ASC 740)? If "Yes " complete Schedule D. Bort V	11f		v
12a	the organization obtain separate, independent audited financial statements for the tax year? If "Yes " complete			<u>X</u>
	Schedule D, Parts XI and XII	42-		**
b	Was the organization included in consolidated, independent audited financial statements for the tay year? If	12a		<u>X</u>
	res, and it the organization answered No" to line 12a, then completing Schedule D. Parts XI and XII is online I	125	v	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule 5	12b	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking	14a		X
	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 Land IV			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>X</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u>X</u> _
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>X_</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>X_</u>
	If "Yes," complete Schedule G, Part III			
EEA		19		X

Checklist of Required Schedules (continued) Part IV

b c d 25a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 Porms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	20a 20b 21 22 23 24a 24b 24c 24d 25a		X
21 22 23 24a b c	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? If "Yes." complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes." complete Schedule L, Part I  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-E72	20k 21 22 23 24a 24b 24c 24d		X
22 23 24a b c	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 Porms 990 or 990-F72	22 23 24a 24b 24c 24d		X
23 24a b c	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 Porms 990 or 990-F72	22 23 24a 24b 24c 24d		X
23 24a b c	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 Porms 990 or 990-E72	22 23 24a 24b 24c 24d		X
24a b c d 25a	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 Porms 990 or 990-E72	24a 24b 24c 24d		X
24a b c d 25a	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 980 or 990-F72	24a 24b 24c 24d		X
b c d 25a	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 980 or 990-F72	24a 24b 24c 24d		
b c d 25a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 980 or 990-572	24a 24b 24c 24d		
b c d 25a	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 980 or 990-F72	24b 24c 24d		
d 25a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 980 or 990-672	24b 24c 24d		X
d 25a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 980 or 990-672	24b 24c 24d		X
d 25a	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 980 or 990-F72	24b 24c 24d		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 980 or 990-F72	24d		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 980 or 990-F72	24d		<u></u>
258	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d		<del> </del>
258	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		┧	
	Iransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 980 05 990-572	25a	1	<del> </del>
	year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-F72			Х
b	year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-F72		·	
	If "Yes," complete Schedule I. Part I			İ
	The state of the s	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
1	current or former officers, directors, trustees, key employees, highest compensated employees, or			
•	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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	l		
•	entity or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		Х
28 \	Was the organization a party to a business transaction with one of the following parties (see Schedule L.,	7.55		
ı	Part IV Instructions for applicable filing thresholds, conditions, and exceptions):			
a /	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1999/09/55	Χ
א מ	A family member of a current or former officer, director, trustee, or key employee? If "Yes." complete			~ 7.7
	Schedule L, Part IV	28b		Х
C A	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
V	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		Χ
29 L	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M	29		X
30 L	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		*****	
C	conservation contributions? If "Yes," complete Schedule M	30		Х
31 [	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
30 F	Part I · · · · · · · · · · · · · · · · · ·	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."			
22 0	complete Schedule N, Part II	32		Х
33 [	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24 1/	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	Х
34 V	Vas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
350 0	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a D	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If	"Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36 S	ontrolled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
JU 5	section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
יי לכ	elated organization?If "Yes," complete Schedule R, Part V, line 2	36		
37 D	old that to translation conduct more than 5% of its activities through an entity that is not a related organization			
aı	nd that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38 D	lart VI	37		Х
40	id the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
FFA 13	9? Note. All Form 990 filers are required to complete Schedule O.	38	х	

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V Part V

	a response of note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ì	P. Enter the number of Forms W-2G included in line to Enter 0 is at 10	3		
(		미		10000
	reportable gaming (gambling) winnings to prize winners?			
2a		1c	or a transport and to	<u> </u>
	Statements, filed for the calendar year ending with as within the year areas at the state of the calendar year ending with as within the year.			
b	If at least one is reported on line 2a, did the organization file all requires to the state of t	CATABLE SOCIETY		
	Note. If the sum of lines 1a and 2a is greater than 000	2b	X	1950/Carry 1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4		
b	If "Yes," enter the name of the foreign country:	4a	(S)	Х
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	(S)	v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	ir "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_^_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	girts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
i.	and services provided to the payor?	7a		Χ
c b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
ď	required to file Form 8282?	7c		Х
e	If "Yes," indicate the number of Forms 8282 filed during the year			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		<u>X</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		X
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8	764678986 VS	\$560435546C
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b	Geograph in	80008860
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412	12a	2397.55 (17)	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	201020 0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	nesettet (255	MINSSE.
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form 990 (2017) Green Valley Recreation, Inc. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year Yes If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

Are any governance decisions of the organization reserved to (or subject to approval by) members,

stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? Nο 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its X participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed Arizona
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(a)) and
	The public inspection, tridicate now you made these available. Check all that apply.
9	Own website Another's website Upon request Other (explain in Schedule O)  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.
0	State the name, address, and telephone number of the person who possesses the organization's books and records:

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Independent Contractors	Page 7 and
Section 4	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
- 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.

(A) Name and Tille	(B) Average hours per week (list any hours for related organizations below dotted line)	off of direction	not ch ix, unle icer an	Po neck r ss pe	(C) psition nore the rectori	Highest compensated employee	1	(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
(1) Bob Allen Treasurer	4.00									
(2) Don Inth	-	X		<u> X</u>					0	(
nd	2_00_	\$   @\$\$***		1						
[3] Lance Heise		X						0		
Secretary	3 .00_	١.,			İ					
4) Jim Nelson	5.00	X		Х				0	0	
President		Х		ĺ						
5) Kathy Palese	2.00_	<u> </u>	-				-	0	0	
Vice-President		Х		X						
6) Donna Coon	2.00	12		$^{\uparrow}$	-		+	0	0	
Asst Secretary	==	Х		Х				1	ſ	
7) Denise Nichols	2.00		十	⇈	_		$\dashv$		0	
Director		X							1	
8) Tom Sadowski	2.00		$\top$	_			╁		0	0
Director //		Х							_	
9) Roger Myers	2.00				_		$\dashv$	0	0	0
Asst Treasurer		Χ		Χ						
0)David Messick	2 .00_			T					0	0
1)Tim Stewart		Х								
Director	_	ļ							0	0
2)Carol Crothers		Х		_ _						^
Director	2 .00_									0
3)Kent Blumonthal		X	- -			_		0	٥	0
CEO CEO	50.00_									<u> </u>
4)	<del> </del>				<u>X</u>		L	142,605	0	0

Form 990 (2017)

Par	990 (2017) Green Valley Recre LVII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	ınd l	High	nest	Com	ens	ated Employees	23-7: (continued)	L8562	9 P	age
	(A) Name and title	(B) Average hours per week (list any	(do r box, office	not chi unles er and	Po eck n is per	C) sition nore the son is rector.	han one both ai	י ) 	(D) Reportable compensation from	(E) Reportable compensation fr	om	(F) Estimated amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Unicer	Key employee	employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensatio from the organization and related organization	1
<u>(15)</u> _								-					
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)_													
								>					
(24)			1									***************************************	
(25)													
1b c	Sub-total	1A											
<u>d</u> 2	Total (add lines 1b and 1c)	o the see that a						<b></b>	142,605		0		0
	reportable compensation from the organization	o those listed	a abov	e) w	no r	ecer	ved m	ore t	han \$100,000 of		1		
3	Did the organization list any former officer, director, o	or trustee ke	v emn	love	<b>a</b> 01	· bia!	haet a	amn	angeled			Yes	No
	employee on line 1a? If "Yes," complete Schedule J for	or such indiv	idual					٠.,			. 3		X
4	For any individual listed on line 1a, is the sum of report organization and related organizations greater than \$	rtable compe	ensatio	n ar	nd of	her	comp	ensa	tion from the				
	individual · · · · · · · · · · · · · · · · · · ·	150,000,71	res,	com <sub>i</sub>	piett	SC	neaule	) J to	r such		. 4		X
5	Did any person listed on line 1a receive or accrue con	npensation fr	rom ar	ıy un	rela	ted (	organi	zatio	ភ or individual			5 6	Δ
Section	for services rendered to the organization? If "Yes," co. on B. Independent Contractors	mplete Sche	dule J	for :	suci	per	rson				. 5		<u>X</u>
1	Complete this table for your five highest compensated compensation from the organization. Report compens year.	independer ation for the	t cont	racto dar y	ors ti	nat r endi	eceive	ed m	ore than \$100,000 within the organiza	of ition's tax			<del></del>
	(A) Name and business address								(B)			(C)	
									Description of s	o, vices	Co	mpensation	
·					***************************************						*****		
2	Total number of independent contractors (including bu	t not limited	to thos	e lis	ted	abov	ve) wh	10					
EA	received more than \$100,000 of compensation from the	ne organizati	on	<b>&gt;</b>									

Form 990 (2017) Green Valley Recreation, Inc.

Part VIII Statement of Revenue

100146	18774-88	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
nts	1	a Federated campaigns 1a					512-514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1t	6,627,415				
Ş,		c Fundraising events 10			500000000000000000000000000000000000000		
ig ig		d Related organizations 1d					
Sin		e Government grants (contributions) · · 1e					
cher	Ì	f All other contributions, gifts, grants,					
ĢĒ		and similar amounts not included above 1f					
S မိ		Moncash contributions included in lines 1a-1f: \$					
		h Total. Add lines 1a-1f	· · · · · · <b>&gt;</b>	9,959,808			
9	2	3 Daniel 1	Business Code				
ever		Recreational programs	713990	747,35	9 747,359	9	ANNE DESIGNATION OF THE PROPERTY OF THE PROPER
Program Service Revenue	ı						
Ž							
S E	6						
eu6o.	f	All other program service revenue					
ā	ç	Total. Add lines 2a-2f		-6		S SATERIA DE PROPERTO DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DELA COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DE LA COMPANSA DE LA COMPANSA DELA COMPANSA DEL COMPANSA DEL COMPANSA DEL COMPANSA DEL COMPANSA DE	
	3	Investment income (including dividends, interest,		747,35			
		and other similar amounts)		643,898			
	4	Income from investment of tax-exempt bond proc	eeds · ▶	043,898	9		643,898
	5	Royalties · · · · · · · · · · · · · · · · · · ·					
		(t) Real	(ii) Personal				
		Gross rents · · · · · · ·		Oline as 18 to			
		Less: rental expenses · · · ·			0000000000000		
		Rental income or (loss)					
		Net rental income or (loss)			19 (200 ) 10 (200 ) 10 (200 ) 10 (200 ) 10 (200 ) 10 (200 ) 10 (200 ) 10 (200 ) 10 (200 ) 10 (200 ) 10 (200 )		
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	D	Less: cost or other basis and sales expenses				Sala et alegas	0.000
	С	Gain or (loss)					808888
		Net gain or (loss)	Jan.				
ne	8a	Gross income from fundraising	<u> </u>				
Revenue	į	events (not including \$		10.50 (0.00)			Company States
Š		of contributions reported on line 1c).					
je.		See Part IV, line 18 a					
Oth	b	Less: direct expenses					N (6) (20) (4)
	c	Net income or (loss) from fundraising events .	<b>&gt;</b>				
	9a	Gross income from gaming activities.	***		Fr (et) out of the		
		See Part IV, line 19 a					100000
	b	Less direct expenses b		1,000			
		404					
	10a	Gross sales of inventory, less					
]	4.	returns and allowances a					
	φ.	Less cost of goods sold b					
ŀ	Ų.	Net income or (loss) from sales of inventory	· · · · · <b>.</b>				
}	11a :	Miscellaneous Revenue Miscellaneous	Business Code				
	b		713990	36,533	36,533		
	c ·						
İ	d /	All other revenue					
1		Total. Add lines 11a-11d				er/Arrivon Malain	
	12	Total revenue. See instructions		36,533			
				<u>11,387,598</u>	783.892	0	640 000

### 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, (B) (C) Management and Program service 8b, 9b, and 10b of Part VIII. Fundraising expenses general expenses Grants and other assistance to domestic organizations expenses 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 Benefits paid to or for members ...... Compensation of current officers, directors, trustees, and key employees ........ 142,605 94,084 42,951 5,570 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ....... 3,331,130 2,684,664 637,842 8,624 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 106,971 85,577 20,966 428 9 628,776 501,049 125,467 2,260 10 271,704 217,363 53,254 1,087 11 Fees for services (non-employees): а 133,672 82,304 50,685 683 c 8,000 5,200 2,400 400 d Professional fundraising services. See Part IV, line 17 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 Information technology . . . . . 14 22,214 20,163 2,010 41 15 16 1,465,194 1,439,975 24,715 504 17 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 21 Depreciation, depletion, and amortization . . . . . . 22 1,262,126 1,072,806 185,534 3,786 23 222,303 220,836 1,467 Other expenses, Itemize expenses not covered 24 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.) Operating supplies 293,221 256,117 36,362 742 Event supplies 52,263 46,746 5,407 110 Communications 78,355 66,008 12,100 247 Bank/CC/Payroll process fees 90,855 51,269 38,794 792 e All other expenses 492,568 330,047 156,270 6,251 Total functional expenses. Add lines 1 through 24e 9,306,226 7,644,525 1,628,446 33,255 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here > X if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
| Part X | B Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
		, and the state of	(A)	· · ·	
					(B)
	1	Cash - non-interest-bearing	Beginning of year	٠.	End of year
	2	Savings and temporary cash investments	·	1	
	3	Pledges and grants receivable, net	4,183,637	2	4,539,157
	4	Accounts receivable, net		3	
	5	Loans and other receivables from current and former officers, directors,	93,754	4	123,604
		trustees, key employees, and highest compensated employees.			0.0000000000000000000000000000000000000
		Complete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined under section		5	
		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			
w	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	155 600		
	10a		155,699	9	173,447
		other basis. Complete Part VI of Schedule D 10a 35,533,507			
	ь		16 010 000	35.56	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	00 150 470	16	
	17	Accounts payable and accrued expenses	28,152,478	17	31,798,056
	18	Grants payable · · · · · · · · · · · · · · · · · · ·	298,985	18	409,922
	19	Deferred revenue	3,106,536	19	
	20	Tax-exempt bond liabilities	3,106,336	20	4,559,805
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Sa	22	Loans and other payables to current and former officers, directors,		41	
Liabilities		trustees, key employees, highest compensated employees, and			
iab		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	Total liabilities. Add lines 17 through 25	3,405,521	26	4,969,727
,,		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			4,303,121
če		complete lines 27 through 29, and lines 33 and 34.			
<u>=</u>	27	Unrestricted net assets	24,746,957	27	26,828,329
ä	28	Temporarily restricted net assets		28	20,020,329
틸	29	Permanently restricted net assets		29	
딘		Organizations that do not follow SFAS 117 (ASC 958), check here			
0 8		complete lines 30 through 34.	200 6 2 B 2 C C		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Še	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	24,746,957	33	26,828,329
	34	Total liabilities and net assets/fund balances	28,152,478	34	31,798,056
Α					/.55/050

_	m 990 (2017) Green Valley Recreation, Inc			
P	Reconciliation of Net Assets	23-718	5629	Page 12
	Check if Schedule O contains a response or note to apyling in this Port VI			
1	Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)			🔲
2	Total expenses (must equal Part IX, column (A), line 25)	J	11,3	87,598
3	Revenue less expenses. Subtract line 2 from line 1		9,3	06,226
4	Net unrealized gains (leases) as investigation of year (must equal Part X, line 33, column (A))	. 3	2,0	81,372
5	Net unrealized gains (losses) on investments	. 4	24,7	46,957
6	Donated services and use of facilities	. 5		
7	Investment expenses	. 6		
8	Prior period adjustments	· 7		
9	Other changes in net assets or fund balances (explain in Schedule O)	. 8		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	. 9		0
	33, column (B))			
Pa	33, column (B))	10	26,8	28,329
	Check if Schedule O contains a response as note to a subject to the contains a response as note to a subject to the contains a response as note to a subject to the contains a response as note to a subject to the contains a response as note to a subject to the contains a response as note to a subject to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response as note to the contains a response a response as note to the contains a response as note to the contains a response a res			
	Should be contains a response or note to any line in this Part XII			$\cdots \square$
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			Yes No
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:		· · 2a	X
b	Separate basis Consolidated basis Both consolidated and separate basis			
	Were the organization's financial statements audited by an independent accountant?		· · 2b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
r				
·	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	x l
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
2-	Scriedule C.			
ગ્લ	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		. 3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

Form 990 (2017)

required audit or audits, explain why in Schedule Q 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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

	ne of the organization	Employer identification number
Gr	ceen Valley Recreation, Inc	23-7185629
P	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	Toy i divid did other accounts
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 advisor	. I
	Itinds are the organization's proporty subject to the approximation to the second state of the second stat	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be to	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes	J350
	conferring impermissible private benefit?	П., П.,
Pa	art Conservation Easements.	······ Yes N
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		Application to the state of the
		torically important land area
	Preservation of open space	tified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	
	easement on the last day of the tax year.	
а	Total number of conservation easements	Held at the End of the Tax Year
b		· · · · 2a
c	Total acreage restricted by conservation easements	
d	Number of conservation easements included in (a)	· · · · 2c
-	Number of conservation easements included in (c) acquired after 7/25/05, and not on a historic structure listed in the National Register	
3		
•	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year	organization during the
4		
5	Number of states where property subject to conservation easement is located	
J	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
6	violations, and enforcement of the conservation easements it holds?	····· 🗌 Yes 🗌 No
0	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	rvation easements during the year
7	Americal of the second	
1	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
8	<b>S</b>	
٥	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(t)	n)(4)(B)(i)
n	and section 170(h)(4)(B)(ii)?	······ Yes 🗌 No
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 statemen	ts that describes the
Da.	organization's accounting for conservation easements.	
r aı	The state of the s	r Other Similar Assets.
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	nt 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 thes	e items.
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	nd 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 of	gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	

	edule D (Form 990) 2017 Green Valley Recr	eation, Inc		23-71	85629 Page 2
1555000	art III Organizations Maintaining Coll	ections of Art, His	torical Treasures	. or Other Similar A	ssets (continued)
3	osing 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):		•	<b>0</b>	
а		d 🔲 Loan or excl	nange programs		
b		e 🗌 Other	· ·		
С					
4	Provide a description of the organization's collections	and explain how they fu	rther the organization's	exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or receive	donations of art, historic	al treasures, or other si	milar	
r:	assets to be sold to raise funds rather than to be mai	ntained as part of the org	anization's collection?		· · · 🔲 Yes 🔲 No
PE	TILIV SCIOW and Custodial Arrangem	ients.			
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line 9	9, or reported an amo	ount on Form
	990, Fait A, line 21.				
1a	Is the organization an agent, trustee, custodian or other	ner intermediary for contri	butions or other assets	not	
	included on Form 990, Part X?	· • • • • • • • • • • • • • • • • • • •	<i></i> .		· · · Tyes TNo
b	If "Yes," explain the arrangement in Part XIII and com	plete the following table:			T. 162   140
		•		Δ.	mount
C	Beginning balance		<i></i>	1c	MITOURIL
d	Additions during the year			· · 1d	
e	Distributions during the year			10	
f	Ending balance			1f	
2a	Did the organization include an amount on Form 990,	Part X, line 21, for escro	w or custodial account l	iability?	· · · · Tyes No
b	If "Yes," explain the arrangement in Part XIII. Check h	ere if the explanation has	s been provided on Part		· · · · · · ·
Pa	riv Endowment Funds.				
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, line 1	0.	
			rior your (c) Two yea		k (4) 5
1a	Beginning of year balance		(4) 1110 year	TO THE YEARS DAC	k (e) Four years back
b	Contributions				
C	Net investment earnings, gains, and				
	losses · · · · · · · · · · · · · · · · · ·				
d	Grants or scholarships				
0	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year	and balance (line 1g. colu	ımı (a)) held as:		
а	Board designated or quasi-endowment	%	(4)) //6/0		
b	Permanent endowment > %				
С	Temporarily restricted endowment	<sup>®</sup> %			
	The percentages on lines 2a, 2b, and 2c should equal	100%.			
3a	Are there endowment funds not in the possession of the	ne organization that are h	eld and administered fo	r the	
	organization by:				Yes No
	(i) unrelated organizations				· 3a(i)
	(ii) related organizations	· · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • •	. 3a(ii)
b	If "Yes" on 3a(ii), are the related organizations listed as	required on Schedule R	?		· 3b
4	Describe in Part XIII the intended uses of the organiza	tion's endowment funds.			90
Par	t VI Land, Buildings, and Equipment.				
	Complete if the organization answe	red "Yes" on Form 9	990. Part IV. line 1	ia. See Form 990 P	art X line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	
	- The state of the	(investment)	(other)	depreciation	(d) Book value
1a	Land		4,237,254		A 000 0 0 0
þ	Buildings		22,149,441	13 650 055	4,237,254
C	Leasehold improvements		24,143,441	13,650,255	8,499,186
d	Equipment		7,753,520	4 022 660	0.010.
e	Other STMDlE		1,393,292	4,933,660	2,819,860
Total.	Add lines 1a through 1e. (Column (d) must equal Fort	n 990, Part X. column (R	). line 10c \	262,665	1,130,627
EEA	-,	,: -::-: (D)	,,	· · · · · · · · · · · · · · · · · · ·	16,686,927

(a) Description of security or category	(b) Book value	art IV, line 11b. See Form 990, Part X, line 1.
(including name of security) (1) Financial derivatives		Cost or end-of-year market value
(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)  Part VIII Investments - Program Related	9,492,985	
Complete if the organization answer	ed "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation
/A)		Cost or end-of-year market value
(1)		
(2)		
(3)	Harris San	
(4)		
(5)		
(6)		
(7)		<b>*</b>
(8)		
(9)	All the state of t	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answer	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line 15
(a)	Description	
(1)	Description	(b) Book value
(1) (2)	Description	
(1) (2) (3)	Description	
(1) (2) (3) (4)	Description	
(1) (2) (3) (4) (5)	Description	
(a) (a) (2) (3) (4) (5) (6)	Description	
(a) (a) (a) (2) (3) (4) (5) (6) (7)	Description	
(a) (a) (a) (a) (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description	
(a) (a) (a) (2) (3) (4) (5) (6) (7) (8) (9)	Description	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.	Description	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities.	Description	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere	Description	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities.	Description	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	Description	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability. (1) Federal income taxes	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability (1) Federal income taxes (2) (3)	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability (1) Federal income taxes (2)	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability (1) Federal income taxes (2) (3)	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Description  )  cd "Yes" on Form 990, Part	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description  Output  Descripti	(b) Book value

#### SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2017

ZUII

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Green Valley Recreation, Inc	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 fi	led 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 intere	st) 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 ent	ities 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 of	ocuments are
made available for public inspection.	

Schedule O (Form 990 or 990-EZ) (2017)		
Name of the organization	Employer identification	Page :
Green Valley Recreation, Inc	23-7185629	
		<del></del>
08. List of other food for		
08. List of other fees for services expenses (Part IX, li	ine 11g)	
PROGRAM INSTRUCTORS AND PERFORMERS \$649,103		
09. List of other expenses (Part IX, line 24e)		
OTHER EXPENSES AS DETAILED IN SUPPLEMENTAL SCHEDULE		
		······
		·· <del>··</del>
* The country of the		

FOR YOUR RECORDS ONLY Federal Supporting Statements	2017 PG01
Name(s) as shown on return	FEIN
Green Valley Recreation, Inc	23-7185629

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

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

990	Overflow Statement	2017 Page 1
Name(s) as shown on return		FEIN
Green Valley Recreation,	Inc	23-7185629

Description	Amount
Recreational instructors and contracts	\$ 649,103
Total:	\$ 649,103

### Part IX, Line 24f, Other Expenses, Program

Description		Amount
Dues and subscriptions		 4,524
Vehicles expenses		 $\frac{1}{52,497}$
Other		 60,688
Postage		 7,940
Printing		 51,109
Permits and fees		 12,631
Small equipment and minor furniture		 $\frac{140,658}{140,658}$
	Total:	\$ 330,047

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

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

990	Overflow Statement	2017 Page 2
Name(s) as shown on return		Fage 2
Green Valley Recreation,	Inc	23-7185629

### Part IX, Line 24g, Other Expenses, Fundraising

bescription	7.	
Dues and subs		mount
Postage	<u> </u>	105
Printing		1,154
		2,270
Bad debts		$\frac{1}{1},\frac{2}{4},\frac{3}{13}$
Other		
Vehicles repairs and maintenance		<u>70</u> _
Small equipment and minor furniture		159
Book and minor furniture		598
Real estate and pers prop taxes		382
Permits and fees	——————	
		100
Total:	Ş	6,251

Arizona	Form
Q	0

### Arizona Exempt Organization Annual Information Return

2017

	For the ∑ calendar year 2017 or ☐ fiscal year beginning	and ending	1
СН	ECK ONE: Name		mployer Identification Number (EIN)
X	Original Green Valley Recreation, Inc		23-7185629
	Amended Address - number and street or PO Box		23 /103029
Bus	iness Telephone Number PO Box 586		
(wit	h area code)  City, Town or Post Office	State Z	IP Code
52	20-625-3440 Green Valley		
	Check box if:		5622
A	Date Arizona operations began: \[ \( \text{05-12-1972} \)	82 82F	filed under extension:
В	Nature of Arizona activities: Recreation, education, social	02 82F	
C	Federal form filed: S 990 990-EZ Other (specify)	DEVENUE HOS ONLY	
	Es est Es est est est est est est est est est es	88	DO NOT MARK IN THIS AREA.
NO	NPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -		
D	NMMD Registry Identification Number:		
	What type of entity is the dispensary?		BRAFT
	Corporation Limited Liability Company (LLC) Partnership S corporation		
	Sole Proprietorship	81 PM	Les Bour
F	If the dispensary is an LLC, what is the federal tax classification?	0.1 F W	66 RCVD
	☐ Corporation ☐ Disregarded Entity ☐ Partnership ☐ S corporation		
	If the dispensary is an LLC, a partnership or an S corporation, include a schedule that lists the fo		
	name, address, TIN, and ownership percentage at the end of the tax year.	ollowing ownership	information:
G			
	Federal form filed:   1040   1041   1065   1120   1120-S   Other (specify)	2	
Sc	ources of Income		
1	Gross sales from business activities	EE 00	
2		ENGRAL DO	
	Gross profit from business activities: Subtract line 2 from line 1	990 00	
4		They of	
5	Dividends · · · · · · · · · · · · · · · · · · ·	00	
6	Rents and royalties	00	
7		00	-
8	Dues, assessments, etc., from members	00	-
9		00	-
10		00	
11		00	-
12	Total income: Add lines 3 through 11		12 00
Ad	ministrative Expenses		[12]
	Compensation of officers, directors, trustees, etc	00	
14	Salaries and wages other than amounts included on line 2	00	-
15	Interest	00	<b>-</b>
16		00	
17		00	-
18	Depreciation: Include schedule · · · · · · · · · · · · · · · · · · ·	00	-
19		00	
20	Total expenses: Add lines 13 through 19		20 00
Dis	sbursements		
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
Ac	cumulation of Income		[00]
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
Pei	nalty		[00]
27	Penalty for late filing or incomplete filing. See instructions · · · · · · · · · · · · · · · · · · ·		27 00
	THE BUSINESS IS SUBJECT TO A PENALTY IF THIS DETURN IS FILED LATE OR IS INC.		

Nai	me (as shown on page 1)		EIN		
L	Green Valley Recreation, Inc		23-71856	29	
SC	CHEDULE A Disbursements From Current Income for Exempt Pu	urpc			
A1		A1	00	T	
A2			00	4	
A3		F-1		1	
	A3a Death, sickness, hospitalization, disability, or pension benefits	<b>∆</b> 3a	00		
	A2h Othanhausti	A3b	00	Į.	
A4			00	i i	
A5		A-5	00		
A6	Total: Add lines A1 through A5. Enter total here and on page 1, line 21			A6	00
				_ AU	
	CHEDULE B Disbursements From Principal for Exempt Purposes				
B1	Dues, assessments, etc., paid to affiliates		00		
B2	and a second sec	B2	00		
B3				ĺ	
	B3a Death, sickness, hospitalization, disability, or pension benefits	ВЗа	00		
	B3b Other benefits	B3b	00		
B4	and all a state of the members, shareholders, of depositors	В4	00		
B5		B5	00		
B6	Total: Add lines B1 through B5. Enter total here and on page 1, line 22 · · · · · · · ·			B6	00
60	HEDULE C Balance Sheet				
					···
NO:	E: Amounts reported in included schedules and in this column should be end of year amoun	ints.	(a)	I	(b)
C1	Cash · · · · · · · · · · · · · · · · · · ·		Beginning of Year		End of Year
C2a	• • • • • • • • • • • • • • • • • • • •	320	[00]	C1	00
	C2b Less allowance for doubtful accounts	00			
		00	Lool		T
C3a	Other notes and loans receivable: Include schedule C3a	····	וַטטן	C2c	[00]
	C3b Less allowance for doubtful accounts	00			
	C3c Line C3a less line C3b. Enter difference in column (b)	;	Logi		
C4	Inventories · · · · · · · · · · · · · · · · · · ·	-	· · · · · · · · · · · · · · · · · · ·	C3c	00
C5			00		00
C6			00		8 00
	Investments (other): Include schedule	· · · · · · · · · · · · · · · · · · ·	[00]	C6	00
٠, ـ	C7b Less accumulated depreciation: Include schedule C7b	00			
	C7c Line C7a less line C7b. Enter difference in column (b)	00	Iool		
С8	Other assets (describe):	· ŀ		C7c	00
C9		<b></b>	00		00
	Total assets: Add lines C1 through C8	<del>· ·  </del>	00	C9	00
	Liabilities				
C10	Accounts payable and accrued expenses	_	Inn	C10	
C11	Mortgages and other notes payable: Include schedule			C10	00
	Other liabilities (describe):	:: -			00
	Total liabilities: Add lines C10 through C12	ᆜᅡ		C12	00
		·	00	C13	00
	Net Assets				
C14	Capital stock or trust principal		00	044	
	Paíd-in or capital surplus		00		00
C16	Retained earnings or accumulated income				
			00		00
		<del> </del>	00]	C1/	00
		1	1 1		
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)		CIN
Green Valley Recreation,	Tna	EIN
	<u> </u>	23-7185629

Declaration	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 OFFICER'S SIGNATURE	DATE	CFO THLE			
Paid Preparer's Use Only	Scott R Meyer CPA  PAID PREPARER'S SIGNATURE  SCOTT R MEYER CPA PC  FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)  1700 EAST FORT LOWELL RD STE  FIRM'S STREET ADDRESS	DATE		P01200065  PAID PREPARER'S PTIN  86-0841040  FIRM'S EIN OR SSN  520-881-3734  FIRM'S TELEPHONE NUMBER		
	Tucson	AZ state		85719 · ZIP CODE		

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

