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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	393,208	22	336,774
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	71,815	24	119,358
25 Total assets	465,023	25	456,132
26 Total liabilities (describe in Schedule O)	50,748	26	32,484
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	414,275	27	423,648

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JACQUE BRASHER 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	PRESIDENT 2.00	0	0
SCOTT OIEN 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	VICE PRESIDENT 2.00	0	0
CATHY YORK 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	PAST PRESIDENT 2.00	0	0
VICTOR RODARTE 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	SECRETARY/TREASURER 2.00	0	0
JANET PETZLER 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	DIRECTOR 2.00	0	0
JILL MUNDY 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0
FRANK DE PALMA 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0
TERESA SULLIVAN 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0
JERRY PLUMLEY 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0
STUART SAMOVITZ 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0
JERRY SANDER 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0
DONNA R SCHENK 210 W. CONTINENTAL ROAD, SUITE 244	GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0

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

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	0 22	
23 Land and buildings	0 23	
24 Other assets (describe in Schedule O)	0 24	
25 Total assets	0 25	0
26 Total liabilities (describe in Schedule O)	0 26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	0

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?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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

2

29

2

30

(Grants \$) If this amount includes foreign grants, check here

3

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

23

32 Total program service expenses (add lines 28a through 31a)

1

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.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach 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)

34		X
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a		X
35b		

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35c		X
36		X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36		X
37b		X

36 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

37a		X
38a		

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a |

b Did the organization file Form 1120-POL for this year?

38a		X
38b		

38a 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 If "Yes," complete Schedule L, Part II and enter the total amount involved

39		
a	39a	
b	39b	

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9

39a		
39b		

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

40a		
40b		

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

40b		
40e		X

c 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

► _____

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

► _____

e 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

40e		X
40f		

41 List the states with which a copy of this return is filed ► AZ

42a The organization's books are in care of ► THE ORGANIZATION

Telephone no ► 520-648-0800

210 WEST CONTINENTAL ROAD, STE 244

Located at ► GREEN VALLEY

AZ ZIP + 4 ► 85614

42b		X
42c		X

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)?

If "Yes," enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ► _____

43 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

► 43 | □

43		
44a		

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a		X
44b		X

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

44b		X
44c		X

c Did the organization receive any payments for indoor tanning services during the year?

44c		
44d		

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d		
45a		X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a		X
45b		X

45b 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		<input checked="" type="checkbox"/>

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

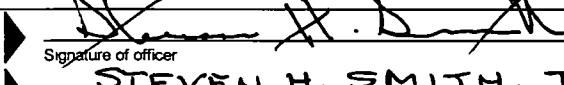
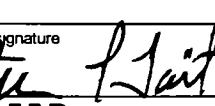
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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

Sign Here		Date
	STEVEN H. SMITH, TREASURER	9-11-12
Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name STEVEN L. TAIT	Preparer's signature 
	Firm's name ► WALKER & ARMSTRONG, LLP	Date 08/29/12
	Firm's address ► 3838 N CENTRAL AVE STE 1700 PHOENIX, AZ 85012-1994	Check <input type="checkbox"/> if self-employed PTIN P00017643 Firm's EIN ► 86-0257194 Phone no 602-230-1040

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

2011Open to Public
Inspection

Name of the organization

**GREEN VALLEY/SAHARITA ASSOCIATION
OF REALTORS, INC.**Employer identification number
86-0374985**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
ANNUAL BANQUET	\$ 4,412
FORMS	\$ 48
TOTAL	\$ 4,460

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

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE	\$ 3,420
INSURANCE	\$ 1,987
COMMITTEE & BOARD	\$ 3,467
TELEPHONE	\$ 1,240
UTILITIES	\$ 367
BANK FEES	\$ 1,244
MISCELLANEOUS	\$ 928
FORMS	\$ 48
SOFTWARE USER FEES	\$ 1,046
SOCIAL EVENTS AND PROJECT	\$ 9,475
EDUCATION	\$ 4,750
MEMBER SERVICES	\$ 30
LATE FEES	\$ 325
MLS FEES	\$ 512
ORIENTATION EXPENSE	\$ 226
NON-INVESTMENT DEPRECIATION	\$ 1,315

Name of the organization

GREEN VALLEY/SAHARITA ASSOCIATION

Employer identification number

86-0374985

TOTAL \$ 30,380

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 0	\$ 159
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 1,268	\$ 1,387
OFFICE FURNITURE AND EQUIPMENT	\$ 6,357	\$ 6,357
LESS ACCUMULATED DEPRECIATION	\$ 3,744	\$ 4,868
LEASEHOLD IMPROVEMENTS	\$ 860	\$ 860
LESS ACCUMULATED DEPRECIATION	\$ 612	\$ 803
DUE FROM AFFILIATE	\$ 67,686	\$ 116,266
	TOTAL \$ 71,815	\$ 119,358

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 8,337	\$ 10,009
DUES PAYABLE	\$ 24,921	\$ 22,475
DEFERRED DUES REVENUE	\$ 17,490	\$ 0

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.

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. GREEN VALLEY/SAHARITA ASSOCIATION OF REALTORS, INC.	Employer identification number (EIN) or X 86-0374985
	Number, street, and room or suite no. If a P O box, see instructions. 210 W. CONTINENTAL ROAD, SUITE 244	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREEN VALLEY AZ 85614	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION**210 WEST CONTINENTAL ROAD, STE 244**

- The books are in the care of ► **GREEN VALLEY**

AZ 85614Telephone No. ► **520-648-0800**FAX No. ► **520-625-6073**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► calendar year **2011** or

► tax year beginning , and ending

- 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
► Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. GREEN VALLEY/SAHARITA ASSOCIATION OF REALTORS, INC.	Employer identification number (EIN) or X 86-0374985
	Number, street, and room or suite no. If a P.O. box, see instructions. 210 W. CONTINENTAL ROAD, SUITE 244	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREEN VALLEY AZ 85614	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION
210 WEST CONTINENTAL ROAD, STE 244

- The books are in the care of **GREEN VALLEY** **AZ 85614**
Telephone No. **520-648-0800** FAX No. **520-625-6073**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15/12**.

5 For calendar year **2011**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

Date ► **08/14/12**

Form **8868** (Rev. 1-2012)