Form **990**

Return of Organization Exempt From Income Tax

cept private foundations)

ande public.

Open to Pub

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	e 2024 cale	endar year,	or tax ye	ear beginning	g					and end	ding					
			C Name of c	organizatio	n									D Emp	loyer iden	tification	number
B c	heck if a	applicable:	GREEN V	/ATITIEY	RECREAT	TTON.	INC										
	Addres	ss change	Doing busi		112 011211									23-	718562	29	
	+	-			(or P.O. box if	mail is not	delivered	to street	address)		F	Room/su	ite		phone nun		
	†	change			(,						•		
	Initial I	return eturn/terminated	PO BOX		or province, co	untry and	ZID or for	oian noot	al aada				-		0)625		
	1	ded return	-		•	-	ZIF 01 1011	eigii posi	ai code					G Gros	ss receipts		
	4				, AZ 850								111/			,839,8	
	Applica	ation pending	F Name and	l address	of principal offi	cer: KA	THI E	BACHE	LOR				H(a) Is this subord	a group r dinates?	eturn for	Yes	X No
			PO BOX	586,	GREEN V	ALLEY,	AZ 8	35622					H(b) Are al	l subordin	ates included?	Yes	No
1	Tax-ex	kempt status:	501	(c)(3)	X 501(c) (4)	(insert n	10.)	4947(a)(1) or	52	7	lf "No	o," attach	a list. See ir	nstructions.	
J	Websi	ite: WW	W.GVREC	C.ORG									H(c) Grou	p exemp	tion number		
K	Form	of organization	on: X Corp	poration	Trust	Associat	tion	Other			L Year	of forma	tion: 197	2 M S	tate of leg	al domicile	: AZ
Pa	art I	Summ	ary			'	'				'						
		Briefly des	scribe the or	 rganizatic	on's mission	or most s	ignifican	nt activiti	es: To) PRO	моте т	THE C	OMMON	GOOD	AND (GENER Z	ΔT,
	•				BERS IN		-							0002			
ce		<u> </u>	. <u>. 01 11</u>	В ПППП	DDING IN	111111	01111011	1111	<u> </u>	<u> </u>		, 110.					
nan																	
ver	_	01 1 11 1		75 41		P (1	1 1						1 050/				
& Governance	2	Check this			organization			•							1	ssets.	1.0
ళ	3				the governing										3		12
Activities	4				members of										4		12
ΪŽ	5	Total num	ber of indivi	duals em	nployed in ca	alendar ye	ar 2024	(Part V,	line 2a)						5		186
Act	6	Total num	ber of volun	teers (est	timate if nece	essary)									6		525
	7a	Total unre	lated busine	ess reven	ue from Part	VIII, colur	mn (C), I	line 12						[7a		
	b	Net unrela	ated busines	s taxable	e income fron	n Form 99	90-T, Pai	rt I, line	11	<u> </u>				1	7b		
													Prior Ye	ear		Current	Year
е	8	Contribution	ons and gra	nts (Part '	VIII, line 1h)					0000	-00	1		NO	NE		NON
eun	9	Program s	service reven	iue (Part \	VIII, line 2g)					COPY	-OR PECTION		11,14	7,07	5.	11,14	9,045.
Revenue	10				column (A), li					LIC INS	PECTION		45	4,93	3.	63	3,326.
L.	11	Other reve	enue (Part V	/III, colun	nn (A), lines	5, 6d, 8c,	9c, 10c,	and 116	e)				6	1,98	0.	5	7,480.
	12	Total reve	nue - add lir	nes 8 thr	ough 11 (mu	ist equal F	Part VIII,	column	(A), line	12)			11,663	3,98	8.	11,83	9,851.
	13	Grants an	d similar am	nounts pai	id (Part IX, co	olumn (A)	, lines 1-	-3)						NO	NE		NON
	14	Benefits p	aid to or for	members	s (Part IX, co	lumn (A),	line 4) .							NO	NE		NONI
S	15				employee be							1	5,029	9,11	0.	5,58	4,023.
nse	16 a				Part IX, colun									NO	NE		NONI
Expenses					rt IX, column					NONE							
Ĥ					nn (A), lines 1		_						5,978	8.11	3.	5.70	9,352.
					17 (must equ								11,00				3,375.
	19				act line 18 fro							'		6,76			6,476.
or													ning of Cu	-		End of Yo	
Net Assets or Fund Balances	20	Total asse	ts (Part X lir	ne 16)									38,478	8.80	8	38.19	5,558.
Ass Ba	21											'	5,79				8,744.
Vet	22				Subtract line :							·	32,682				7,814.
	rt II		ture Block		Jubilaut IIIIe I	21 110111 111	10 20						32,002	<u> </u>	_ •	33,13	7,011.
					ave examined	this return.	. includin	a accom	panving	schedules	s and state	ements.	and to the I	best of	mv knowle	edge and	belief. it is
true	, corre	ect, and comp	plete. Declara	tion of pre	parer (other th	an officer)	is based	on all info	ormátion	of which	preparer h	as any k	nowledge.		•	J	
														11/0	1/202	5	
Sig	n	Signature of	of officer										Date		1,202.		
Her	·e	клтит	BACHELO	ıP					DRI	ESIDE	NT						
	ŀ		nt name and ti						FICI		IN I						
			preparer's na			Prepare	er's signa	ture			Date		Ch a -	μ	if PTIN		
Paid		1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 3						Check self-e	K [] employe	"	10014	7
Prep	oarer	DAVID	SAMER	CPA	DITC										1 0 0	18214	
Use	Only			A CPAS		- D-	mm	. m		FD10			Firm's EIN			550947	
N/a:	, +h ^	Firm's add			the proper								Phone no.			881-49	
					the prepar			e: 266	ıı ıstı üCt	IUI IS					X	Yes	No No
FOR JSA	rape	rwork Red	uction Act I	notice, s	ee the separ	ate instru	ictions.									Form 99	0 (2024)

GREEN VALLEY RECREATION, INC 23-7185629 Form 990 (2024) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: TO PROMOTE THE COMMON GOOD AND GENERAL WELFARE OF ITS MEMBERS THROUGH THE OPERATION AND MAINTENANCE OF RECREATIONAL AND SOCIAL FACILITIES AND THE SPONSORSHIP OF CULTURAL, EDUCATIONAL AND CIVIC ACTIVITIES OF THE SENIOR COMMUNITY OF GREEN VALLEY, ARIZONA. 2 Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 8,837,316. including grants of \$) (Revenue \$ 11,149,045. SEE SCHEDULE O **4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code:

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

4e Total program service expenses 8,837,316.

JSA 4E1020 1.000

) (Revenue \$

Form 990 (2024)

Part IV Page 3

Part	IV Checklist of Required Schedules			
	<u> </u>		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		Х
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		Х
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 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
•	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
-	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
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	Х	
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		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 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	
	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	Х	
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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 12 If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2024)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	, , , , , , , , , , , , , , , , , , , ,	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		X
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			21
20				
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
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 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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jua		21
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 107			
b	Enter the number of Forms W-2G included on 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	Х	

Form 990 (2024) Page **5**

Par	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 186			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		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 Accounts (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 transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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			
	and services provided to the payor?	7a		
	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		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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 organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	מדו		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	1.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. 0	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
•	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2024) GREEN VALLEY RECREATION, INC 23-7185629 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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					
b	committee, explain on Schedule O. 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 rel					
2	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
3	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to el					
<i>r</i> a				7a	Х	
L	one or more members of the governing body?					
D	stockholders, or persons other than the governing body?	- 0		7b	х	
	Did the organization contemporaneously document the meetings held or written actions under					
8		enake	ii during			
_	the year by the following:	\		8a	Х	
a	The governing body?			8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	<u>Code</u>	_	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such (chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat co	ould give			
	rise to conflicts?			12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the pe	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c		X
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 an	d app	roval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure			100		
	VOVE					
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	000	and 000 T	(000	ion F	01/0\
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that applicable, Own website Another's website X Upon request Other (explain on Sc.	ply.		(Sec	.11011	01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's beautiful websiter for Box 586 Green Valuey AZ 85622	ooks	and record	S.		

520-838-0145 JSA

4E1042 1.000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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.
- 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.

Check this box if neither the ord	ranization nor any rolate	nd arganization com	nancated any curra	nt officer director or tructoe
_ Check this box if heither the org	ganization nor any relati	ed organization com	ipensaled any curre	nit officer, director, of trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do r box, office or direct	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Officer Individual trustee		(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations			
	dotted line)	ě	stee			nsated				
(1) SCOTT SOMERS	40.00 NONE			X				184,233.	NONE	29,090.
(2) DAVID WEBSTER	40.00									,
CFO	NONE			Х				121,884.	NONE	27,410.
(3) NATALIE WHITMAN	40.00				7	7				,
C00	NONE			Х				115,612.	NONE	22,370.
(4) CHRISTOPHER J MCNEELY	40.00									
DIRECTOR OF HR	NONE					X		94,183.	NONE	28,476.
(5) MARGE GARNEAU	2.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(6) KATHI BACHELOR	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) DAVE BARKER	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) BART HILLYER	2.00									
VICE PRESIDENT	NONE	Х		Χ				NONE	NONE	NONE
(9) JIM CARDEN	2.00									
SECRETARY	NONE	Х		Χ				NONE	NONE	NONE
(10) BEV LAWLESS	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) BARBARA BLAKE	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) BETH DINGMAN	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) NANCY AUSTIN	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) CANDY ENGLISH	2.00									
ASSISTANT SECRETARY	NONE	X		Χ				NONE	NONE	
										Earm 990 (2024)

Form 990 (2024)	. 17												Page 8
Part VII Section A. Officers, Directors, Tr		y En	nplo			and I	Hig			ees (c	ontinue		
(A)	(B)				C)			(D)	(E)	.	_	(F)	
Name and title	Average hours per	(do i	not c		sition more	e than c	one	Reportable compensation	Reportal compensation			stimated nount o	
	week (list any	,				is both		from	related			other	•
	hours for			dac		or/trust		the	organizati			pensati	on
	related organizations	Individual trustee or director	Institutional) His	Key employee	əmp	Former	organization	(W-2/1099-	MISC)		om the anizatio	'n
	below dotted	/idu:	tutic	ĕŗ	emp	est	ner	(W-2/1099-MISC)			•	d relate	
	line)	or tr	nal		oloye	com					orga	anizatio	ns
		ıste	trustee) e	per							
		Ф	tee			Highest compensated employee							
15) 707 1/207 707	0.00					ğ.							
15) JOE MAGLIOLA	2.00	37						NONE		NTONTE			NT ONT
DIRECTOR	NONE	X						NONE		NONE			NON:
16) NELLIE JOHNSON	2.00							17017					
TREASURER	NONE	X		X				NONE		NONE			NON:
	<u> </u>	-											
						4							
	ļ	-			. 1								
													
	 												
	+ -	1											
													
1b Sub-total								515,912.		NONE		107,	346
to Sub-total c Total from continuation sheets to Part VII, S	ection A		• •	• •	•	- -		NONE		NONE			NON
d Total (add lines 1b and 1c)							•	515,912.		NONE		107,	
2 Total number of individuals (including but not							o re						
reportable compensation from the organizatio						3			. ,				
												Yes	No
3 Did the organization list any former office	er, directo	or. or	trı	ıste	e.	kev e	emr	olovee, or highes	t compensa	ated			
employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the													
organization and related organizations gr													
individual											4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		Х
Section B. Independent Contractors	oo, comple	.0 001	icut		, 101	Sucil	μσι						^
Complete this table for your five highest com- compensation from the organization. Report of													
year.	•					, -			3.5				
(A)								(B)			(C)		
SEE SCHEDULE O Name and business add	dress							Description of se	ervices	С	ompens	sation	

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

23-7185629

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/III <u>.</u>	<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b					33310113 312 311
Š, G An	С	Fundraising events 1c					
ifts lar /	d	Related organizations 1d					
s, G imil	е	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants,					
but	_	and similar amounts not included above . 1f					
i o i	g	Noncash contributions included in lines 1a-1f	œ.				
Sor	h	Total. Add lines 1a-1f		NONE			
		Total. Add lines to the second	Business Code	-13.12		4	
ce	2a	MEMBERSHIP DUES AND ASSESSMENTS	624110	9,562,816.	9,562,816.		
ezi e	b	ACCESS CARD & LATE FEES	900099	772,878.	772,878.		
n St	С	PROGRAM REVENUE	900099	786,526.	786,526.		
Program Service Revenue	d	FACILITY RENTAL	900099	26,825.	26,825.		
og F	е						
₫.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		11,149,045.			
	3	Investment income (including dividends,		426 501			426 501
		other similar amounts).		426,501. NONE			426,501.
	4 5	Income from investment of tax-exempt bond Royalties	•	NONE			
		(i) Real	(ii) Personal	101.2			
	6a	Gross rents 6a 49,004.					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 49,004.	NONE				
	d	Net rental income or (loss)		49,004.			49,004.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 206,825.					
nιe	b	Less: cost or other basis					
evenue	_	and sales expenses					
~	c d			206,825.			206,825.
Other	8a	Gross income from fundraising		20070251			20070251
ŏ	Оа	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances	NONE				
	b	Less: cost of goods sold 10b	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
က္ဆ		•	Business Code				
eon	11a	MISCELLANEOUS REVENUE	900099	8,476.	8,476.		
lan	b						
Miscellaneous Revenue	С						
Mis	d	All other revenue					
		Total. Add lines 11a-11d		8,476.			
	12	Total revenue. See instructions		11,839,851.	11,157,521.		682,330.

23-7185629

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic	NONE			
•	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
1	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,	NONE			
Э	trustees, and key employees	NONE			
6	Compensation not included above to disqualified	110112			
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	4,417,039.	3,466,335.	950,704.	
	Pension plan accruals and contributions (include	126,592.	94,944.	31,648.	
o	section 401(k) and 403(b) employer contributions)	,	2 - 1 2 - 1 1	52,010.	
9	Other employee benefits	701,385.	502,699.	198,686.	
10	Payroll taxes	339,007.	254,255.	84,752.	
	Fees for services (nonemployees):	000 / 00 / 1		77,72	
	Management	NONE			
	Legal	61,105.		61,105.	
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	75,554.		75,554.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A), amount, list line 11g expenses on Schedule O.)	128,916.	31,150.	97,766.	NONE
12	Advertising and promotion	29,031.	29,031.		
13	Office expenses	111,437.	94,475.	16,962.	
14	Information technology	106,363.	10,385.	95,978.	
15	Royalties	NONE			
16	Occupancy	1,809,445.	1,806,945.	2,500.	
17	Travel	95,794.	92,618.	3,176.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	8,876.	8,876.		
	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	1,327,642.	1,211,353.	116,289.	
23	Insurance	380,115.		380,115.	
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 O.)				
а	SUPPLIES	475,778.	440,574.	35,204.	NONE
	RECREATION CONTRACTS	516,714.	516,714.	NONE	NONE
	UNCAPITALIZED EQUIPMENT	244,376.	175,082.	69,294.	NONE
d	COMMUNICATION	114,861.	15,079.	99,782.	NONE
е	All other expenses	223,345.	86,801.	136,544.	
	Total functional expenses. Add lines 1 through 24e	11,293,375.	8,837,316.	2,456,059.	NONE
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)				

Form 990 (2024) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,532,556.	1	2,582,296.
	2	Savings and temporary cash investments	311,366.	2	610,768.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	301,605.	4	245,850.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
S	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	22,003.	8	NONE
As	9	Prepaid expenses and deferred charges	279,134.	9	380,428.
	_	Land, buildings, and equipment: cost or other	277,131.		30071201
	· • u	basis. Complete Part VI of Schedule D 10a 51,226,418.			
	h	Less: accumulated depreciation 10b 28,756,044.	21,443,511.	100	22,470,374.
	11	Investments - publicly traded securities. SEE SCHEDULE Q	13,456,529.	_	11,822,885.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14		NONE	=	NONE
	15	Intangible assets			
		Other assets. See Part IV, line 11		15	83,957.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	38,478,808.	16	38,196,558.
	17	Accounts payable and accrued expenses	486,137.	17	270,189.
	18	Grants payable	NONE		NONE
	19	Deferred revenue SEE SCHEDULE O	4,607,401.	19	3,452,625.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
jak		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties		23	66,000.
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	626,129.	25	669,930.
	26	Total liabilities. Add lines 17 through 25	5,796,667.	26	4,458,744.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	32,682,141.	27	33,737,814.
ĕ	28	Net assets with donor restrictions	NONE		NONE
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	32,682,141.	32	33,737,814.
ž	33	Total liabilities and net assets/fund balances	38,478,808.	33	38,196,558.
_			30,110,000.		Form 990 (2024)

Form 990 (2024) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1,8	39,	<u>851</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,2	93,	<u> 375</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		5	46,	<u>476</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	2,6	82,	<u>141</u>
5	Net unrealized gains (losses) on investments	5		5		<u> 197</u>
6	Donated services and use of facilities	6			4,	000
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	3,7	37,	814
Part	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," ex	plain	on			
	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 con	piled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	X 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 over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
-	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such au	•		3b		

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

20**24**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

	(see separate instructions), then				
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number (EIN)
GRE	EEN VALLEY RECREATION				185629
Pai	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	ne organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa	nign activities."			
2	Political campaign activity ex	xpenditures. See instructions		\$	
3		campaign activities. See instructio			
		organization is exempt under			
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	5 \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a					
	If "Yes," describe in Part IV.				
	rt I-C Complete if the o	organization is exempt under	section 501(c), ex	cept section 501(c)(3	3).
1	•	xpended by the filing organization			
•					
2		g organization's funds contributed			
_	527 exempt function activitie	es	to other organization	\$	
2		enditures. Add lines 1 and 2. Ent			
3		multures. Add lilles 1 and 2. Em			
4	Did the filing organization file	e Form 1120-POL for this year?		· · · · · · · · · · · · · · · · · · ·	Yes No
5	Enter the names addresses	, and ElNs of all section 527 poli	tical organizations to	o which the filing organ	nization made payments
•		d, enter the amount paid from			
	contributions received that	were promptly and directly de-	elivered to a separ	ate political organization	on, such as a separate
	segregated fund or a politica	l action committee (PAC). If addition	onal space is needed	l, provide information in	Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		. ,		filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
					ii iioiio, cintoi o i
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			_		

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

Schedule C (Form 990) 2024

						_
			RECREATION, IN			-7185629 Page 2
Pa	art II-A Complete if the organizat section 501(h)).	on is exe	mpt under sectioi	n 501(c)(3) and	filed Form 5768 (elec	ction under
Α	Check if the filing organization be EIN, expenses, and share				ach affiliated group mem	ber's name, address,
В	Check if the filing organization ch	ecked box	A and "limited contro	ol" provisions app	ly.	
	Limits on Lobi	ying Expen	ditures		(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amou	nts paid or incurred.)	organization's totals	group totals
1 a	Total lobbying expenditures to influence	public opin	ion (grassroots lobb	ying)		
b	Total lobbying expenditures to influence	a legislativ	e body (direct lobby	ng)		
C	Total lobbying expenditures (add lines	a and 1b) .				
C	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (ad	d lines 1c a	nd 1d)			
f	Lobbying nontaxable amount. Enter the	e amount	from the following	table in both		
	columns.					
	IF the amount on line 1e, column (a) or (b), is	THEN the I	obbying nontaxable an	nount is:		
	not over \$500,000,	20% of the	amount on line 1e.			
	over \$500,000 but not over \$1,000,000,	\$100,000 p	lus 15% of the excess	over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 p	lus 10% of the excess	over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,		olus 5% of the excess of	over \$1,500,000.		
	over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 2					
	Subtract line 1g from line 1a. If zero or					
	Subtract line 1f from line 1c. If zero or le					
j	If there is an amount other than zero					
	reporting section 4911 tax for this year?	<u> </u>				Yes No
		4-Year Ave	raging Period Unde	r Section 501(h)		
	(Some organizations that made	a section 5	01(h) election do no	t have to compl	ete all of the five colum	ins below.
	See	the separa	ite instructions for I	ines 2a through	2f.)	
	Loh	hvina Evno	nditures During 4-Y	nar Averaging Pe	riod	·
		bying Expe	Haltares Darling 4-1	- Averaging re	TIOU .	
	Calendar year (or fiscal year (a	2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a	Lobbying nontaxable amount					
k	Lobbying ceiling amount (150% of line 2a, column (e))			Ť		
C	Total lobbying expenditures					
c	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990) 2024

f Grassroots lobbying expenditures

Schedule C (F	Form 990) 2024	GRE	EEN	VALLEY	RI	ECREAT	ION, I	NC						23-7185629
Part II-B	Complete if t (election und				em	pt unde	er secti	on 5	501(c)	(3) a	nd has NO	OT file	d For	m 5768
T	//\/ //	!!	4-	4 laa a . la	4:	h - l			D	07	-1-1-1-1	(a)	(b)
For eacn	"Yes," response	on lines	та	tnrougn	71	below,	proviae	ın	Раπ	IV a	aetailea			_

	(**************************************						
	and "Ven" warning on lines to through to below provide in Port IV a detailed	(;	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	nt	
1	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:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	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 2a	Did the activities in line 1 cause the organization to not be 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						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection			
	501(c)(6).						
			1			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					X	
3 Do	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501		_		3		Χ
Га	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;"					ie	
	answered "Yes."				IIIIC 3	, 13	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	unts	of				
	political expenses for which the section 527(f) tax was paid):						
а	Current year			2a			
b	Carryover from last year			2b 2c			
C	Total			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du						
+	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I						
	and political expenditures next year?	•	_	4			
5	Taxable amount of lobbying and political expenditures. See instructions.			5			
Pa	rt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d gro	up list	t); Part I	I-A, lin	es 1	and
' (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						

Schedule C (Form 990) 2024

SCHEDULE D (Form 990)

(Rev. December 2024)

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.

Open to Public Inspection

OMB No. 1545-0047

IVAIII	e of the organization	Employer identification number
GRE	EEN VALLEY RECREATION, INC	23-7185629
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
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
Ŭ	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 fu	
·	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	Int Conservation Easements	111111111111111111111111111111111111111
	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).	
		of a historically important land area
		of a certified 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 on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
h	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included on line 2a	2c
d		20
u	not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or	
•	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, inspect	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	
•	conservation easements during the year	=
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,	
•	conservation easements during the year	=
8	Does each conservation easement reported on line 2d above satisfy the requirements of sec	
•	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
Ū	sheet, and include, if applicable, the text of the footnote to the organization's financial stater	
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a		e statement and halance sheet works
. u	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	nese items.
b	7 1	
	art, historical treasures, or other similar assets held for public exhibition, education, or res provide the following amounts relating to these items.	earch in furtherance of public service
	(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	
2		assets for illiancial gain, provide the
•	following amounts required to be reported under FASB ASC 958 relating to these items.	\$
a h	Revenue included on Form 990, Part VIII, line 1	

Schedule D (Form 990) (Rev. 12-2024)

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other	Similar Ass	sets (contin	ued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply).									
а	Public exhibition		d _	Loan	or exchange	e prograi	m			
b	Scholarly research		е	Other						
С	Preservation for future gene	rations								
4	Provide a description of the orga	nization's collection	s and expl	ain how	they furthe	r the or	rganization's	exempt purp	ose ir	n 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 rath	ner than to be maint	ained as pa	rt of the o	organizatio	n's collec	ction?	Ye	s	No
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza	ation answered "Ye	es" on For	m 990, F	Part IV, line	9, or r	eported an a	amount on I	orm	
	990, Part X, line 21.									
1 a	Is the organization an agent, trus									٦
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tab	ole.	1				
_	Designing halouse						Ar	mount		
C	Beginning balance									
a	Additions during the year									
e r	Distributions during the year							\		
и 2а	Ending balance Did the organization include an am					uctodial	account liabili	tv? Ye	_	No
	If "Yes," explain the arrangement i									- NO
	rt V Endowment Funds	III all Alli. Officer ii	ere ii tile e	Apiariation	rias been p	rovided	iii ait Xiii			
ıa	Complete if the organiza	ation answered "Y	es" on For	m 990. F	Part IV. line	e 10.				
	отпристе и иле отденива	(a) Current year	(b) Prio		(c) Two year	$\overline{}$	(d) Three years	s back (e) Fo	ur years	back
1.	Beginning of year balance	, ,	()				, ,			
b	Contributions									
C	Net investment earnings, gains,					47				
·	and losses			•						
d	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance					<u> </u>				
2	Provide the estimated percentage	of the current year	end balance	e (line 1g,	column (a)) held as	:			
а	Board designated or quasi-endown	nent	%							
b	Permanent endowment	%								
С	Term endowment%									
_	The percentages on lines 2a, 2b, a									
3a	Are there endowment funds not in	the possession of t	he organiza	ition that	are held ar	nd admir	nistered for the	9	Yes	No
	organization by:							20/	_	NO
	(i) Unrelated organizations?							3a(i 3a(ii	_	
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the relate							3b	1	
4	Describe in Part XIII the intended	•	•					35		
	rt VI Land, Buildings, and Equ	uipment								
	Complete if the organize	ation answered "Y).
	Description of property		r other basis stment)		or other basis ther)		cumulated eciation	(d) Book	value	
1a	Land	,	NONE	,	69,412.			4,5	69,4	12.
b	Buildings				52,374.	21,5	00,074.		52,3	
С	Leasehold improvements									
d	Equipment			8,1	15,440.	6,5	33,757.	1,5	81,6	83.
	Other				89,191.		22,212.	6	66,9	79.
	I. Add lines 1a through 1e. (Column		m 990, Part	X, line 10	c, column (B))		22,4	70,3	74.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) GREEN VALLEY R	ECREATION, INC	2	3-7185629 Page
Part VII	Investments - Other Securities			
	Complete if the organization answered	l "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 valua Cost or end-of-year mark	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related	L \	Dart IV Bas 44 Co. 5	D=#4 V 11 = 40
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15, o	col. (B))		
Part X	Other Liabilities Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	ral income taxes			
	ED PAYROLL			360,403
(3)REFUN	DABLE CAPITAL FEE LIABILITY			199,013

1. (a) Description of liability	(b) Book value				
(1) Federal income taxes					
(2)ACCRUED PAYROLL	360,403.				
(3)REFUNDABLE CAPITAL FEE LIABILITY	199,013.				
(4)CUSTODIAL LIABILITIES					
(5)IN-KIND LEASE PAYABLE	46,667.				
(6)LEASE LIABILITIES	43,954.				
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	669,930.				

^{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 .

JSA 4E1270 1.000

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n	
1	Total revenue, gains, and other support per audited financial statements	1	11,189,596.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	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	4,000.
3	Subtract line 2e from line 1	3	11,185,596.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	654,255.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,839,851.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn	
1	Total expenses and losses per audited financial statements	1	11,217,821.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	20	
е	Add lines 2a through 2d	2e	11,217,821.
3	Subtract line 2e from line 1	3	11,217,021.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 75,554.		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	75,554.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	11,293,375.
Part	XIII Supplemental Information		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V,	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

SCHEDULE D, PAR 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.

PART XI, LINE 4B - OTHER ADJUSTMENTS

PURCHASE DISCOUNTS: 12,453

OTHER INCOME: 8,476

INVESTMENT INCOME: 633,326

TOTAL TO SCHEDULE D, PART XI, LINE 4B: 654,255

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Compensation InformationFor 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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GREEN VALLEY RECREATION, INC 23-7185629 **Questions Regarding Compensation** Part I

			Yes	No			
1a	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 Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 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 X Independent compensation consultant X Compensation survey or study X 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 organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		Х			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х			
С							
5	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. 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		Х			
b	Any related organization?	5b		Х			
6	 If "Yes" on line 5a or 5b, describe in Part III. 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		Х			
b	Any related organization?	6b		Х			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
9	in Part III	8		Х			
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) (Rev. 12-2024)

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 a	nd/or 1099-MISC and/or	1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SCOTT SOMERS	(i)	184,233.				29,090.	213,323.	
1 CEO	(ii)							
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

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.

SCH J, 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 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 23-7185629

GREEN VALLEY RECREATION, INC

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 RIGHT 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 COMMITTE REVIEW A DRAFT COPY OF THE 990 TAX

RETURN WITH THE PROFESSIONAL TAX PREPARER. AFTER NEEDED ADJUSTMENTS, THE

EDITED COPY OF THE TAX RETURN IS REVIEWED AND APPROVED BY ALL DIRECTORS

ON THE BOARD PRIOR TO FILING.

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 CHANGED FROM THE PRIOR YEAR.

Name of the organization

GREEN VALLEY RECREATION, INC

23-7185629

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

GREEN VALLEY RECREATION (GVR) PROVIDES RECREATION FACILITIES AND PROGRAMS TO APPROXIMATELY 23,000 LOCAL AND SEASONAL RESIDENTS IN GREEN VALLEY, ARIZONA, AN UNINCORPORATED COMMUNITY OF APPROXIMATELY 21,000. GVR'S AQUATICS, SPORTS, AND FITNESS FACILITIES SERVE THE COMMUNITY IN 14 LOCATIONS SCATTERED THROUGHOUT GREEN VALLEY, AZ.

GVR SUPPORTED 60 CLUBS THAT SERVE APPROXIMATELY 13,860 MEMBERS PURSUING RETIREMENT AVOCATIONS AND COMMUNITY CONNECTION. GVR'S LIFE-LONG LEARNING PROGRAM OFFERED ABOUT 600 COURSES DURING 2024, WITH MORE THAN 7,000 STUDENTS ENROLLING.

Name of the organization

GREEN VALLEY RECREATION, INC

23-7185629

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS ______ NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION _____ CANYON BUILDING AND DESIGN 4750 N LA CHOLLA BLVD TUCSON, AZ 85705 CONSTRUCTION SERVICE 226,345. BUILDING EXCELLENCE 1860 W PRINCE RD CONSTRUCTION SERVICE TUCSON, AZ 85705 1,285,180. COOL WILLYS AIR AND PLUMBING 1435 S EUCLID AVE HVAC SERVICES TUCSON, AZ 85713 145,555. KENT MECHANICAL PO BOX 1805 ORACLE, AZ 85623 HVAC SERVICES 224,008.

Name of the organization

GREEN VALLEY RECREATION, INC

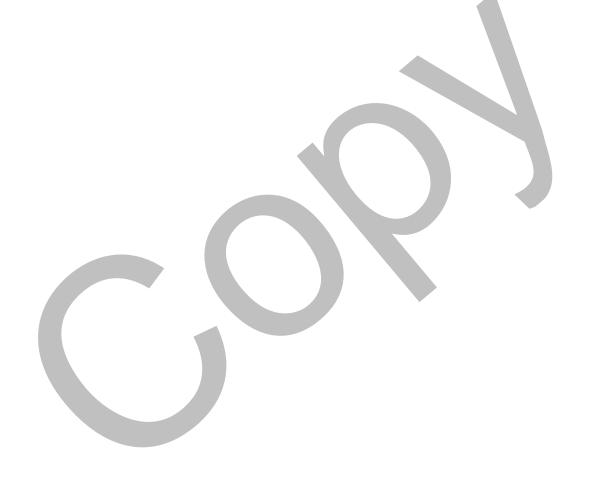
Employer identification number
23-7185629

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

INVESTMENT PUBLICLY TRADED 11,822,885. COST

TOTALS 11,822,885.



Name of the organization

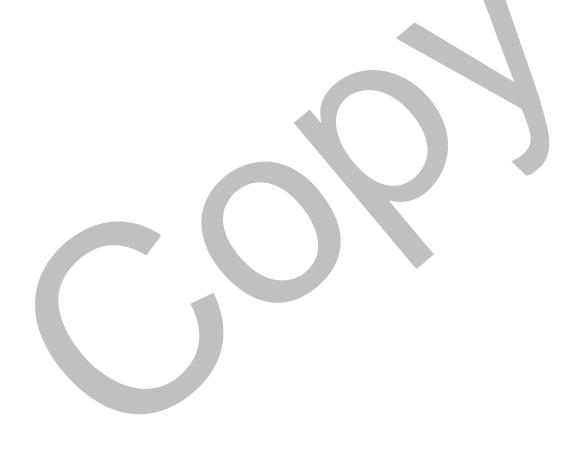
GREEN VALLEY RECREATION, INC

23-7185629

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION BOOK VALUE
----DEFERRED REVENUE 3,392,867.
DUE TO MEMBERS 59,758.

TOTALS 3,452,625.



RENT AND ROYALTY INCOME

Taxpayer's Name GREEN VALLEY REC	REATION, IN	C						Identify -718	ing Number 5629
DESCRIPTION OF PROPERTY									
Yes No Did you ad	ctively participate in the	e operation	of the ac	tivity c	during the tax year?				
TYPE OF PROPERTY:									
REAL RENTAL INCO	ME								
OTHER INCOME:									
GROSS RENTAL INC	OME					49,	004.		
TOTAL GROSS INCOME									49,004.
OTHER EXPENSES:									
						4			
						4			
DEDDECIATION (CHOWN DELOW)									
DEPRECIATION (SHOWN BELOW) LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES						,			
TOTAL RENT OR ROYALTY INCOME	(LOSS)	<u> </u>	<u> </u>			<u> </u>			49,004.
Less Amount to									
Rent or Royalty									
Depreciation						• • • • — —			
Depletion						*			
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others .									
Net Rent or Royalty Income (Loss)									49,004.
Deductible Rental Loss (if Applicable		<u></u> .							
SCHEDULE FOR DEPRECIAT	ION CLAIMED			1		I			
			(d)	(e)		(g) Depreciation		(i) Life	
(a) Description of property	(b) Cost or	(c) Date	ACRS	Bus.	(f) Basis for	in	(h)	or	(j) Depreciation
	unadjusted basis	acquired	des.	%	depreciation	prior years	Method	rate	for this year
Totals			1		l	I .	1		
. State					<u> </u>	<u> </u>			

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

GROSS RENTAL INCOME



RENT AND ROYALTY SUMMARY

PROPERTY	.	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
1		49,004.			49,004.
	TOTALS	49,004.	=======	=======	49,004.



Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LAND		4,569,412.	100.000												
BUILDINGS		37152374.	100.000			37152374.	21500074.	21500074.							
EQUIPMENT		8,115,440.	100.000			8,115,440.	6,533,757.	6,533,757.							
OTHER ASSETS		1,389,191.	100.000			1,389,191.	722,212.	722,212.	1						
												\			
Less: Retired Assets															
Subtotals		51226417.				46657005.	28756043.	28756043.							
Listed Property	· · · · · · ·														
Ziotou i roporty															
Less: Retired Assets															
Subtotals															
TOTALS		51226417.	-			46657005.	28756043.	28756043.							
AMORTIZATION		J142041/.				4003/003.	20/30043.	20/30043.							
AMORTIZATION	Date	Cost						Ending							
Asset description	placed in service	or basis					Accumulated	Ending Accumulated amortization	Codo	Life					Current-year amortization
Asset description	Service	Dasis					amortization	amortization	Code	Lile					amortization
			-												
			-												
			+												
TOTAL 0		-	-												
TOTALS															

*Assets Retired

JSA 4X9024 1.000

V24-7.4F 001100 35