Green Valley Recreation, Inc. 2017 Exempt Organization Returns

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OWR	No.	1545-1	8/

For calendar year 2017, or fiscal year beginning _____, and endir

2017

Department of the Treasury		not send to the iks. Keep for your records.		2017
Internal Revenue Service	► Go to www	v.irs.gov/Form8879EO for the latest information.		
Name of exempt organization			Employer identifie	cation number
C W-11 D	: T		02 710560	0
Green Valley Recro	eation, inc		23-718562	9
vame and title of officer				
CHERYL MOOSE, CFO				
Part I Type of R	eturn and Return Infor	mation (Whole Dollars Only)		
Check the box for the return	for which you are using this F	orm 8879-EO and enter the applicable amount, if a	ny from the return. If	VOLL
	[2018] [2018] - 이 [2018] 이 아니라 [2018] - 아니는 아니는 아니라 [2018] - 아니아 [2018] - 아니아 [2018] - 아니아 [2018] - 아니아 [2018]	amount on that line for the return being filed with the	[10] [10] [10] [10] [10] [10] [10] [10]	NG02-1-1-11
		plank (do not enter -0-). But, if you entered -0- on the		
			e return, then enter -	J- 011
ne applicable line below. D	o not complete more than one	e line in Part I.		
1a Form 990 check here	▶ X b Total revenue, if	any (Form 990, Part VIII, column (A), line 12) .		1b 11,387,598
2a Form 990-EZ check he		e, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check		(Form 1120-POL, line 22)		
4a Form 990-PF check he		n investment income (Form 990-PF, Part VI, line 5		
5a Form 8868 check here	▶ ☐ b Balance Due (Fo	rm 8868, line 3c)		5b
		*		
Part II Declaration	on and Signature Author	orization of Officer		
		the above organization and that I have examined a	conv of the	
		chedules and statements and to the best of my know		01/
[18] [18] [18] [18] [18] [18] [18] [18]		mount in Part I above is the amount shown on the c		s y
		mediate service provider, transmitter, or electronic r))
		from the IRS (a) an acknowledgement of receipt or		5
		ng the return or refund, and (c) the date of any refun		OI .
		gent to initiate an electronic funds withdrawal (direc		
		n software for payment of the organization's federal		
		account. To revoke a payment, I must contact the L		ial
		ior to the payment (settlement) date. I also authorize		
		ses to receive confidential information necessary to		
		ersonal identification number (PIN) as my signature		
		ent to electronic funds withdrawal.	11	
Officer's PIN: check one b				
X I authorize SCOT	T R MEYER CPA PC	to enter my PIN 85629	as my signatu	ire
	ERO firm name	Enter five numbers	S\$5,0000B	
		do not enter all zer		
on the organization	's tax year 2017 electronically	filed return. If I have indicated within this return that	a copy of the return i	s
		rities as part of the IRS Fed/State program, I also at	uthorize the aforemen	ntioned
ERO to enter my P	IN on the return's disclosure co	onsent screen.		
As an officer of the	organization, I will enter my PI	N as my signature on the organization's tax year 20	17 electronically filed	return.
		the return is being filed with a state agency(ies) regi		
the IRS Fed/State	program, I will enter my PIN on	the return's disclosure consent screen.		
en e				-
Officer's signature			te ▶ 07-31-20	18
Part III Certificat	ion and Authentication	1		
ERO's EFIN/PIN. Enter you	ır six-digit electronic filing ident	ification		
number (EFIN) followed by	your five-digit self-selected PIN	Ĭ.	867760 0461	1
400007		·-		enter all zeros
Loodify that the	and a track and DIN or black to	available to the 2017 of the Country	-1	
		ny signature on the 2017 electronically filed return fo		105)
		in accordance with the requirements of Pub. 4163,	wodernizea e-Filê (N	ier)
mormation for Authorized I	RS e-file Providers for Busines	os netullis.		
ERO's signature		Dat	te ▶ 07-13-20	18
			0. 10 20	
	EDO Mus	t Retain This Form - See Instructions		
			T- D- C-	
	DO NOT Submit Thi	s Form to the IRS Unless Requested	10 00 50	

Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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 Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print Green Valley Recreation, Inc 23-7185629 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions Green Valley, AZ 85622 0 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 02 Form 4720 (other than individual) Form 4720 (individual) 03 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) Form 8870 12 06 • The books are in the care of

CHERYL MOOSE, PO BOX 586, Green Valley, AZ 85622 FAX No. ▶ 520-625-2352 Telephone No. ► 520-625-3440 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) a list with the names and EINs of all members the extension is for. 11-15 , 20 18 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar 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. 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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2017)

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

on 50 (c), 527, or 4947(a)(1) or the internal Revenue Code (except private roundations)

▶ 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.

OMB No. 1545-0047

Open to Public Inspection

_ /	A F	or the	2017 calend	lar year, or tax	year begin	ning		, 2017, and e	ending		, 20
E	3 (heck if ap	oplicable:	C Name of organ	nization Gree	n Valley Red	creation, Inc			D	Employer identification no.
Γ	٦	ddress ch	nange	Doing busines							23-7185629
ī	=	lame char				x if mail is not delivered	to street address)		Room/suite		Telephone number
۰ř	=	nitial return		PO Box		X II Mail 15 Hot delivered	to street address)		T COMPOUND	- 1	(520) 625-3440
F	=					Gross receipts					
ŀ	=		n/terminated			, country, and ZIP or fore	ngn postal code			1	1 10 10 10 10 10 10 10 10 10 10 10 10 10
F	₹	mended r				AZ 85622					\$ 11,387,598
-	^	pplication	pending	F Name and add	fress of principa	l officer:			H(a) Is this a group		
-				[1			7	H(b) Are all subc	ordinates	included? Yes No
1	Т	ax-exemp	t status:	501(c)(3)	501(c)(4) (insert no.)	4947(a)(1) or	527	If "No,"	attach a	list. (see instructions)
<u> 1</u>	V	lebsite:		v.gvrec.or	g				H(c) Group exe	mption n	umber •
K				Corporation	Trust Ass	sociation Other	•	L Year of formation:	1972 M State	of legal	domicile: AZ
100	Pa	tl	Summar	У							
		1	Briefly descr	ibe the organization	ation's missi	on or most signification	ant activities: To	promote the	common good	and	general
•	e		welfare	of its men	mbers th	rough the op	peration and	maintenance o	f recreation	nal a	and social
	Governance		faciliti	es and the	e sponso	rship of cul	ltural, educa	tional and ci	vic activit	ies c	of the senior
	ern		communit	y of Green	n Valley	, AZ					
	<u></u>	2	Check this b	ox ► ∐ if the	organization	n discontinued its o	perations or dispose	d of more than 25%	of its net assets.		i
	യ ഷ	3	Number of v	oting members	of the gove	rning body (Part VI	, line 1a) • • • •			3	12
	Se	4	Number of in	ndependent vot	ing member	s of the governing	body (Part VI, line 11	3)		4	12
	Ę	5	Total number	r of individuals	employed in	calendar year 201	7 (Part V, line 2a)			5	132
1	Activities &	6	Total number	r of volunteers	(estimate if	necessary) · ·				6	100
1	⋖	7a	Total unrelate	ed business re	venue from	Part VIII, column (0	C), line 12			7a	0
		b	Net unrelated	d business taxa	able income	from Form 990-T,	ine 34			7b	0
						A			Prior Year		Current Year
		8	Contributions	s and grants (P	art VIII, line	1h) , .			9,043	,494	9,959,808
	ne	9	Program ser	vice revenue (F	Part VIII, line	2g)				,957	747,359
	/en					1000	d)		39	,364	643,898
	Revenue	1 5000				4007	Oc, and 11e)			,321	36,533
		1				N N N N N N N N N N N N N N N N N N N	II, column (A), line 1		9,967		
-		_				X, column (A), line				/	0
-						(, column (A), line	A-1- 11.0000-X				0
						4000	column (A), lines 5-	10)	4,156	.707	4,481,186
	Expenses					VOUCES CONTRACTOR	e) • • • • • • • •	7.0	-/	7.0.	0
	en	200 0				umn (D), line 25)	No.	33,255			
	χż	in terms		NEL	· •	nes 11a-11d, 11f-24			4,787	878	4,825,040
	_					equal Part IX, colu			8,944		
		0.550			A04 A00*	A		3	1,022		2,081,372
	- Se	-	1101011100	•					Beginning of Current		End of Year
	anc.	20	Total assets	(Part X, line 16	a Wand	g			28,152	100000000000000000000000000000000000000	31,798,056
	Asse	21		s (Part X, line 2	STATE OF THE PARTY				3,405	-	4,969,727
m	Net Assets or Fund Balances	22		-	1000	line 21 from line 20			24,746		26,828,329
7	Pai		40000	re Block					21/.10	700.	20/020/025
-	Unde	r penaltie:	s of perjury, I ded	clare that I have exa				ents, and to the best of my h	knowledge and belief, it	is	
_	true,	correct, ar	nd complete. Dec	claration of prepare	r (other than off	icer) is based on all infor	mation of which preparer h	nas any knowledge.			
			CHER	YL MOOSE							
5	Sigi	1		re of officer						Date	
H	ler	e i	CHER	YL MOOSE,	CFO						
			-	print name and title							
ľ			Print/Type pre	eparer's name		Preparer's signature		Date	Check	if P	TIN
F	Paid	i	580 380 3	R Meyer CP	A A	Dutton	SPA	07-13-2018	self-employ		P01200065
F	re	oarer	Firm's name		- Annual Company of the Company of t	MEYER CPA PO	: 0		Firm's EIN		
_		Only	Firm's addres			T FORT LOWE		5	Phone no.		
				566	Tucson A		reaction of the second		1000000 Maria 1000 Mar	20-88	31-3734
N	/lay t	he IRS	discuss this			own above? (see in	nstructions)				· · · X Yes No

Part IV

Checklist of Required Schedules 23-7185629

		101	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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 · · · · · · · · · · · · · · · · ·	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
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	10		Χ
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.			7
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
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	11b	Χ	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
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	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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 X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	20000		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
50107	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
15000	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Checklist of Required Schedules (continued) Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · · ·	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Χ
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? If "Yes," complete Schedule L, Part II	26		Χ
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part IJ	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
200	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		3.7
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		v
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
38		38	Х	
	19? Note. All Form 990 filers are required to complete Schedule O.	30	Λ	

Page 5

Form 990 (2017) Green Valley Recreation, Inc

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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 132			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	100000000000000000000000000000000000000	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
8 <u>—</u> 8	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			17
	and services provided to the payor?	7a	_	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
٦	If "Yes," indicate the number of Forms 8282 filed during the year	76		Λ
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
e f	Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			THE SE
•	sponsoring organization have excess business holdings at any time during the year?	8		SHA
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	SERVICEON	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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 10b			
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 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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	SALES IN S	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
0.22	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4		
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		

Form 990 (2017) Page 6 Green Valley Recreation, Inc 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar 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 any other officer, director, trustee, or key employee? 2 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? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8b 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.) Yes No Did the organization have local chapters, branches, or affiliates? 10a 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 filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 X Did the organization have a written whistleblower policy? Χ 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Χ 15b X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the X organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Arizona 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. Indicate how you made these available. Check all that apply. Own website Another's website X 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

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

financial statements available to the public during the tax year.

Form 990 (2017)

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Green Valley Recreation, Inc

23-7185629

Page 7

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.

	compensated employees, and former such persons.										
	Check this box if neither the organization nor any related	organization	comp	ensa	ated	any	current	offi	cer, director, or tru	stee.	
						(C)	4	8			
	(A)	(B)				sition		A	(D)	(E)	(F)
,	Name and Title	Average					nan one	Blanc	Reportable	Reportable	Estimated
	Name and Title	hours per					s both an /trustee)	-	compensation	compensation from	amount of
		week (list any			1	Same.	A CORPORATION AND ADDRESS OF THE PARTY OF TH		from	related	other
		hours for related	9 5	5	0		ω Т	T	the organization	organizations (W-2/1099-MISC)	compensation from the
1		organizations	divid	stitu	Officer	ey e	ighe	Former	(W-2/1099-MISC)	(**-271033-141100)	organization
		below dotted	dual	tion		key employee	st co	٩			and related
		line)	Individual trustee or director	nstitutional trustee	7	уее	du	» I			organizations
			66	stee		10	Highest compensated employee				
		A STATE OF THE PARTY OF THE PAR			tenetif	97	ted				
			4	A 7	and the same			- 1			
88	(4) 5 1 - 11		- 1		_	\vdash		\dashv			
,	(1) Bob Allen	4.00	37	7	37						
	Treasurer		X		X	\vdash		-	0	0	00
	(2) Don Lathrop	2.00	3.7								
	Director		Χ					-	0	0	00
	(3) Lance Heise	_ 3.00_									
١.,	Secretary		Χ		X	\vdash		-	0	0	0
9	(4) Jim Nelson	5.00						- 1			
١	President	•	Χ					_	0	0	00
	(5) Kathy Palese	2.00						- 1			
	Vice-President		Χ		Х			_	0	0	0
	(6) Donna Coon	2.00									
١.	Asst Secretary		Χ		X			_	0	0	0
l,	(7) Denise Nichols	2.00									
-	Director		Χ						0	0	00
١	(8) Tom Sadowski	2.00									
- 5	Director		Χ						0	0	00
	(9) Roger Myers	2.00									
	Asst Treasurer		Χ		Χ				0	0	00
	(10)David Messick	2.00									
L	Director		Χ						0	0	0
	(11)Tim Stewart	2.00									
١	Director		X						0	0	0
	(12)Carol Crothers	2.00									
- 10	Director		Χ						0	0	0
,	(13)Kent Blumenthal	50.00						T			
	CEO					X			142,605	0	0
ı	(14)								•		

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, ar	nd H	lighe	est (Comp	ensa	ted Employees (d	continued)		
	(A) Name and title	(C) (B) Position (D) (E) Average box, unless person is both an Reportable Reportal						(E) Reportable	E	(F)		
	, to the distance	hours per	100000000000000000000000000000000000000				rustee)		compensation	compensation from	1000	mount of
		hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or	other npensation from the ganization
		below dotted line)	rustee	l trustee		yee	Highest compensated employee					nd related ganizations
(15)												
(16)												
<u>(17)</u>												
(18)								1				
(19)												
4									3			
(21)							and the second					
								>				
						9						
(24)												
(25) 1b	Sub-total											
C	Total from continuation sheets to Part VII, Section							•				
d	Total (add lines 1b and 1c)								142,605	C		0
2	Total number of individuals (including but not limited											
	reportable compensation from the organization	>								1		
3	Did the organization list any former officer, director,			loye	e, oi	r hig	hest c	omp	ensated			Yes No
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep			nn ar	nd o	 ther	comp	 ensa	tion from the		3	X
	organization and related organizations greater than sindividual	\$150,000? If	"Yes,"				70				4	X
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," or	mpensation	from a	700			0.75		on or individual		5	X
Secti	on B. Independent Contractors											
1	Complete this table for your five highest compensate compensation from the organization. Report compensation											
	year. (A)								(B)			(C)
	Name and business address								Description of s	sei Vices	Com	pensation
2	Total number of independent contractors (including by received more than \$100,000 of compensation from			se li	sted	abo	ve) w	no				o Pilliago Logalista (n. 1900)

Part VIII

		Check if Schedule O contains a response	or no	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10.10	1a	Federated campaigns	1a					the same of the
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	6,627,415				
P E	c	Fundraising events	1c	0,027,413				
ifts, ir A	d	Related organizations	1d					
a; E	e	Government grants (contributions)	1e					
ons	f	All other contributions, gifts, grants,	-10					
buti	١.	and similar amounts not included above	1f	3,332,393				
doiti	g	Noncash contributions included in lines 1a-		3,332,393				
g g	h	Total. Add lines 1a-1f		0.050.000				
-		Total. Add lines 1a-11			9,959,808			
e	22	Doggoodi anal maamana		Business Code	747 250	747 350		
Program Service Revenue	b	Recreational programs	_	713990	747,359	747,359		
e R								
Ş	d							
n Se	e	<u> </u>						
grar	-	All other program service revenue						
Pro	f	Total. Add lines 2a-2f			747 250	Early management		Sales and Australia
1	100				747,359			
	3	Investment income (including dividends, inte and other similar amounts)			642 000			643 000
	4	Income from investment of tax-exempt bond			643,898	4		643,898
	5	Royalties				S-700		
	"				Charles of the Control of the Contro			entral establishment
	60	Gross rents · · · · · · ·		(ii) Personal				
		Less: rental expenses · · · ·						
		Rental income or (loss)		4				
		Net rental income or (loss)						
	5000	THE CONTRACT OF THE PROPERTY O	- 100					
	/a	Gross amount from sales of (i) Securities assets other than inventory	s	(ii) Other		0.042243		
					ALEXT POLICE			
	D	Less: cost or other basis and sales expenses						
	c	Gain or (loss)					NEST TREE	
	1	Net gain or (loss)	1		2012/12/10/16/16/17/2015 N. 10/20/16	la di la sanctare de la		deliberation delib
e		Gross income from fundraising	A					
enne	"	events (not including \$						
Other Rev		of contributions reported on line 1c).						
e.		See Part IV, line 18 · · · · · · · · · ·	. а			All bearings		
₽	b	Less: direct expenses						
Ü	1	Net income or (loss) from fundraising events			costriction de printe de la constant			
		Gross income from gaming activities.						
	"	See Part IV, line 19 · · · · · · · · · · · ·						
	b	Less: direct expenses						
		Net income or (loss) from gaming activities						343020000000000000000000000000000000000
	l		7. 7.					
	Iva	Gross sales of inventory, less returns and allowances	а					
	b	Less: cost of goods sold			Alba Albani	All the sections		
	ı	Net income or (loss) from sales of inventory			ROLL SELECT SERVICES AND ASSESSED.		er, a 1. 2 augustus Schlift Geelle	
		Miscellaneous Revenue		Business Code				
	11a	Miscellaneous		713990	36,533	36,533		a resource to wat the second
	b				23,000	22,000		
	С							
	d	All other revenue	•					*
		Total. Add lines 11a-11d			36,533			
		Total revenue. See instructions			11.387.598	783.892	0	643.898

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Form 990 (2017) Green Valley Recreation, Inc 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).

Sec	Charle if School II O contains a response of potential	The state of the s		· · · · · · · · · · · · · · · ·	V
	Check if Schedule O contains a response or note to	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
1	9b, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
٠,					
•	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):				
а	Management				
b	Legal	133,672	82,304	50,685	683
С	Accounting	8,000	5,200	2,400	400
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column		1000 100 1000 1000		
	(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		p processor contraction	safetraceuses personales	700
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	Operating supplies	293,221	256,117	36,362	742
b	Event supplies	52,263	46,746	5,407	110
C	Communications	78,355	66,008	12,100	247
d	Bank/CC/Payroll process fees	90,855	51,269	38,794	792
e	All other expenses	492,568	330,047	156,270	6,251
25 26	Total functional expenses. Add lines 1 through 24e	9,306,226	7,644,525	1,628,446	33,255
20	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				
EΕΛ	following SOP 98-2 (ASC 958-720)				Form 990 (2017)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	4,183,637	2	4,539,157
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	93,754	4	123,604
	5	Loans and other receivables from current and former officers, directors,		End to a	
		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			
g.		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	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	155,699	9	173,447
	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	16,348,308	10c	16,686,927
	11	Investments - publicly traded securities	1,338,825	11	781,936
	12	Investments - other securities. See Part IV, line 11	The state of the s	12	9,492,985
	13	Investments - program-related. See Part IV, line 11		13	***************************************
	14	Intangible assets	4	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	31,798,056
	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	
Se	22	Loans and other payables to current and former officers, directors,			
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			
ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	24,746,957	27	26,828,329
Ba	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), check here and			
0.0		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds · · · · · · ·		32	
-	33	Total net assets or fund balances		33	26,828,329
	34	Total liabilities and net assets/fund balances	28,152,478	34	31,798,056
EEA					Form 990 (2017)

Pa	rt XI Reconciliation of Net Assets				Table 1	
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🗆</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	87,5	598	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1		2,0	81,3	372	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	4,7	46,9	957	
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	2	6,8	28,3	329	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲	
		Fine		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	:	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			Χ		
	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.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?	[3a		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	;	3b			

EEA

Form 990 (2017)

SCHEDULE D (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization

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

	een Valley Recreation, Inc	23-7185629
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
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?	
Pa	rt II Conservation Easements.	
	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).	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified hist	252
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	ervation
- Ti	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
-	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	
070	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 e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen	nents 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)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
10	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be	palance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance 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	nce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance 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, pro	ovide 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	
h	Assets included in Form 990 Part X	• \$

1 G	Organizations Maintaining Conections of Art, Thistorical Treasures, or other chimal A	3300	3 (00///	maca	_
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):				
а	Public exhibition d Loan or exchange programs				
b	Scholarly research e Other				
С	Preservation for future generations				
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?		Yes	П	No
Pa	rt IV Escrow and Custodial Arrangements.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount	ount	on Forr	n	
	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?		Yes	П	No
b	If "Yes," explain the arrangement in Part XIII and complete the following table:				
~		Amoun	ıt		
С	Beginning balance	inioan			_
d					
e	Distributions during the year 1e				_
f	Ending balance				_
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		. \square Vos	П	No
	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.			=	110
_	rt V Endowment Funds.				
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 10.				
8			(a) Farana	asa basi	_
4.	(a) Current year (b) Prior year (c) Two years back (d) Three years back Beginning of year balance	ж	(e) Four ye	ars back	_
1a		-+			
b	Contributions	-+			_
С					
	losses	\rightarrow			
		\dashv			_
е	Other expenditures for facilities and				
	programs · · · · · · · · · · · ·	\rightarrow			
f	Administrative expenses · · · · · · · ·	\rightarrow			
g	End of year balance	\bot			_
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment				
b	Permanent endowment >%				
С	Temporarily restricted endowment %				
	The percentages on lines 2a, 2b, and 2c should equal 100%.				
3a	Are there endowment funds not in the possession of the organization that are held and administered for the				
	organization by:		Y	es N	o
	(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 organization's endowment funds.				
Pa	rt VI Land, Buildings, and Equipment.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, I	Part)	X, line 1	10.	
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated		(d) Book va	alue	
	(investment) (other) depreciation				
1a	Land 4,237,254		4,23	7,25	1
b	Buildings			9,18	
С	Leasehold improvements				
d	Equipment 7,753,520 4,933,660		2,81	9,860)
е	Other STMD1E . 1,393,292 262,665		1,13		
Tota	al. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		16,68		
	· · · · · · · · · · · · · · · · · · ·	Cabaa	lulo D /Form		_

Schedule D (Form 990) 2017 Green Valley Re	ecreation, Inc	23-718	35629 Page
Part VII Investments - Other Securities.			
Complete if the organization answere	ed "Yes" on Form 990, Pai	rt IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		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 answere	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	
1-, 2	(-)	Cost or end-of-year market	
(1)			
(2)			
(3)			
(4)			
(5)	4		
(6)		7	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answere	d "Yes" on Form 990. Par	rt IV. line 11d. See Form 990.	Part X. line 15.
	Description	,	(b) Book value
(1)	yest iputin		(b) book value
(1)			
(3)			
	_		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X Other Liabilities.	d "Voe" on Form 000 Per	t IV/ line 11e or 11f Coe Form	m 000 Port V
Complete if the organization answere	ed "Yes" on Form 990, Pai	nt IV, line The or Thi. See For	11 990, Part A,
line 25.	r		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)		构体的图象系统合义和特别	
(3)			
(4)			
(5)			
(6)			

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-

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
_ C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ei Ketuiii.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses · · · · · · · · · · · · · · · · · ·	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	rt XIII Supplemental Information.	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part	X, line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

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 for the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

QUI/ Open to Public

23-7185629 Green Valley Recreation, Inc 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

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.

also report any changes to the board at any board meeting.

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.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
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	

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 #D1e 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	1,393,292	262,665	1,130,627



990 Overflow Statement Name(s) as shown on return Green Valley Recreation, Inc 2017 Page 1 FEIN 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		 52,497
Other		 60,688
Postage	T	7,940
Printing		51,109
Permits and fees		12,631
Small equipment and minor furniture		 140,658
	Total:	\$ 330,047

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

Description		M	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
		Total:	\$ 156,270

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

Part IX, Line 24g, Other Expenses, Fundraising

Description		Z A	mount
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
	Total:	\$	6,251

Arizona	Forn
99	9

Arizona Exempt Organization Annual Information Return

2	^	A	7
Z	U		1

For th	ne ⊠ calenda	ar year 2017 or 🔲 fiscal year beginning	and ending_		
CHECK ON	NE:	Name	Em	ployer Identification Nur	nber (EIN)
☑ Original	100000	Green Valley Recreation, Inc	2	3-7185629	
Amende	1000	Address - number and street or PO Box			
(with area co	ephone Number de)	PO Box 586 City Town or Post Office State	to 7ID	Code	
• 0900000000000000000000000000000000000	>0.0277 * 2	ony, rount or root office			
7	25-3440	Green Valley A	.Z 85	622	
68 Check				led under extension:	
A Date Ar	rizona operation	s began: 05-12-1972 82	82F		
B Nature	of Arizona activi	ties: Recreation, education, social			
C Federa	I form filed:	990 990-EZ Other (specify) REV		O NOT MARK IN THIS AR	EA.
NONPROF	IT MEDICAL MA	ARIJUANA DISPENSARY (NMMD) ONLY -	J		
D NMI	MD Registry Idea	ntification Number:			
E What ty	pe of entity is th	ne dispensary?			
Corp	poration Lim	nited Liability Company (LLC) Partnership S corporation			
Sole	Proprietorship	81	PM	66 RCVD	
		LC, what is the federal tax classification?	-		
		regarded Entity Partnership S corporation			
S		an LLC, a partnership or an S corporation, include a schedule that lists the follow	ving ownership in	formation:	
	191 5	, and ownership percentage at the end of the tax year.	ving ownership in	iormation.	
	le, address, riiv I form filed:	1040 1041 1065 1120 1120-S Other (specify)			
G redera	i iorin illea.	1040 1041 1065 1120 1120-3 1 Other (specify)			
Source	s of Income				
			€ 00		
	s sales from bus				
			-		
		iness activities: Subtract line 2 from line 1			
	alakanda ku atu ka 19 - 19 - 19 -		CACON 00		
			00		
6 Rents	s and royalties		00		
7 Gain	or (loss) from sa	ales of assets, excluding inventory items	00		
8 Dues	, assessments,	etc., from members · · · · · · · · · · · · · · · · 8	00		
9 Dues	, assessments,	etc., from affiliates	00		
		rants, etc., received	00		
		e itemized statement	00		
	income: Add line			12	00
_	strative Exp				
		cers, directors, trustees, etc	00		
		other than amounts included on line 2	00		
			00		
			00		
			00		
		schedule	00		
			00		
	1000	sest Include itemized statement		10.700	00
	- Community	lines 13 through 19		20	100
	sements				100
		current income for exempt purposes from page 2, line A6	The same of the same of the same of	21	00
		principal for exempt purposes from page 2, line B6		22	00
		not itemized on Schedule A or Schedule B: Include schedule		23	00
	ulation of In				1
		me in current year: Line 12 less the sum of lines 20, 21, 22, and 23		24	00
		me at beginning of year		Control of the Contro	00
		me at end of year: Add lines 24 and 25		26	00
Penalty					
27 Pena	lty for late filing	or incomplete filing. See instructions		27	00
	THE BUSINE	ESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOM	MPLETE. A.R.S.	§ 42-1125(K).	

Nam	e (as shown on page 1)		EIN			1
	Green Valley Recreation, Inc		23-71856	29		
SC	HEDULE A Disbursements From Current Income for Exempt F		ses			
A1	Dues, assessments, etc., to affiliates	A1	00	4		
A2	Contributions, gifts, grants, etc., paid · · · · · · · · · · · · · · · · · · ·	A2	00	1		
A3	Benefit payments to or for members or their dependents:					
	A3a Death, sickness, hospitalization, disability, or pension benefits $\cdots \cdots \cdots$	A3a	00			
	A3b Other benefits	A3b	00			
A4	Dividends and other distributions to members, shareholders, or depositors $\cdots \cdots$	A4	00			
A5	Other	A5	00			
A6	Total: Add lines A1 through A5. Enter total here and on page 1, line 21			A6		00
SC	HEDULE B Disbursements From Principal for Exempt Purpose	es				
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	ВЗа	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
SC	HEDULE C Balance Sheet					
NOT	E: Amounts reported in included schedules and in this column should be end of year amounts	ounts.	(a)		(b)	
	Assets		Beginning of Year		End of Year	
C1	Cash		00	C1		00
C2a	Accounts receivable	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		00
C6	Investments (other): Include schedule		00	C6		00
C7a	Land, buildings, and equipment; basis:	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):	- 1	00	C8		00
C9	Total assets: Add lines C1 through C8	· · ·	00	C9		J 00
			· · · · · · · · · · · · · · · · · · ·			
	Liabilities					
C10	Accounts payable and accrued expenses		00	C10		00
C11	Mortgages and other notes payable: Include schedule	-	00	C11		00
C12		, [00	C12		00
C13	Total liabilities: Add lines C10 through C12		00	C13		00
1010130000						
	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)		EIN
Green Valley Recreation,	Inc	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 D	CFO TITLE				
Paid Preparer's	Scott R Meyer CPA PAID PREPARER'S SIGNATURE SCOTT R MEYER CPA PC	7(13/18) DATE	P01200065 PAID PREPARER'S PTIN 86-0841040			
Use Only	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 1700 EAST FORT LOWELL RD STE FIRM'S STREET ADDRESS	2.5	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

