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ORIGINAL

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

OMB No 1545-1150

**2010****Open to Public****Inspection****A For the 2010 calendar year, or tax year beginning** , and ending**B** Check if applicable☐ Address change☐ Name change☒ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**GREEN VALLEY/SAHUARITA ASSOCIATION  
OF REALTORS, INC.**

Number and street (or P O box, if mail is not delivered to street address)

**210 W. CONTINENTAL ROAD, SUITE 244**

Room/suite

City or town, state or country, and ZIP + 4

**GREEN VALLEY AZ 85614****D** Employer identification number**86-0374985****E** Telephone number**520-648-0800****F** Group Exemption

Number ►

**G** Accounting Method☐ Cash☒ Accrual

Other (specify) ►

**H** Check ►☒if the organization is not  
required to attach Schedule B**I** Website: ►**WWW.GVAR.COM****J** Tax-exempt status (check only one) —☐ 501(c)(3)☒ 501(c)(**6**) (insert no )☐ 4947(a)(1) or☐ 527

(Form 990, 990-EZ, or 990-PF)

**K** Check ►☐if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A  
Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses  
to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$

**47,999****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

☒

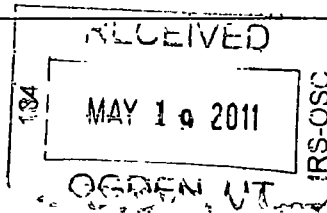
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	26,595
	2	Program service revenue including government fees and contracts	2	12,973
	3	Membership dues and assessments	3	
	4	Investment income	4	4,290
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	4,141	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	47,999	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	18,076
	13	Professional fees and other payments to independent contractors	13	3,050
	14	Occupancy, rent, utilities, and maintenance	14	10,311
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	24,260
	17	<b>Total expenses.</b> Add lines 10 through 16	17	55,697
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,698
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	444,384
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-22,411
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	414,275

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

DAA

SCANNED JUN 17 2011



**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	545,029	22	393,208
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	18,025	24	71,815
25 Total assets	563,054	25	465,023
26 Total liabilities (describe in Schedule O)	118,670	26	50,748
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	444,384	27	414,275

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	GVSAR IS A MEMBERSHIP ORGANIZATION SERVING THE REALTOR COMMUNITY. GVSAR PROVIDES EDUCATION TO MEMBERS FOR THE BETTERMENT OF THE REAL ESTATE INDUSTRY. (Grants \$ ) If this amount includes foreign grants, check here	28a
29	GVSAR IS COMMITTED TO PROVIDING MEMBERS WITH SOCIAL EVENTS TO BUILD NETWORK CONNECTIONS AND INCREASE COMMUNICATIONS IN THE COMMUNITY SERVED BY THE MEMBER PROFESSIONALS. (Grants \$ ) If this amount includes foreign grants, check here	29a
30	GVSAR STRIVES TO PROVIDE ITS MEMBERS WITH ACCESS TO THE PROFESSIONAL DATABASES REQUIRED TO PROVIDE THE COMMUNITY WITH REAL ESTATE INFORMATION. GVSAR PROVIDES ACCESS TO OTHER AFFILIATE ORGANIZATIONS TO ALL MEMBERS. (Grants \$ ) If this amount includes foreign grants, check here	30a
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here	31a
32	Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CATHY YORK 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	PRESIDENT 2.00	0	0	0
PAT MOHN 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	PRESIDENT ELECT 2.00	0	0	0
JACQUE BRASHER 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	VICE PRESIDENT 2.00	0	0	0
VICTOR RODARTE 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	SECRETARY/TREASURER 2.00	0	0	0
STEVE SMITH 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	PAST PRESIDENT 2.00	0	0	0
LONNIE BORGMANN 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	DIRECTOR 1.00	0	0	0
JOETTE SCHENCK 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	DIRECTOR 1.00	0	0	0
SCOTT OIEN 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	DIRECTOR 1.00	0	0	0
JANET PETZLER 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	DIRECTOR 1.00	0	0	0
JILL MUNDY 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	DIRECTOR 1.00	0	0	0
JOEY FREELAND 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	DIRECTOR 1.00	0	0	0
FRANK DEPALMA 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	DIRECTOR 1.00	0	0	0
TERESA SULLIVAN 210 W. CONTINENTAL ROAD, SUITE 244 AZ 85614	DIRECTOR 1.00	0	0	0

☐

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	0	22	
23	Land and buildings	0	23	
24	Other assets (describe in Schedule O)	0	24	
25	<b>Total assets</b>	0	25	0
26	<b>Total liabilities</b> (describe in Schedule O)	0	26	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0	27	0

☐

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28		
(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a
29		
(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30		
(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	▶	32

7

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<b>X</b>	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>AZ</b>		
<b>42a</b> The organization's books are in care of <b>THE ORGANIZATION</b> Telephone no <b>520-648-0800</b> 210 WEST CONTINENTAL ROAD, STE 244 Located at <b>GREEN VALLEY</b> <b>AZ</b> ZIP + 4 <b>85614</b>		
<b>b</b> 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)?		<b>X</b>
If "Yes," enter the name of the foreign country <b>42b</b>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?		<b>X</b>
If "Yes," enter the name of the foreign country <b>42c</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>45</b>		<b>X</b>
<b>45a</b>		<b>X</b>
<b>46</b>		<b>X</b>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <i>Victor Rodarte</i>		Date <i>5/16/11</i>	
	Type or print name and title <i>Victor Rodarte Sec/Treasurer</i>			
<b>Paid Preparer Use Only</b>	Pnn/Type preparer's name	Preparer's signature <i>STEVEN L. TAIT</i>	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ <b>WALKER &amp; ARMSTRONG, LLP</b>	Firm's EIN ▶ <b>86-0257194</b>		
	Firm's address ▶ <b>4000 N CENTRAL AVE STE 1100 PHOENIX, AZ 85012-1989</b>	Phone no <b>602-230-1040</b>		

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**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

**2010**

Open to Public  
Inspection

Name of the organization

**GREEN VALLEY/SAHUARITA ASSOCIATION  
OF REALTORS, INC.**

Employer identification number

**86-0374985**

**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
ANNUAL BANQUET	\$ 4,141
<b>TOTAL</b>	<b>\$ 4,141</b>

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE	\$ 3,698
INSURANCE	\$ 2,672
COMMITTEE & BOARD	\$ 3,123
TELEPHONE	\$ 838
UTILITIES	\$ 362
MISCELLANEOUS	\$ 97
SOFTWARE USER FEES	\$ 358
SOCIAL EVENTS AND PROJECT	\$ 7,130
EDUCATION	\$ 5,813
MEMBER SERVICES	\$ 169
<b>TOTAL</b>	<b>\$ 24,260</b>

**FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

DESCRIPTION	AMOUNT
SPLIT OF CONSOLIDATED ENTITY ADJUSTMENT	\$ -22,411

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

Name of the organization

GREEN VALLEY/SAHUARITA ASSOCIATION

Employer identification number

86-0374985

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 14,654	\$ 1,268
OFFICE FURNITURE AND EQUIPMENT	\$ 5,370	\$ 6,357
LESS ACCUMULATED DEPRECIATION	\$ 2,533	\$ 3,744
LEASEHOLD IMPROVEMENTS	\$ 860	\$ 860
LESS ACCUMULATED DEPRECIATION	\$ 326	\$ 612
DUE FROM AFFILIATE	\$ 0	\$ 67,686
TOTAL	\$ 18,025	\$ 71,815

## FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 911	\$ 0
ACCRUED LIABILITIES	\$ 5,583	\$ 8,337
INCOME TAXES PAYABLE	\$ 2,771	\$ 0
DUES PAYABLE	\$ 40,235	\$ 24,921
DEFERRED DUES REVENUE	\$ 69,170	\$ 17,490

## FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION, PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT AND PROVIDE PROFESSIONAL EDUCATION FOR THE BETTERMENT OF THE REAL ESTATE INDUSTRY.

## FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZATIONAL DOCUMENTS

IN THE PREVIOUS PERIODS, GVSAR WAS A CONSOLIDATED ENTITY AND REPORTED ITS ACTIVITY ON AN IRS FORM 1120. DURING 2010, GVSAR BECAME A SEPARATE ENTITY FOR TAX REPORTING PURPOSES, APPLIED FOR AND WAS GRANTED TAX EXEMPT STATUS FROM THE IRS, AND BEGAN REPORTING ITS ACTIVITY ON IRS FORM 990-EZ.



Name of the organization

**GREEN VALLEY/SAHUARITA ASSOCIATION**

Employer identification number

**86-0374985**

GVSAR ONLY CHANGES ITS ORGANIZING DOCUMENTS TO REFLECT THE TAX EXEMPT STATUS GRANTED BY THE IRS. NO OTHER ORGANZIATIONAL OR GOVERNING DOCUMENTS CHANGED IN 2010.