CLIENT 2516042D-893D-48B0-A930-E7D28777FF72

GENESIS ACCOUNTING SOLUTIONS 37912 S ESCOCIA LN TUCSON, AZ 85739 800-572-4419

April 14, 2025

COCHISE CLUB VOLLEYBALL PO BOX 3475 SIERRA VISTA, AZ 85636

Dear Client:

Your 2024 Federal Return of Private Foundation will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Alexandra Mangen

2024 Federal Private Foundation Tax Summary				
Client 2516042d-893d-4 COCHISE CLUB V	OLLEYBALL		87-3366303	
4/14/25			9:57 PM	
	2024	2023	Diff	
REVENUE PER BOOKS				
Other income	147,027	173,044	-26,017	
Total revenue	147,027	173,044	-26,017	
EXPENSES PER BOOKS Compensation of officers, dir, etc	12,354 43,148 10 6,186 5,944 42,679 0 59,508 169,829	16,966 43,624 138 1,307 0 24,302 30,237 25,928 142,502	-4,612 -476 -128 4,879 5,944 18,377 -30,237 33,580 27,327	
	•	·	·	
Total expenses	169,829	142,502	27,327	
Excess of revenue over expenses	-22,802	30,542	-53,344	
NET INVESTMENT REVENUE Total revenue	0	0	0	
NET INVESTMENT EXPENSES Total operating/administrative exp	0	0	0	
Total expenses	0	0	0	
Net investment income	0	0	0	
TAX COMPUTATION Tax on investment income	0	0	0	
PAYMENTS AND CREDITS Total payments and credits	0	0	0	
REFUND OR AMOUNT DUE Tax due. Overpayment.	0	0	0	
ADJUSTED NET INCOME REVENUE Total revenue	0	0	0	
ADJUSTED NET INCOME EXPENSES Total operating/administrative exp	0	0	0	
Total expenses	0	0	0	
Adjusted net income	0	0	0	
CHARITABLE PURPOSES DISBURSEMENTS Compensation of officers, dir, etc Other employee salaries and wages Legal fees Accounting fees. Taxes. Occupancy.	12,354 43,148 10 6,186 5,944 42,679	16,966 43,624 138 1,307 0 24,302	-4,612 -476 -128 4,879 5,944 18,377	

2024 Federal Private Foundation Tax Summary				
Client 2516042d-893d-4	COCHISE CLUB \	/OLLEYBALL		87-3366303
4/14/25				9:57 PM
CHARITABLE PURPO	SES DISBURSEMENTS	2024	2023	Diff
Travel, conference Other expenses	ces, and meetingsadministrative exp	0 59,508 169,829	30,237 25,928 142,502	-30,237 33,580 27,327
Total expenses a	nd disbursements	169,829	142,502	27,327
Excess of revenue	DBALANCES oal. at beg. of year e over expenses oal. at end of year	51,829 -22,802 29,027	21,287 30,542 51,829	30,542 -53,344 -22,802

2024	General Information	Page 1
Client 2516042d-893d-	COCHISE CLUB VOLLEYBALL	87-336630
4/14/25		09:57PI
Forms needed for this return		
Federal: 990-PF		
Carryovers to 2025		
None		

2024

Preparer e-file Instructions - Federal

Page 1

Client 2516042d-893d-

COCHISE CLUB VOLLEYBALL

87-3366303

4/14/25

09:57PM

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 990-PF

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-TE, IRS e-file Signature Authorization.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, access the program and get your first acknowledgement (ACK) that the program has received your transmission file.

Access the program again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-TE, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-TE IRS e-file Signature Authorization

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2024, or fiscal year beginning	, 2024, and ending	, 20

24, and ending _ _ _ _ , 20 _ _ _ _

EIN or SSN

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2024

OMB No. 1545-0047

COCHISE CLUB VOLLEYBALL 87-3366303 Name and title of officer or person subject to tax REBEKKA EDWARDS Director Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here . . 3a Form 1120-POL check here 4a Form 990-PF check here... 5a Form 8868 check here 6a Form 990-T check here. . . . **7a Form 4720** check here 8a Form 5227 check here 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b 10a Form 8038-CP check here. Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I am a person subject to tax with respect to Under penalties of perjury, I declare that (name of entity) _______, (EIN) ______, and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize GENESIS ACCOUNTING SOLUTIONS 25160 to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 86691392620 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Alexandra Mangen **ERO Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

2024

Open to Public Inspection

1 01 0	iiciiuai	year 2024 or tax year beginning	, 2024,	, and ending		,20			
COCI	ITSE	CLUB VOLLEYBALL				A Employer identification number 87-3366303			
PO BOX 3475						Telephone number (see instructions)			
SIE	RRA V	/ISTA, AZ 85636				520 559-3806			
			_		С	If exemption application is pe	nding, check here		
G Ch	neck all	I that apply: Initial return Final return	Initial return of a form Amended return	ner public charity	D	1 Foreign organizations, chec	k here		
		Address change	Name change			2 Foreign organizations meet			
H Ch	eck ty		(c)(3) exempt private f	oundation		check here and attach com	putation		
		ction 4947(a)(1) nonexempt charitable t		orivate foundation	Ε	If private foundation status w section 507(b)(1)(A), check h	as terminated under		
		value of all assets at end of year J Acc II, column (c), line 16)	counting method: X Counting method: X Counting method:	ash Accrual	_				
•	\$		column (d), must be on o	cash basis.)	F	If the foundation is in a 60-m under section 507(b)(1)(B), of			
Part		nalysis of Revenue and	(a) Dayanya and	(h) Not investmen	a+	(a) Adjusted not	(d) Disbursements		
	E)	kpenses (The total of amounts in lumns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investmer income	π	(c) Adjusted net income	for charitable purposes		
	ne	cessarily equal the amounts in lumn (a) (see instructions).)					(cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)							
	2	Check X if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities							
	5a b	Gross rents							
	6a	or (loss)							
ē	b	Gross sales price for all assets on line 6a							
Revenue	7	Capital gain net income (from Part IV, line 2)							
Ş	8	Net short-term capital gain							
œ	10a	Gross sales less returns and							
		allowances Less: Cost of							
	b	goods sold							
	11 C	Gross profit or (loss) (attach schedule)							
	' '	See Statement 1	147,027.						
	12	Total. Add lines 1 through 11	147,027.		0.	0.			
	13	Compensation of officers, directors, trustees, etc.	12,354.				12,354.		
8	14 15	Other employee salaries and wages Pension plans, employee benefits	43,148.				43,148.		
penses	16a	Legal fees (attach schedule) See St. 2	10.				10.		
<u> </u>	b	Accounting fees (attach sch) See . St 3	6,186.				6,186.		
Ü	l	Other professional fees (attach sch)							
<u>ĕ</u> .	17	Interest. Taxes (attach schedule)(see instrs). See Stm 4	F 044				F 044		
踅	18 19	Taxes (attach schedule)(see instrs)	5,944.				5,944.		
isi	00	schedule) and depletion							
Ē	20 21	Occupancy	42,679.				42,679.		
₽	22	Printing and publications							
ď	23	Other expenses (attach schedule)	50 500				F0 F00		
ā	24	See Statement 5 Total operating and administrative	59,508.				59,508.		
Ë	24	expenses. Add lines 13 through 23	169,829.				169,829.		
절	25	Contributions, gifts, grants paid	,				,		
Operating and Administrative E	26	Total expenses and disbursements. Add lines 24 and 25	169,829.		0.	0.	169,829.		
	27	Subtract line 26 from line 12:	103,023.		<u> </u>	<u> </u>	103,023.		
	а	Excess of revenue over expenses and disbursements	-22,802.						
	b	Net investment income (if negative, enter -0-)	22,002.		0.				
	С	Adjusted net income (if negative, enter -0-)				0.			

Parl	· II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	
r ar				(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing	49,465.	22,307.	
	2	Savings and tempor	ary cash investments			
	3	Accounts receivable	6,720.			
		Less: allowance for	doubtful accounts	19.	6,720.	
	4	Pledges receivable				
		Less: allowance for	doubtful accounts			
	5	Grants receivable				
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)			
		Less: allowance for				
	8	Inventories for sale	or use	2,345.		
	9	Prepaid expenses ar	nd deferred charges	·		
Assets	10a	Investments – U.S. obligations (attach s	and state government chedule)			
SS	b	Investments — corporate	stock (attach schedule)			
⋖	С	Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment: basis	buildings, and			
		Less: accumulated deprec (attach schedule)	iation — — — — — — — — — — — — — — — — — — —			
	12	Investments - morto	gage loans			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment: basis			
		Less: accumulated deprec (attach schedule)	iation			
	15 16	Other assets (descri Total assets (to be of a sea the instructions	be) completed by all filers — Also, see page 1, item l)	E1 020	20 027	0
	17		nd accrued expenses	51,829.	29,027.	0.
	18					
S	19					
ţį	20		ors,trustees, and other disqualified persons			
Ħ	21		s payable (attach schedule)			
iabilities	22	Other liabilities (des	ŀ			
_		·				
	23	Total liabilities (add	lines 17 through 22)	0.	0.	
8			ow FASB ASC 958, check here and 5, 29, and 30			
alanc	24	Net assets without d	onor restrictions			
Ä	25	Net assets with done	or restrictions			
Vet Assets or Fund Balances			not follow FASB ASC 958, check here Z6 through 30			
Ĭ	26	Capital stock, trust r	orincipal, or current funds			
S	27		or land, bldg., and equipment fund			
क्र	28	Retained earnings, accumi	ulated income, endowment, or other funds	51,829.	29,027.	
Ş	29	Total net assets or f	und balances (see instructions)	51,829.	29,027.	
		(see instructions)	net assets/fund balances	51,829.	29,027.	
Par		Analysis of Chan	ges in Net Assets or Fund Balance	es	,	
1	Total end-c	net assets or fund ba of-year figure reported	alances at beginning of year – Part II, colud on prior year's return)	mn (a), line 29 (must ag	gree with 1	51,829.
2	Enter	amount from Part I,	line 27a			-22,802.
3	Other i	increases not included in li	ne 2 (itemize)		3	,
4	Add I	ines 1, 2, and 3			4	29,027.
5	Decrea	ises not included in line 2 (itemize)	_ = =	5	
6	Total	net assets or fund ba	alances at end of year (line 4 minus line 5)	- Part II, column (b), I	ne 29 6	29,027.

Par	t IV Capital Gains and L	osses for Tax on Investme	nt Income			
	2 story brief warehouses or common stock 200 abs. MI C Co.) P — Purcha			(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	N/A					
b						
c						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense of		(h) Gain or ((e) plus (f) m	
а						
b						
С						
d						
е						
	Complete only for assets showing	gain in column (h) and owned by the	e foundation on 12/31/69.		(I) Gains (Col.	(h)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. over col. (j), if a		gain minús col. (k), b nan -0-) or Losses (fr	ut not less
a						
b						
С						
d						
е						
	Operital prairie and income on God	If gain, also	enter in Part I, line 7			
2	Capital gain net income or (net	. capital loss) —If (loss), er	iter -0- in Part I, line 7	2		
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):			
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c). See instructions. I	f (loss), enter -0-	$ $ $_3$		
Par		n Investment Income (Section		948 – see instruc	tions)	
	Exempt operating foundations described	l in section 4940(d)(2), check here	and enter "N/A" on lii	ne 1 —		
ıu	Date of ruling or determination letter:		ter if necessary – see inst			
h	=	enter 1.39% (0.0139) of line 27b.	-		1	0.
		l. (b)			•	0.
2	Tax under section 511 (domest	ic section 4947(a)(1) trusts and ta -0-)	xable		2	0
2	-	-0-)			3	0.
J _1		stic section 4947(a)(1) trusts and to				0.
5		me. Subtract line 4 from line 3. If a				0.
6	Credits/Payments:	Cabildot into 7 Horn line 3. H	_0.0 01 1000, CITICI U		3	0.
		rpayment credited to 2024	6a			
	17	- tax withheld at source				
		stension of time to file (Form 8868				
		y withheld				
7	· · · · · · · · · · · · · · · · · · ·	dd lines 6a through 6d			7	0.
8		ment of estimated tax. Check her				0.
9		more than line 7, enter amount owed				0.
10		e total of lines 5 and 8, enter the amount o				0.
11	Enter the amount of line 10 to be: Cred		roi paid.	Refunded		
BAA	Enter the amount of fine to to be. Clea	Total to 2020 Collinated tax				990-PF (2024)

Part VI-A Statements Regarding Activities

				1
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ 0. (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		v
2	If "Yes," attach a detailed description of the activities.			X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	AZ			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
_	(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)			
•	for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII.	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		37
	within the meaning of section 512(b)(15)? If Tes, attach schedule, see instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		37
10		12	37	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	13	X	<u> </u>
1.4				
14	The books are in care of GENESIS ACCOUNTING SOLUTIONS Telephone no. 800 57 Located at PO BOX 289 ORACLE A7. ZIP + 4 85623	<u>4</u>	<u>4</u> 1_9_	
15	Located at PO BOX 289 ORACLE AZ ZIP + 4 85623 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	N / 7		
13		· †A'\' \\	٠.	LI NI / 7
			Voc	N/A
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a	10	Yes	No
	bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes,"			
BAA	enter the name of the foreign country	rm 001)-PF (2	2024)
DAA	ΓΟ	・・・・・ フグし	7°F (2	_U_4)

Par	t VI-B	Statements Regarding Activities for Which Form 4720 May Be Required			
	File For	m 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	•	he year, did the foundation (either directly or indirectly):			
	(1) En	gage in the sale or exchange, or leasing of property with a disqualified person?	1a (1)		X
	(2) Boo	row money from, lend money to, or otherwise extend credit to (or accept it from) a qualified person?	1a (2)		Х
		nish goods, services, or facilities to (or accept them from) a disqualified person?			X
		compensation to, or pay or reimburse the expenses of, a disqualified person?			X
	(5) Tra	nsfer any income or assets to a disqualified person (or make any of either available the benefit or use of a disqualified person)?	, ,		X
	fou	ee to pay money or property to a government official? (Exception. Check "No" if the odation agreed to make a grant to or to employ the official for a period after termination government service, if terminating within 90 days.)	1a (6)		Х
b	If any a	nswer is "Yes" to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in cions section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	Organiz	rations relying on a current notice regarding disaster assistance, check here			
d	Did the that we	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, re not corrected before the first day of the tax year beginning in 2024?	1d		X
2	Taxes of private	on failure to distribute income (section 4942) (does not apply for years the foundation was a operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the tax year	end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for r(s) beginning before 2024? If "Yes," list the years	2a		Х
	20	, 20 , 20 , 20			
b	(relatin	re any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) g to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
_	-	s listed, answer "No" and attach statement – see instructions.)	2b		
С		rovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a	Did the	foundation hold more than a 2% direct or indirect interest in any business			
		ise at any time during the year?	За		Х
ŀ	or disquared by the	did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation lalified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to ne if the foundation had excess business holdings in 2024.)	3b		
			30		
4a		foundation invest during the year any amount in a manner that would jeopardize its purposes?	4a		Х
b	Did the	foundation make any investment in a prior year (but after December 31, 1969) that could ze its charitable purpose that had not been removed from jeopardy before the first day of			
	the tax	year beginning in 2024?			Х
BAA		Fc	rm 99	0-PF ((2024)

	Statements Regarding Activiti		i 4720 May Be Req	uired (continued)			
•	e year, did the foundation pay or incur a	•				Yes	No
	y on propaganda, or otherwise attemp						Х
	ence the outcome of any specific pub directly or indirectly, any voter registra						X
(3) Prov	ide a grant to an individual for travel,	study, or other similar	purposes?		···· 5a(3)	X
(4) Provi	de a grant to an organization other than ection 4945(d)(4)(A)? See instructions	a charitable, etc., organi	zation described		5a(4)	Х
(5) Proveduc	ide for any purpose other than religionational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?		5a(5)	Х
b If any and described	swer is "Yes" to 5a(1)–(5), did any of the I in Regulations section 53.4945 or in a d	transactions fail to qualify current notice regarding of	under the exceptions lisaster assistance?	N	/7		
See insti	ructions						
-		_			Ш		
tax beca	wer is "Yes" to question 5a(4), does the use it maintained expenditure respon attach the statement required by Reg	sibility for the grant?		N,	/.A. 5d		
	, , ,		• •	c			
	oundation, during the year, receive ar sonal benefit contract?						Χ
	oundation, during the year, pay premite 6b, file Form 8870.	iums, directly or indirec	tly, on a personal bene	fit contract?	6b		Х
	me during the tax year, was the found						Χ
	did the foundation receive any proceed				[/] .A. 7b		
	ndation subject to the section 4960 tax of sparachute payment(s) during the ye				8		Χ
	Information About Officers, Diand Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployee	s,	
	fficers, directors, trustees, and found	dation managers and th	neir compensation. See	instructions.			
	(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 and deferred compensation	(e) Expended the control (e)	se acc allowar	
See State	ment 6			·			
			12,354.	0.			0.
2 Compen	sation of five highest-paid employees (o	ther than those included	on line 1 – see instructio		•		
(a) Name	e and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred	(e) Expended the contract (e)	se acc allowar	
None		devoted to position		compensation			
NOITE							
	. – – – – – – – – – – – – – – – – – – –						
Total number	of other employees paid over \$50,000	<u> </u>	1				0

Form 990-PF (2024) COCHISE CLUB VOLLEYBALL 87-336	
Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services	0
Part VIII-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 COMPETITIONS & EVENTS	
2 PRACTICE & TRAINING	
2 FRACTICE & INATIVING	
3 FUNDRAISING	
4	
4	
Part VIII-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
¹ <u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
BAA	Form 990-PF (2024)

Part	see instructions.)	eign i	oundations,
1 Fa	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: verage monthly fair market value of securities	1.	
		1a	
	verage of monthly cash balances	1b	
	· · · · · · · · · · · · · · · · · · ·	1c	
	otal (add lines 1a, b, and c)	1d	0.
	eduction claimed for blockage or other factors reported on lines 1a and		
	c (attach detailed explanation)		
	cquisition indebtedness applicable to line 1 assets.	2	
3 S	ubtract line 2 from line 1d	3	
	ash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 or greater amount, see instructions)	4	
5 N	et value of noncharitable-use assets. Subtract line 4 from line 3	5	0.
6 M	linimum investment return. Enter 5% (0.05) of line 5	6	0.
Part >		ing fo	undations
	and certain foreign organizations, check here X and do not complete this part.)		
1 M	linimum investment return from Part IX, line 6	1	
2 a ⊤a	ax on investment income for 2024 from Part V, line 5		
b In	ncome tax for 2024. (This does not include the tax from Part V.)		
c A	dd lines 2a and 2b	2c	
3 D	istributable amount before adjustments. Subtract line 2c from line 1	3	
4 R	ecoveries of amounts treated as qualifying distributions	4	
5 A	dd lines 3 and 4	5	
6 D	eduction from distributable amount (see instructions)	6	
7 D	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	
Part 2	Qualifying Distributions (see instructions)	<u>'</u>	
	mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	xpenses, contributions, gifts, etc. – total from Part I, column (d), line 26.	1a	169,829.
b P	rogram-related investments — total from Part VIII-B	1b	
2 A	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 A a S	mounts set aside for specific charitable projects that satisfy the: uitability test (prior IRS approval required)	3a	
b C	ash distribution test (attach the required schedule).	3b	
	ualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	169,829.
BAA	· ·		Form 990-PF (2024)

TEEA0308L 09/03/24

Part 2	XII Undistributed Income (see instr	uctions)	N/A		
		(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
	Distributable amount for 2024 from Part X, ine 7				
2 U	Indistributed income, if any, as of the end of 2024:				
	Enter amount for 2023 only				
	excess distributions carryover, if any, to 2024:				
	From 2019				
	From 2020				
	From 2021				
	From 2023				
f T	Total of lines 3a through e				
	Qualifying distributions for 2024 from Part XI,				
	ine 4: \$ Applied to 2023, but not more than line 2a				
	Applied to undistributed income of prior years Election required — see instructions)				
(1	reated as distributions out of corpus Election required — see instructions)				
	Applied to 2024 distributable amount				
	excess distributions carryover applied to 2024				
(If an amount appears in column (d), the same amount must be shown in column (a).)				
	Enter the net total of each column as ndicated below:				
a C	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b F	Prior years' undistributed income. Subtract ine 4b from line 2b				
ir b	Enter the amount of prior years' undistributed noome for which a notice of deficiency has been issued, or on which the section 4942(a) ax has been previously assessed.				
	Subtract line 6c from line 6b. Taxable amount — see instructions				
	Indistributed income for 2023. Subtract line 4a from ne 2a. Taxable amount — see instructions				
4	Undistributed income for 2024. Subtract lines and 5 from line 1. This amount must be distributed in 2025.				
C	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election nay be required — see instructions)				
8 E	Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions).				
9 E	Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a				
	Analysis of line 9:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
-	Excess from 2024				
BAA					Form 990-PF (2024)

	t Am Private Operating Foundation				<u> </u>	
ıa	If the foundation has received a ruling or determine effective for 2024, enter the date of the interest of the second sec	mination letter that it ruling	is a private operatir	ng foundation, and the	<u></u>	3/22/22
b	Check box to indicate whether the foundation	on is a private oper	ating foundation de	escribed in section	X 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part IX for	(a) 2024	(b) 2023	(c) 2022	(d) 2021	
	each year listed	0.				0.
	85% (0.85) of line 2a					0.
	line 4, for each year listed	169,829.	142,502.	132,841.		445,172.
	Amounts included in line 2c not used directly for active conduct of exempt activities					0.
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	169,829.	142,502.	132,841.		445,172.
	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test — enter:			04 005		04 000
	(1) Value of all assets			21,287.		21,287.
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b	"Endowment" alternative test — enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
С	"Support" alternative test — enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
	t XIV Supplementary Information assets at any time during the	e year – see ins	oart only if the tructions.)	foundation had	\$5,000 or more	in
	Information Regarding Foundation Manag List any managers of the foundation who have		an 2% of the total co	ntributions received h	w the foundation hef	ore the
u	close of any tax year (but only if they have	contributed more th	nan \$5,000). (See s	section 507(d)(2).)	y the foundation ben	ore the
	None					
	Lish and the foundation of	100/				-latin and
J	List any managers of the foundation who own a partnership or other entity) of which the None	foundation has a 10	% or greater intere	st.	portion of the owners	snip σι
2	Information Regarding Contribution, Grant, G	ift, Loan, Scholarshi	p, etc., Programs:			
	Check here X if the foundation only mal requests for funds. If the foundation makes 2a, b, c, and d. See instructions.	•		-	•	
а	The name, address, and telephone number or	email address of the	person to whom app	olications should be a	addressed:	
b	The form in which applications should be s	ubmitted and inform	nation and material	s they should include	de:	
	Annual business and a self-					
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, s	uch as by geograph	ical areas, charitab	ole fields, kinds of ir	nstitutions, or other	factors:

Grants and Contributions Paid During the	ne Year or Approved for Fut	ure Payment		N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Total			3a	
Approved for future payment				
Total	•			

Par	t XV-A	Analysis of Income-Producing A	Activities				
Ente	r gross ar	mounts unless otherwise indicated.	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
1	Program	n service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions.)
	•	RSHIPS			3	67,471.	
b		OF APPAREL/EQUIP			3	79,556.	
С						13,330.	
d							
е							
f							
a	Fees an	d contracts from government agencies					
2		ship dues and assessments					
3		savings and temporary cash investments					
4		ds and interest from securities					
5	Net renta	al income or (loss) from real estate:					
а		anced property					
		t-financed property					
6		income or (loss) from personal property					
7		vestment income					
8		ss) from sales of assets other than inventory					
9		me or (loss) from special events					
10		rofit or (loss) from sales of inventory					
11	Other reve	•					
		b					
		c					
		d					
		е					
12	Subtotal	. Add columns (b), (d), and (e)				147 027	
		. Add columns (b), (d), and (e)dd line 12, columns (b), (d), and (e)					147 027
13	Total. A	Add columns (b), (d), and (e)dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation					147,027.
13 (See	Total. Ac	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation	ns.)			13	147,027.
13 (See Par	Total. Ac workshee	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. Ac workshee	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	
13 (See Par Lin	Total. An workshee t XV-B e No.	dd line 12, columns (b), (d), and (e)et in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accomplis	hment of Exemp	ot Purpo	oses	

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

									Yes	No
d€	escribe	d in section 501(c) (other than se	engage in any of the following vection 501(c)(3) organizations) of	vith any ot r in section	her organizatior n 527,	1			
	•	o political organiz								
		'	9	a noncharitable exempt organ				10 (1)		v
	•									<u>X</u>
		insactions:						Ia(2)		
			oncharitable exe	empt organization				1b(1)		X
•	•			able exempt organization						<u>X</u>
•	•			er assets						- <u>X</u>
•	•									<u>X</u>
(5	, Loan	s or Ioan guarant	ees							X
(6) Perfo	ormance of service	es or membersh	nip or fundraising solicitations.				- ' '		X
c S	haring (of facilities, equip	ment, mailing li	sts, other assets, or paid emplo	yees					X
d If th ar	the ans e goods ny trans	wer to any of the a s, other assets, or s saction or sharing	bove is "Yes," co ervices given by arrangement, s	implete the following schedule. Co the reporting foundation. If the fo show in column (d) the value of	olumn (b) st undation re the goods	nould always sho ceived less than , other assets, o	w the fair marke fair market valu or services rece	et value of e in eived.		
(a) Line	no.	(b) Amount involved	(c) Name	of noncharitable exempt organization	(d)	Description of trans	fers, transactions,	and sharing arrar	gement	s
N/A										
2 a ls	the fou	ndation directly or i	indirectly affiliate	d with, or related to, one or more ction 501(c)(3)) or in section 52	tax-exempt	organizations		Yes	X	No
		complete the follow	•	ction 301(c)(3)) or in section 32	./ :			Lies	, V	140
U 11		Name of organiza		(b) Type of organization	n	(c)	Description of	relationship		
N/A	(4)	Traine or organize	3000	(B) Type of organization		(0)	Bescription of	Totationionip		
14/ 11										
	Under pe	enalties of perjury, I dec	lare that I have exam	nined this return, including accompanying	schedules and	statements, and to	the best of my know	ledge and belief, i	t is true,	
Sign	correct,	and complete. Declarati	on or preparer (otner	than taxpayer) is based on all information	1 of which pre	parer has any knowle	eage.	May the I	RS disci	ISS
lere				1	ъ			May the I this retur preparer	shown b	elow?
	Signat	ture of officer or trustee		Date		<u>irector</u>		See instr	uctions.	-ı
	Jigi ial	Preparer's name		Preparer's signature		Date	01 . 17		Yes	No
		·	1				Check X	"	1440	
Paid		Alexandra N		Alexandra Mange	2 11	4/14/25	self-employed	P02174	44U	
Prepa		Firm's name		CCOUNTING SOLUTIONS			Firm's EIN 82	2545775		
Jse O	nıy	Firm's address	37912 S E				Dhono 00	O E70 44	1.0	
- Δ A		<u> </u>	TUCSON, AZ	Z 85739			Phone no. 80	0-572-44		0004
3AA								Form 99	U-PF (ZUZ4)

Federal Statements	Page ²
COCHISE CLUB VOLLEYBALL	87-336630
	09:57Pl
(a) (b) Net Revenue Investment per Books Income	(c) Adjusted Net Income
\$ 67,471. 	\$ 0.
(a) (b) Net (c) Expenses Investment Adjusted Net Income \$ 10. Total \$ 10. \$ 0. \$ \$ 0.	(d) Charitable Purposes \$ 10. 0. \$ 10.
(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income Total \$ 6,186. \$ 0. \$	(d) Charitable Purposes \$ 6,186. 0. \$ 6,186.
(a) (b) Net (c) Expenses Investment Adjusted Net Income \$ 5,944. Total \$ 5,944. \$ 0. \$	
	COCHISE CLUB VOLLEYBALL (a)

2024	Federal Statements	Page 2
Client 2516042d-893d-	COCHISE CLUB VOLLEYBALL	87-3366303
4/14/25		09:57PM
Statement 5 Form 990-PF, Part I, Line 23 Other Expenses		
	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income	(d) Charitable <u>Purposes</u>
ADVERTISING & MARKETING APPAREL FOR RESALE. DUES & SUBSCRIPTIONS. EQUIPMENT EXPENSES. EVENT FEES. EVENT SUPPLIES. MERCHANT PROCESSING FEES. OFFICE SUPPLIES. REPAIRS & MAINTENANCE. SHIPPING & POSTAGE.	17,546. 4,103. 8,923. 27,624. 115. 235. 370. 67.	220. 17,546. 4,103. 8,923. 27,624. 115. 235. 370. 67. 305.
	Total \$\frac{305.}{\\$59,508.} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Statement 6 Form 990-PF, Part VII, Line 1	os and Kay Employace	
	es, and Key Employees Title and Average Hours Per Week Devoted Sation EBP & DC	Expense Account/ Other
Form 990-PF, Part VII, Line 1 List of Officers, Directors, Trustee	Title and Contri- Average Hours Compen- bution to Per Week Devoted sation EBP & DC	Account/
Form 990-PF, Part VII, Line 1 List of Officers, Directors, Trustee Name and Address REBEKKA EDWARDS 3900 S ARABIAN DR	Title and Contri- Average Hours Compen- bution to Per Week Devoted sation EBP & DC Director \$ 5,175. \$ 0.	Account/Other \$ 0.

Secretary 2.00

Treasurer

Director 1.00

Director 1.00

0.

0.

0.

0.

0.

0.

0.

0.

2,932.

Total \$ 12,354. \$

0.

0.

0.

0.

AMANDA GOODMAN 2232 E SADDLE BRONC TRAIL SIERRA VISTA, AZ 85650

MINA FIMBRES-HANSON 5434 S SANTA ELENA AVE SIERRA VISTA, AZ 85650

ERIN PETERS 3607 E MULE DEER ROAD PEARCE, AZ 85625

1134 MARCHBANKS DRIVE SIERRA VISTA, AZ 85635

TIFFANY MOJICA