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ORIGINAL

Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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

OMB No 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A For the 2011 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

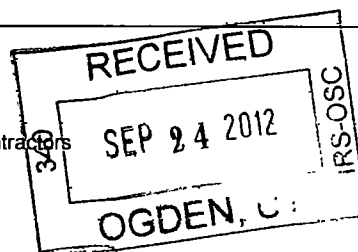
GREEN VALLEY AZ 85614**D** Employer identification number**86-0374985****E** Telephone number**520-648-0800****F** Group Exemption
Number ▶**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶**H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)**I** Website: ▶ **WWW.GVAR.COM****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**6**) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ▶ \$ **68,917****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	49,474
	2	Program service revenue including government fees and contracts	2	11,456
	3	Membership dues and assessments	3	
	4	Investment income	4	3,527
	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	4,460	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,917	
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	16,885
	13	Professional fees and other payments to independent contractors	13	3,441
	14	Occupancy, rent, utilities, and maintenance	14	8,838
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	30,380
	17	Total expenses. Add lines 10 through 16	17	59,544
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
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	414,275
20		Other changes in net assets or fund balances (explain in Schedule O)	20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	423,648

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

DAA

SCANNED
02/12/2012

P 18

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

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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <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

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	0
SCOTT OIEN 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	VICE PRESIDENT 2.00	0	0	0
CATHY YORK 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	PAST PRESIDENT 2.00	0	0	0
VICTOR RODARTE 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	SECRETARY/TREASURER 2.00	0	0	0
JANET PETZLER 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	DIRECTOR 2.00	0	0	0
JILL MUNDY 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0	0
FRANK DE PALMA 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0	0
TERESA SULLIVAN 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0	0
JERRY PLUMLEY 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0	0
STUART SAMOVITZ 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0	0
JERRY SANDER 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0	0
DONNA R SCHENEK 210 W. CONTINENTAL ROAD, SUITE 244 GREEN VALLEY AZ 85614	DIRECTOR 1.00	0	0	0

7

7

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7

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 ☐

	Yes	No
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		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)		X
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)?		X
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		
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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9		
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		
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		
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		X
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		
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.		X
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		X
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		X

- 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
46		X

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

	Yes	No
47		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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."

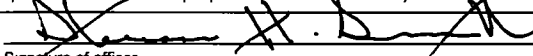

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- 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		9-11-12
	Signature of officer	Date
Paid Preparer Use Only	Type or print name and title STEVEN H. SMITH, TREASURER	
	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

2011

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	\$ 4,412
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/SAHUARITA 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 ☒ **X**
- 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/SAHUARITA ASSOCIATION OF REALTORS, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 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.**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).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. GREEN VALLEY/SAHUARITA ASSOCIATION OF REALTORS, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 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)