PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	e 2022 calendar year, or tax year beginning and	ending	_		
В	Check if applicable	C Name of organization		D Employer identific	cation number	
	Addres	GREEN VALLEY RECREATION, INC				
	Name change			23-71856	29	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 586	E Telephone number 520-625-3440			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,757,353.	
	Ameno return	GREEN VALLEY, AZ 85622		H(a) Is this a group re	eturn	
	Applic			for subordinates	? Yes X No	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No	
<u></u>	Tax-exe	empt status: 501(c)(3) X 501(c)(4) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions	
	Websit			H(c) Group exemption		
		organization: X Corporation Trust Association Other	L Year	of formation: 1972 N	1 State of legal domicile: AZ	
Р	art I	Summary				
ė	1	Briefly describe the organization's mission or most significant activities: TO PI	ROMOTE	THE COMMON	GOOD AND	
Activities & Governance		GENERAL WELFARE OF ITS MEMBERS IN THE COL				
/err	1	Check this box if the organization discontinued its operations or dispos		l I	ssets. 12	
ĝ				3	12	
≪ ″		Number of independent voting members of the governing body (Part VI, line 1b)			145	
ij		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			514	
χį		Total number of volunteers (estimate if necessary)			0.	
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
_	 	Net difference business taxable freeine from our office of the arti, fine 11		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		30,382.	0.	
		Program service revenue (Part VIII, line 2g)		11,103,689.	11,342,115.	
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		344,730.	129,601.	
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,594.	43,160.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,520,395.	11,514,876.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,453,480.	5,218,507.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,178,519.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,631,999.	10,511,760.	
. (/	19	Revenue less expenses. Subtract line 18 from line 12		888,396.		
Net Assets or	<u> </u>		Re	ginning of Current Year	End of Year	
Ssel	20	Total assets (Part X, line 16)		37,554,278.	37,137,120.	
let A	21	Total liabilities (Part X, line 26)		5,703,060. 31,851,218.	5,856,518. 31,280,602.	
	≧∣22 art II	Net assets or fund balances. Subtract line 21 from line 20		31,031,210.	31,200,002.	
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatem	ents and to the hest of my	v knowledge and helief it is	
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Knowledge and Delici, it is	
	, 001100	Gand complete. Declaration of property (early than entitle) to become on an information of whi	non propuror	nao any knowledge.		
Sig	ın	Signature of officer		Date		
He		MARGE GARNEAU, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN	
Pai	d	DAVID F SAMER		if self-employe	P00182147	
Pre	parer	Firm's name R & A CPAS A PROFESSIONAL CORPORA	ATION		6-0550947	
Use	Only	Firm's address 4542 E. CAMP LOWELL STE. 100				
		TUCSON, AZ 85712		Phone no. (5		
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No	
					E 000 (0000)	

232002 12-13-22

including grants of \$

8,045,303.

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		3,7	
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		Α_
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		25
•••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	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 for any	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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 Part IX,	10		22
17	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 Part VIII, lines	- '' -		
.0	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х

Part IV Checklist of Required Schedules (continued)

				Γ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
b	Schedule K. If "No," go to line 25a	24a		
	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		Х
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			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ _V
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		- 25
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
-	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		\ _{3,7}	
Pai	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contiduid Coothains a response of note to any line in this rail v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		1.55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
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 145			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	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	e 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 contribut	•			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
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	•			
	to file Form 8282?	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		0		
а	51.11		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			37
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		Х
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	LINCOINE!	16		- 22
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
"	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		••		

232005 12-13-22

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
_	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		····	_		
Ū	of officers, directors, trustees, or key employees to a management company or other person?			з		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
_			·····	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		⊢	6	Х	-25
6 7-	Did the organization have members or stockholders?		├-	0	-21	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•	١.	.	Х	
	more members of the governing body?		·····	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			_	v	
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-			37	
а	The governing body?			3a	X	
b	Each committee with authority to act on behalf of the governing body?		[_{	3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		1	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the forr	n? 1	1a	Х	
b	Describe on 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		1	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	1	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," describe				
	on Schedule O how this was done		1	2c		Х
13	Did the organization have a written whistleblower policy?		· ·	13	X	
14	Did the organization have a written document retention and destruction policy?		· ·	14	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		1	5a		Х
b	Other officers or key employees of the organization			5b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		···· F			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?		- [1	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		···· F			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
			1	6b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure		····· '	OD		
17	List the states with which a copy of this Form 990 is required to be filed NONE					
		d 000 T (section 501	(0)(2)0	only)	ovoile	ablo
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	ia 990-1 (96011011 30 1	(0)(3)8	or ity)	availa	aDI C
		on Cohodula Ol				
40		on Schedule O)		c:		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	milict of interest polic	y, and	ıınar	icial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's both DAVID WEBCHER - 520-938-0145	oks and records				
	DAVID WEBSTER - 520-838-0145					
	PO BOX 586, GREEN VALLEY, AZ 85622					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		((C)		nout	(D)	(E)	(F)
Name and title	Average hours per	(do	not c	Pos heck	more	l than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				r/trus		from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or c	stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıl trust	nal tru		loyee	e duos		1099-NEC)	·	and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) SCOTT SOMERS	40.00	_	_							
CEO				Х				175,536.	0.	15,176.
(2) DAVID WEBSTER	40.00									
CFO				Х				104,626.	0.	15,176.
(3) KATHI BACHELOR	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) DONNA COON	2.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) CAROL CROTHERS	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) BART HILLYER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) JIM CARDEN	2.00									•
ASSISTANT TREASURER	0 00	Х		Х				0.	0.	0.
(8) LAUREL DEAN	2.00	,,		,,					0	0
ASSISTANT SECRETARY	2 00	Х		Х				0.	0.	0.
(9) CONNIE GRIFFIN	2.00	,,							•	0
DIRECTOR	2 00	Х						0.	0.	0.
(10) MIKE ZELENAK	2.00	, .							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(11) RANDY HOWARD	2.00	х						0.	0.	0.
DIRECTOR (12) CURTONIA GALLEGOS	2.00	Λ						0.	0.	0.
(12) CHRISTINE GALLEGOS DIRECTOR	2.00	Х						0.	0.	0.
(13) BEV LAWLESS	2.00							•		•
DIRECTOR		х						0.	0.	0.
(14) MARK MCINTOSH	2.00							-		
DIRECTOR		х						0.	0.	0.
(15) TED BOYETT	2.00									
DIRECTOR		Х						0.	0.	0.
(16) NINA CAMPFIELD	2.00									
DIRECTOR		Х						0.	0.	0.
(17) BARBARA BLAKE	2.00									
DIRECTOR		Х						0.	0.	0.

232007 12-13-22

Form 990 (2022) GREEN VA	LLEY REC	CRE	CAE	CIC	NC	, -	INC	C	23-7185	629 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(18) BETH DINGMAN	2.00	X						0.	0.	_
DIRECTOR (19) NANCY AUSTIN	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(20) STEVE GILBERT DIRECTOR	2.00	X						0.	0.	0.
(21) GARY AUSTIN	2.00									
DIRECTOR		Х						0.	0.	0.
(22) DON WEAVER DIRECTOR	2.00	х						0.	0.	0.
1b Subtotal								280,162.	0.	30,352.
c Total from continuation sheets to Part \								0.	0.	0.
d Total (add lines 1b and 1c)								280,162.	0.	30,352.
2 Total number of individuals (including but	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0.000 of reportable	

compensation from the organization

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CIMARRON CIRCLE CONSTRUCTION	CONSTRUCTION	
4325 E GRANT RD, TUCSON, AZ 85712	SERVICES	805,240.
MADERA CONSTRUCTION AND REMODELING	CONSTRUCTION	
PO BOX 413 , GREEN VALLEY, AZ 85622	SERVICES	189,197.
KENT MECHANICAL, INC.		
PO BOX 1805, ORACLE, AZ 85623	HVAC SERVICES	183,790.
BARKER CONTRACTING, INC.	CONSTRUCTION	
2127 E SPEEDWAY BLVD #101, TUCSON, AZ 85719	SERVICES	128,809.
ARIZONA HEALTH, LLC	FITNESS EQUIPMENT	
6245 E 22ND ST , TUCSON, AZ 85711	SERVICES	126,716.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization 5		

						LLEY	RECREATI	ON, INC		23-7185	629	Page	9
Pa	r L V	/111						=					\neg
			Check if Schedule O	con	itains a	response	or note to any lir	(A) Total revenue	(B) Related or exempt	(C)	Revenue	éxclude x under	
ts ts	1	a	Federated campaigns			1a						312 0	Ė
ran	•					1b							
Ğ.			Fundraising events			1c							
ar A			Related organizations			1d							
s, G			Government grants (contr			1e							
ion			All other contributions, gifts,		,								
the			similar amounts not included			1f							
n d Otri		g	Noncash contributions included in			1g \$							
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f										
							Business Code						
မွ	2	а	MEMBERSHIP DUES AND	A	SSESSM	IENTS	624110	10,046,740.	10,046,740.				
ē Ži		b	ACCESS CARD & LATE	FEI	ES		900099	872,646.	872,646.				
Se una		С	PROGRAM REVENUE				900099	401,566.	401,566.				
ran ev		d	FACILITY RENTAL				900099	21,163.	21,163.				
Program Service Revenue		е											
Δ.		f	All other program service	rev	enue						<u> </u>		_
		g	Total. Add lines 2a-2f					11,342,115.					
	3		Investment income (include								1		
								372,078.			3.	72,07	8.
	4		Income from investment of			-							
	5		Royalties										
	_		_) Real	(ii) Personal						
	6		Gross rents	6		43,105.							
			Less: rental expenses	61	_	0. 43,105.							
			Rental income or (loss)	60		-		43,105.				43,10	
	7		Net rental income or (loss Gross amount from sales of)		ecurities	(ii) Other	45,105.				±3,10	<u>.</u>
	′	а	assets other than inventory	7		Counties	(ii) Oti ioi						
		h	Less: cost or other basis	 '	a								
e e			and sales expenses	71		242,477.							
venue		С	Gain or (loss)	70		242,477.							
æ			Net gain or (loss)	_		-		-242,477.			-24	42,47	7.
Other	8		Gross income from fundraisi					·				•	
₹			including \$	•	,	of							
			contributions reported on										
			Part IV, line 18			8a							
		b	Less: direct expenses			8b							
		С	Net income or (loss) from	fun	draisin	g even <u>ts</u>							
	9	а	Gross income from gamin										
			Part IV, line 19										
			Less: direct expenses										
			Net income or (loss) from	-	-								
	10	а	Gross sales of inventory,			I							
			and allowances										
			Less: cost of goods sold				•						
-		С	Net income or (loss) from	sal	es ot in	ventory	Business Code						
Snc	11	-	MISCELLANEOUS REVEN	IJE.			900099	55.				5	5.
ne	''	a b						33.					
iscellaneous Revenue		C											_
<u> </u>			All other revenue										_

232009 12-13-22

172,761. Form **990** (2022)

11,514,876.

e Total. Add lines 11a-11d

Total revenue. See instructions

11,342,115.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must com	nolete all columns. All other ord	ganizations must complete column (A)

	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			g	4
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,917,784.	2,957,458.	960,326.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	105,293.	78,970.	26,323.	
9	Other employee benefits	898,865.	680,652.	218,213.	
10	Payroll taxes	296,565.	222,424.	74,141.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	86,539.		86,539.	
С	Accounting	27,811.		27,811.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	86,438.		86,438.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	63,587.	60,335.	3,252.	
12	Advertising and promotion	19,285.	19,285.		
13	Office expenses	100,367.	91,677.	8,690.	
14	Information technology	88,337.		88,337.	
15	Royalties				
16	Occupancy	1,521,342.	1,519,718.	1,624.	
17	Travel	97,416.	95,974.	1,442.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0.4.050		24 252	
20	Interest	24,073.		24,073.	
21	Payments to affiliates	1 505 310	1 406 300	100 004	
22	Depreciation, depletion, and amortization	1,595,312.	1,406,388.	188,924.	
23	Insurance	338,380.		338,380.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	418,998.	363,079.	55,919.	
b	RECREATION CONTRACTS	375,954.	375,954.		
С	UNCAPITALIZED EQUIPMENT	122,899.	71,601.	51,298.	
d	COMMUNICATION	107,705.	25,764.	81,941.	
е	All other expenses	218,810.	76,024.	142,786.	
25	Total functional expenses. Add lines 1 through 24e	10,511,760.	8,045,303.	2,466,457.	0
26	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 if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,759,783.	1	1,866,102.	
	2	Savings and temporary cash investments			2,505,099.	2	1,085,294.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			189,247.	4	49,711.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
şt	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	23,044
⋖	9	Prepaid expenses and deferred charges			310,603.	9	275,961.
	10a	Land, buildings, and equipment: cost or other		45 005 004			
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation		26,748,167.	17,990,084.		19,177,114
	11	Investments - publicly traded securities			2,784,922.		14,484,638
	12	Investments - other securities. See Part IV, line 1		9,966,518.	12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	40.000	14	185 056		
	15	Other assets. See Part IV, line 11			48,022.	15	175,256
	16	Total assets. Add lines 1 through 15 (must equa		_ _	37,554,278.	16	37,137,120
	17	Accounts payable and accrued expenses			252,796.	17	316,061
	18	Grants payable	1 C72 CCC	18	4 722 271		
	19	Deferred revenue			4,673,666.	19	4,733,271
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
e ii		trustee, key employee, creator or founder, subst					
Lia		controlled entity or family member of any of thes			99,000.	22	88,000
	23	Secured mortgages and notes payable to unrela			33,000.	23	00,000
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines					
		of Cohodulo D		· '	677,598.	25	719,186.
	26	Total liabilities. Add lines 17 through 25			5,703,060.		5,856,518
	20	Organizations that follow FASB ASC 958, che			377037000	20	3703073201
es		and complete lines 27, 28, 32, and 33.	OK HCI	ر ا <u></u>			
anc	27	Net assets without donor restrictions			31,821,218.	27	31,280,602.
Bal	28	Net assets with donor restrictions			30,000.	28	0.
pq		Organizations that do not follow FASB ASC 9			·		
Ŀ		and complete lines 29 through 33.	,				
ŏ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		31,851,218.	32	31,280,602.	
_	33	Total liabilities and net assets/fund balances		ı	37,554,278.	33	37,137,120.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,5		
2	Total expenses (must equal Part IX, column (A), line 25)	10,5	•		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,8		
5	Net unrealized gains (losses) on investments	5	-1,5		
6	Donated services and use of facilities	6		4,(000.
7	Investment expenses	7			
8	Prior period adjustments	8		-7,8	370.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	31,2	80,6	502.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule	e O.			X
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	d 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?		2t	, X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	; X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit	:		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	
			For	m 990	(2022)

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of o	rganization	ALLEY RECREATION	N TNC	Emp	oloyer identification number 23 – 7185629
Part I-A		ganization is exempt un		or is a section 527	
2 Politic	cal campaign activity expendi	zation's direct and indirect polit tures ign activities			
Part I-E	Complete if the org	ganization is exempt un	der section 501(c)	(3).	
1 Enter	the amount of any excise tax	incurred by the organization ur	nder section 4955		\$
2 Enter	the amount of any excise tax	incurred by organization mana	gers under section 4955	5	\$
		on 4955 tax, did it file Form 472			
					Yes No
	es," describe in Part IV.	ganization is exempt un	der section 501(c)	except section 501	(c)(3)
	-	d by the filing organization for s		•	. , . ,
	• •	nization's funds contributed to	· ·		Ψ
			· ·		\$
		s. Add lines 1 and 2. Enter here			
line 1	7b				\$
4 Did th	ne filing organization file Form	1120-POL for this year?			Yes No
made contr	e payments. For each organization payments properties that were properties that were properties to the properties of the	mployer identification number (I ation listed, enter the amount pa romptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	zation's funds. Also enter t anization, such as a separ	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

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			I KECKEAIIO			7103029 Page2
Part II-A Complete if the org section 501(h)).	janizatio	n is exe	mpt under sectio	n 501(c)(3) and fil	ea Form 5/68 (e	election under
				n Part IV each affiliated	group member's nar	ne, address, EIN,
B Check if the filing organiza	ition check	ed box A a	nd "limited control" pro	ovisions apply.		
		oying Expe eans amou	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to infli						
c Total lobbying expenditures (add I						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	(-,		the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc	,		
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000,	· ·			
3 (0) (0) (1) (000,000		Ψ1,000,				
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero	-					
j If there is an amount other than ze						
reporting section 4911 tax for this	_		· · ·			Yes No
Toporting Scotler 40 11 tax for time			eraging Period Under			
(Some organizations t	hat made	a section 5		have to complete all	of the five columns	below.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(o), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	, з		X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (c) ROTH Part III. A lines 4 and 9 are encurred.	n 501(c)(5), or se		- O io
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)("No" OR	ō), or se (b) Part		e 3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Inspection

Name of the organization

GREEN VALLEY RECREATION, INC

Employer identification number 23-7185629

1 Total number at end of year	Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ınds or A	ccounts. Complete if the			
2 Aggregate value of contributions to (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 inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of organization and preservation or exertified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to the last day of the tax year. a Total number of conservation easements b Total areage restricted by conservation easements 2 D Total areage restricted by conservation easements 2 D Total number of conservation easements in a certified historic structure included in (a) 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of conservation easement included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 Number of conservation easement modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monotioning, inspection, handling of violations, and enforcing conservation e		organization answered Tes on Form 550, Fart IV, mile		(i	b) Funds and other accounts			
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4 Aggregate value at end of year	2							
4 Aggregate value at end of year	3							
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a transpart of a conservation easement on the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to a transpart of or oneservation easements 2a Total auropea of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure included in (a) 2c 2d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure included in (a) 2d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure included in (a) 2d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure included in (a) 2d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure included in (c) acquired after July 25,2006, and not on a historic structure included in (c) acq	4							
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Protection of natural habitat			` '	on of a histo	rically important land area			
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year			. —		* *			
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? I Part XIII, describe how the organization reports conservation easements in its revenue and expenses statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se								
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(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$			extraction, squeation, or receater in	rantinoranio	or public convice,			
(ii) Assets included in Form 990, Part X \$					\$			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain. provide								
E IT THE OFGANIZATION FECTIVED OF HEID WORNS OF ALL HISTORICAL HEASULES, OF OURIE SITHIA ASSELS TO HITAHOID DAIL, DIOVIDE	9	, , , , , , , , , , , , , , , , , , , ,			Ψ			
	2			ancıan yallı,	provide			
the following amounts required to be reported under FASB ASC 958 relating to these items:	_		_		Ф			
a Revenue included on Form 990, Part VIII, line 1 \$					•			
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 202					Schedule D (Form 990) 2022			

232051 09-01-22

Part III Organizations Maintaining Collections of Art, Historical Treasures, o	r Other		ssets/cont		<u>e Z</u>				
3 Using the organization's acquisition, accession, and other records, check any of the following that				<i>inaca</i>					
collection items (check all that apply):	make sigi	illioant use c	n its						
									
	b Scholarly research e Other								
c Preservation for future generations	,		D 1.7/111						
4 Provide a description of the organization's collections and explain how they further the organizatio			Part XIII.						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or othe									
to be sold to raise funds rather than to be maintained as part of the organization's collection?			Yes Yes		No				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "	Yes" on Fo	orm 990, Par	t IV, line 9, d	or					
reported an amount on Form 990, Part X, line 21.									
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other ass									
on Form 990, Part X?			Yes	r	No				
b If "Yes," explain the arrangement in Part XIII and complete the following table:			Λ ma. u						
			Amou	IL					
c Beginning balance		1c							
d Additions during the year									
e Distributions during the year		1e							
f Ending balance		1f							
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account	-				No				
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on F									
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part 1					alı				
(a) Current year (b) Prior year (c) Two years	s back (d)) inree years c)ack (e) Foi	ır years ba	CK				
1a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities									
and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:									
a Board designated or quasi-endowment%									
b Permanent endowment %									
c Term 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 administer	ed for the								
organization by:				Yes N	No				
(i) Unrelated organizations			3a(i)						
(ii) Related organizations			3a(ii)						
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
Describe in Part XIII the intended uses of the organization's endowment funds.									
Part VI Land, Buildings, and Equipment.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990,	Part X, lin	ne 10.							
Description of property (a) Cost or other (b) Cost or other	(c) Acci	umulated	(d) Bo	ok value					
basis (investment) basis (other)	` '	eciation	(-,						
1a Land 4,569,413.			4,56	9,413	3 .				
b Buildings 31,016,614.	19.85	54,630.		1,984					
c Leasehold improvements	,		,						
d Equipment 7,488,034.	6.20	00,926.	1.28	37,108	8.				
e Other 2,851,220.		92,611.		8,609					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		-		77,114					

Schedule D (Form 990) 2022

Concadio B	(1 01111 000) 2022		
Part VII	Investments.	Other	Securi

Tart VIII III Veetinente Other Occounties:		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(2)		

(a) Decemplient of investment	(B) Book value	(5) Wellied of Valuation. Cook of one of year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED PAYROLL	281,817.
(3)	REFUNDABLE CAPITAL FEE LIABILITY	202,757.
(4)	CUSTODIAL LIABILITIES	33,758.
(5)	IN-KIND LEASE PAYABLE	54,667.
(6)	OTHER ACCRUED LIABILITIES	22,168.
(7)	LEASE LIABILITIES	124,019.
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	719,186.

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

Schedule D (Form 990) 2022

86,438.

10,511,760.

Sche		(Form 990) 2022			RECRE					<u>7185629</u>	Page 4
Pai	rt XI	Reconciliation o	f Revenue	e per Audi	ted Financ	cial State	ments W	ith Revenue per F	Returi	n.	
		Complete if the organ	ization answ	ered "Yes" or	า Form 990, F	Part IV, line 1	2a.		_		
1	Total	revenue, gains, and oth	ner support p	er audited fin	ancial statem	nents			1	9,862	<u>,576.</u>
2	Amou	ınts included on line 1 b	out not on Fo	rm 990, Part	VIII, line 12:						
а	Net u	nrealized gains (losses)	on investme	nts			2a	-1,569,862.			
b	Donat	ted services and use of	facilities				2b	4,000.	•		
С		veries of prior year gran									
d	Other	(Describe in Part XIII.)					2d				
е	Add li	ines 2a through 2d							2e	-1,565	
3		act line 2e from line 1							3	11,428	,438.
4		ınts included on Form 9									
а	Invest	tment expenses not inc	luded on Fo	m 990, Part \	VIII, line 7b .		4a	86,438.			
b	Other	(Describe in Part XIII.)					4b				
С	Add li	ines 4a and 4b							4c		,438.
		revenue. Add lines 3 ar								11,514	,876.
Pa	rt XII	Reconciliation o	f Expense	s per Aud	ited Finan	cial State	ements V	/ith Expenses pe≀	r Retu	ırn.	
		Complete if the organ	ization answ	ered "Yes" or	า Form 990, F	Part IV, line 1	2a.			_	
1	Total	expenses and losses p	er audited fir	ancial staten	nents				1	10,425	,322.
2	Amou	ınts included on line 1 b	out not on Fo	rm 990, Part	IX, line 25:						
а	Donat	ted services and use of	facilities				2a				
b	Prior y	year adjustments					2b				
		losses					_				
d	Other	(Describe in Part XIII.)					2d				
							-		2e		0.
3	Subtr	act line 2e from line 1							3	10,425	,322.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

c Add lines 4a and 4b

b Other (Describe in Part XIII.)

3 Subtract line 2e from line 1 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

Provide 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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

GVR IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ENTITY'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

IN ACCORDANCE WITH US GAAP, MANAGEMENT BELIEVES GVR HOLDS NO UNCERTAIN TAX POSITIONS AND, THEREFORE, HAS NO POLICY FOR EVALUATING THEM. GVR'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAXES, ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS AFTER THE DATE THE RETURNS WERE FILED.

Schedule D (Form 990) 2022

86,438.

4a

Schedule D (Form 990) 2022	GREEN VALLEY	RECREATION,	INC	23-7185629 Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental	Information (continued)			· ·
	,			
-				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

GREEN VALLEY RECREATION, INC

 $Employer\ identification\ number\\23-7185629$

Pa	art I Questions Regarding Compensation					
			Yes	No		
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	, , , , , , , , , , , , , , , , , , , ,					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
_						
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract X Compensation consultant X Compensation survey or study					
	Independent compensation consultant Independent compensation compens					
	Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
7	organization or a related organization:					
а		4a		х		
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
c	c Participate in or receive payment from an equity-based compensation arrangement?					
Ī	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	b Any related organization?					
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v		
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		v		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	1		reported as deferred on prior Form 990
(1) SCOTT SOMERS	(i)	175,536.	0.	0.	0.	15,176.	190,712.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE CFO SALARY IS ESTABLISHED UTILIZING A COMPENSATION AND CLASSIFICATION
SURVEY CONDUCTED BY A THIRD PARTY. THE CEO SALARY IS ESTABLISHED BY THE
BOARD OF DIRECTORS OF GVR BASED ON THE RECOMMENDATION OF AN INDEPENDENT
CONSULTANT.

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

GREEN VALLEY RECREATION, INC

Employer identification number 23-7185629

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE DEFINED BY ARTICLE II OF THE BYLAWS AND ARE DETERMINED BY RESIDENTIAL LAND OWNERSHIP WITHIN GREEN VALLEY, ARIZONA FORM 990, PART VI, SECTION A, LINE 7A: VOTING RIGHTS ARE DETAILED IN ARTICLE II SECTION 6 OF THE BYLAWS INCLUDING THE RIGHT TO ASSIGN THE VOTING RIGHT. EACH BOARD MEMBER IS ELECTED BY A VOTE OF THE MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS IN GOOD STANDING ARE ALLOWED TO VOTE TO EITHER APPROVE OR OVERTURN THE RECOMMENDATION OF THE BOARD OF DIRECTORS ON MATTERS WHICH IN CERTAIN CIRCUMSTANCES MAY REQUIRE APPROVAL. FORM 990, PART VI, SECTION B, LINE 11B: THE CEO, CFO, AND AUDIT COMMITTEE REVIEW THE 990 TAX RETURN WITH THE PROFESSIONAL TAX PREPARER. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE ON THE GREEN VALLEY RECREATION, INC. PUBLIC WEBSITE. DOCUMENTS CAN BE REVIEWED UPON REQUEST AT THE GREEN VALLEY RECREATION ADMINISTRATIVE OFFICES.

FORM 990, PART XII, LINE 2C

NEITHER THE ORGANIZATION'S OVERSIGHT NOR ITS SELECTION PROCESS HAS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization GREEN VALLEY RECREATION, INC	Employer identification number 23-7185629
CHANGED FROM THE PRIOR YEAR.	