

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

January 20, 2025

COCHISE CLUB VOLLEYBALL
PO BOX 3475
SIERRA VISTA, AZ 85636

Dear Client:

Your 2023 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

DO NOT FILE

COCHISE CLUB VOLLEYBALL

87-3366303

| | 2023 | 2022 | Diff |
|--|---------|---------|---------|
| REVENUE PER BOOKS | | | |
| Other income..... | 173,044 | 118,985 | 54,059 |
| Total revenue..... | 173,044 | 118,985 | 54,059 |
| EXPENSES PER BOOKS | | | |
| Compensation of officers, dir, etc..... | 16,966 | 12,646 | 4,320 |
| Other employee salaries and wages..... | 43,624 | 28,217 | 15,407 |
| Legal fees..... | 138 | 45 | 93 |
| Accounting fees..... | 1,307 | 0 | 1,307 |
| Other professional fees..... | 0 | 17 | -17 |
| Occupancy..... | 24,302 | 26,760 | -2,458 |
| Travel, conferences, and meetings..... | 30,237 | 16,510 | 13,727 |
| Other expenses..... | 25,928 | 48,646 | -22,718 |
| Total operating/administrative exp..... | 142,502 | 132,841 | 9,661 |
| Total expenses..... | 142,502 | 132,841 | 9,661 |
| Excess of revenue over expenses..... | 30,542 | -13,856 | 44,398 |
| 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..... | 0 | 0 | 0 |
| 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..... | 16,966 | 12,646 | 4,320 |
| Other employee salaries and wages..... | 43,624 | 28,217 | 15,407 |
| Legal fees..... | 138 | 45 | 93 |
| Accounting fees..... | 1,307 | 0 | 1,307 |
| Other professional fees..... | 0 | 17 | -17 |
| Occupancy..... | 24,302 | 26,760 | -2,458 |

COCHISE CLUB VOLLEYBALL

87-3366303

| | 2023 | 2022 | Diff |
|---|-------------|-------------|-----------|
| CHARITABLE PURPOSES DISBURSEMENTS | | | |
| Travel, conferences, and meetings..... | 30,237 | 16,510 | 13,727 |
| Other expenses..... | 25,928 | 48,646 | -22,718 |
| Total operating/administrative exp..... | 142,502 | 132,841 | 9,661 |
| Total expenses and disbursements..... | 142,502 | 132,841 | 9,661 |
| NET ASSETS OR FUND BALANCES | | | |
| Net assets/fund bal. at beg. of year..... | 21,287 | 35,143 | -13,856 |
| Excess of revenue over expenses..... | 30,542 | -13,856 | 44,398 |
| Net assets/fund bal. at end of year..... | 51,829 | 21,287 | 30,542 |

DO NOT FILE

2023

General Information

Page 1

COCHISE CLUB VOLLEYBALL

87-3366303

Forms needed for this return

Federal: 990-PF

Carryovers to 2024

None

DO NOT FILE

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**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

COCHISE CLUB VOLLEYBALL

EIN or SSN

87-3366303

Name and title of officer or person subject to tax

REBEKKA EDWARDS Director

Part I Type of Return and Return Information

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 | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input checked="" type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | 0. |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____ (EIN) _____

and that I have examined a copy of the 2023 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

☒ I authorize GENESIS ACCOUNTING SOLUTIONS to enter my PIN 45293 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2023 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 2023 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

Date

Part III Certification and Authentication

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 2023 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

Date

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
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.**2023**

Open to Public Inspection

For calendar year 2023 or tax year beginning

, 2023, and ending

, 20

COCHISE CLUB VOLLEYBALL
PO BOX 3475
SIERRA VISTA, AZ 85636**A** Employer identification number
87-3366303**B** Telephone number (see instructions)
520 559-3806**C** If exemption application is pending, check here ☐**D 1** Foreign organizations, check here ☐**2** Foreign organizations meeting the 85% test,
check here and attach computation. ☐**E** If private foundation status was terminated under
section 507(b)(1)(A), check here ☐**F** If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐**G** Check all that apply: ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change**H** Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation**I** Fair market value of all assets at end of year
(from Part II, column (c), line 16)
\$ 51,810.
J Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify) _____
(Part I, column (d), must be on cash basis.)

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | |
|--|---|------------------------------------|---------------------------|-------------------------|---|----------|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) . . . | | | | | |
| | 2 Check <input checked="" type="checkbox"/> 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 Gross rents | | | | | |
| | b Net rental income or (loss) | | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10. | | | | | |
| | b Gross sales price for all assets on line 6a. | | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | | | | |
| | 8 Net short-term capital gain | | | | | |
| | 9 Income modifications | | | | | |
| | 10a Gross sales less returns and allowances | | | | | |
| b Less: Cost of goods sold | | | | | | |
| c Gross profit or (loss) (attach schedule). | | | | | | |
| 11 Other income (attach schedule). | | | | | | |
| | See Statement 1 | 173,044. | | | | |
| 12 Total. Add lines 1 through 11. | | 173,044. | 0. | 0. | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 16,966. | | | 16,966. | |
| | 14 Other employee salaries and wages. | 43,624. | | | 43,624. | |
| | 15 Pension plans, employee benefits | | | | | |
| | 16a Legal fees (attach schedule) | See St. 2 | 138. | | 138. | |
| | b Accounting fees (attach sch) | See St. 3 | 1,307. | | 1,307. | |
| | c Other professional fees (attach sch). | | | | | |
| | 17 Interest. | | | | | |
| | 18 Taxes (attach schedule)(see instrs). | | | | | |
| | 19 Depreciation (attach schedule) and depletion | | | | | |
| | 20 Occupancy. | 24,302. | | | 24,302. | |
| | 21 Travel, conferences, and meetings. | 30,237. | | | 30,237. | |
| | 22 Printing and publications. | | | | | |
| | 23 Other expenses (attach schedule). | | | | | |
| | | See Statement 4 | 25,928. | | | 25,928. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23. | | 142,502. | | | 142,502. |
| 25 Contributions, gifts, grants paid. | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25. | | 142,502. | 0. | 0. | 142,502. | |
| 27 Subtract line 26 from line 12: | | | | | | |
| a Excess of revenue over expenses and disbursements | | 30,542. | | | | |
| b Net investment income (if negative, enter -0-) | | | 0. | | | |
| c Adjusted net income (if negative, enter -0-) | | | | 0. | | |

| Part II Balance Sheets | | Beginning of year | End of year | |
|-----------------------------|--|-------------------|----------------|----------------|
| | | | (a) Book Value | (b) Book Value |
| Assets | 1 Cash — non-interest-bearing | 21,287. | 49,465. | 49,465. |
| | 2 Savings and temporary cash investments | | | |
| | 3 Accounts receivable 19. | | | |
| | Less: allowance for doubtful accounts | | 19. | |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach sch) | | | |
| | Less: allowance for doubtful accounts | | | |
| | 8 Inventories for sale or use | | 2,345. | 2,345. |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments — U.S. and state government obligations (attach schedule) | | | |
| | b Investments — corporate stock (attach schedule) | | | |
| | c Investments — corporate bonds (attach schedule) | | | |
| Liabilities | 11 Investments — land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation (attach schedule) | | | |
| | 12 Investments — mortgage loans | | | |
| | 13 Investments — other (attach schedule) | | | |
| | 14 Land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation (attach schedule) | | | |
| | 15 Other assets (describe) | | | |
| | 16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I) | 21,287. | 51,829. | 51,810. |
| | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| Net Assets or Fund Balances | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/> | | | |
| | 24 Net assets without donor restrictions | | | |
| | 25 Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input checked="" type="checkbox"/> | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | 21,287. | 51,829. | |
| | 29 Total net assets or fund balances (see instructions) | 21,287. | 51,829. | |
| | 30 Total liabilities and net assets/fund balances (see instructions) | 21,287. | 51,829. | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|---------|
| 1 | Total net assets or fund balances at beginning of year — Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 21,287. |
| 2 | Enter amount from Part I, line 27a. | 2 | 30,542. |
| 3 | Other increases not included in line 2 (itemize) | 3 | |
| 4 | Add lines 1, 2, and 3. | 4 | 51,829. |
| 5 | Decreases not included in line 2 (itemize) | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 29 | 6 | 51,829. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (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 | | | | |
| e | | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) |
|-----------------------|--|---|--|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|------------------------|--------------------------------------|---|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---|---|---|--|
| 2 Capital gain net income or (net capital loss)..... | <input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -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 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8..... | | 3 | |

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 — see instructions)

| | | |
|---|-----------------|----|
| 1a Exempt operating foundations described in section 4940(d)(2), check here. <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary — see instructions) | | |
| b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)..... | 1 | 0. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)..... | 2 | 0. |
| 3 Add lines 1 and 2..... | 3 | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)..... | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-..... | 5 | 0. |
| 6 Credits/Payments: | | |
| a 2023 estimated tax pymts and 2022 overpayment credited to 2023..... | 6a | |
| b Exempt foreign organizations — tax withheld at source..... | 6b | |
| c Tax paid with application for extension of time to file (Form 8868)..... | 6c | |
| d Backup withholding erroneously withheld..... | 6d | |
| 7 Total credits and payments. Add lines 6a through 6d..... | 7 | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached..... | 8 | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 0. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 Enter the amount of line 10 to be: Credited to 2024 estimated tax | 11 | |
| | Refunded | |

BAA

Form 990-PF (2023)

Part VI-A Statements Regarding Activities

| | Yes | No |
|---|-----------|----|
| 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 | 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 | X |
| 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. | | |
| c Did the foundation file Form 1120-POL for this year? | 1c | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u> | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u> | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | X |
| If "Yes," attach a detailed description of the activities. | | |
| 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 | X |
| 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 | X |
| If "Yes," attach the statement required by <i>General Instruction T</i> . | | |
| 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 | X |
| 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 | X |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>AZ</u> | | |
| b 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 2023 or the tax year beginning in 2023? 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 | 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 | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ... Website address: <u>WWW.CLUBCOCHISE.COM</u> | 13 | X |
| 14 The books are in care of <u>GENESIS ACCOUNTING SOLUTIONS</u> Telephone no. <u>800 572-4419</u> Located at <u>PO BOX 289 ORACLE AZ</u> ZIP + 4 <u>85623</u> | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here. N/A. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. 15 N/A | | |
| 16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | X |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | | |

BAA

Form 990-PF (2023)

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
|---|---|-----|----|
| 1a | During the year, did the foundation (either directly or indirectly): | | |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? | | X |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | X |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | X |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | X |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | X |
| (6) | Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | | X |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. | | |
| c | Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> | | |
| d | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023? | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a | At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years: | | X |
| | 20 __ , 20 __ , 20 __ , 20 __ | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.) | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | |
| | 20 __ , 20 __ , 20 __ , 20 __ | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | | X |
| b | If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.) | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023? | | X |

BAA

Form 990-PF (2023)

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | | | |
|--|-------|-----|----|
| 5a During the year, did the foundation pay or incur any amount to: | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | 5a(1) | | X |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | 5a(2) | | X |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | 5a(3) | | X |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | 5a(4) | | X |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | 5a(5) | | X |
| b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions | N/A | | |
| c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> | | | |
| d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). | N/A | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 6a | | X |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | 6b | | X |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 7a | | X |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | N/A | | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 8 | | X |

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

| 1 List all officers, directors, trustees, and foundation managers and their 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) Expense account, other allowances |
| See Statement 5 | | 16,966. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." | | | | |
| (a) Name 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 compensation | (e) Expense account, other allowances |
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**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 | |
| | 73,457. |
| 2 PRACTICE & TRAINING | |
| | 64,183. |
| 3 FUNDRAISING | |
| | 1,300. |
| 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 N/A | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 | |
| Total. Add lines 1 through 3 | 0. |

BAA

Form 990-PF (2023)

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|--|-----------|----|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities..... | 1a | |
| b | Average of monthly cash balances..... | 1b | |
| c | Fair market value of all other assets (see instructions)..... | 1c | |
| d | Total (add lines 1a, b, and c)..... | 1d | 0. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)..... | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets..... | 2 | |
| 3 | Subtract line 2 from line 1d..... | 3 | |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)..... | 4 | |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3..... | 5 | 0. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5..... | 6 | 0. |

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☒ and do not complete this part.)

| | | | |
|-----------|---|-----------|-----|
| 1 | Minimum investment return from Part IX, line 6..... | 1 | N/A |
| 2a | Tax on investment income for 2023 from Part V, line 5..... | 2a | |
| b | Income tax for 2023. (This does not include the tax from Part V.)..... | 2b | |
| c | Add lines 2a and 2b..... | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1..... | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions..... | 4 | |
| 5 | Add lines 3 and 4..... | 5 | |
| 6 | Deduction from distributable amount (see instructions)..... | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1..... | 7 | |

Part XI Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26..... | 1a | 142,502. |
| b | Program-related investments — total from Part VIII-B..... | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes..... | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required)..... | 3a | |
| b | Cash distribution test (attach the required schedule)..... | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4..... | 4 | 142,502. |

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Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

N/A

| | (a) Corpus | (b) Years prior to 2022 | (c) 2022 | (d) 2023 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2023 from Part X, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2023: | | | | |
| a Enter amount for 2022 only | | | | |
| b Total for prior years: 20 __, 20 __, 20 __ | | | | |
| 3 Excess distributions carryover, if any, to 2023: | | | | |
| a From 2018 | | | | |
| b From 2019 | | | | |
| c From 2020 | | | | |
| d From 2021 | | | | |
| e From 2022 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2023 from Part XI, line 4: \$ | | | | |
| a Applied to 2022, but not more than line 2a .. | | | | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | | | |
| c Treated as distributions out of corpus (Election required — see instructions) | | | | |
| d Applied to 2023 distributable amount | | | | |
| e Remaining amount distributed out of corpus .. | | | | |
| 5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount — see instructions | | | | |
| e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount — see instructions | | | | |
| f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) | | | | |
| 8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) .. | | | | |
| 9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2019 | | | | |
| b Excess from 2020 | | | | |
| c Excess from 2021 | | | | |
| d Excess from 2022 | | | | |
| e Excess from 2023 | | | | |

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Form 990-PF (2023)

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling 3/22/22

b Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

| | Tax year | | | | (e) Total |
|--|----------|----------|----------|----------|-----------|
| | (a) 2023 | (b) 2022 | (c) 2021 | (d) 2020 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | 0. | | | | 0. |
| b 85% (0.85) of line 2a | | | | | 0. |
| c Qualifying distributions from Part XI, line 4, for each year listed | 142,502. | 132,841. | | | 275,343. |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | 0. |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 142,502. | 132,841. | | | 275,343. |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test — enter: | | | | | |
| (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 | | | | | |
| c "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 | | | | | |

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information (continued)

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

COCHISE CLUB VOLLEYBALL

87-3366303

Statement 1
Form 990-PF, Part I, Line 11
Other Income

| | (a) Revenue per Books | (b) Net Investment Income | (c) Adjusted Net Income |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| MEMBERSHIPS..... | \$ 167,587. | | |
| SALES OF EQUIPMENT..... | 5,457. | | |
| Total | <u>\$ 173,044.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

Statement 2
Form 990-PF, Part I, Line 16a
Legal Fees

| | (a) Expenses Per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
|-----------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| BANK FEES..... | \$ 128. | | | \$ 128. |
| LEGAL FEES..... | 10. | | | 10. |
| Total | <u>\$ 138.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 138.</u> |

Statement 3
Form 990-PF, Part I, Line 16b
Accounting Fees

| | (a) Expenses per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
|----------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING FEES..... | \$ 1,307. | | | \$ 1,307. |
| Total | <u>\$ 1,307.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 1,307.</u> |

Statement 4
Form 990-PF, Part I, Line 23
Other Expenses

| | (a) Expenses per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
|------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| ADVERTISING & MARKETING..... | \$ 1,191. | | | \$ 1,191. |
| APPAREL FOR RESALE..... | 12,331. | | | 12,331. |
| DUES & SUBSCRIPTIONS..... | 579. | | | 579. |
| EQUIPMENT EXPENSES..... | 10,180. | | | 10,180. |
| FUNDRAISING EXPENSES..... | 109. | | | 109. |
| OFFICE SUPPLIES..... | 586. | | | 586. |
| SHIPPING & POSTAGE..... | 952. | | | 952. |
| Total | <u>\$ 25,928.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 25,928.</u> |

COCHISE CLUB VOLLEYBALL

87-3366303

Statement 5
Form 990-PF, Part VII, Line 1
List of Officers, Directors, Trustees, and Key Employees

| <u>Name and Address</u> | <u>Title and Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Contri- bution to EBP & DC</u> | <u>Expense Account/ Other</u> |
|---|---|---------------------------|---|---------------------------------------|
| REBEKKA EDWARDS 3900 S ARABIAN DR SIERRA VISTA, AZ 85650 | Director 5.00 | \$ 6,294. | \$ 0. | \$ 0. |
| JESSICA MCGUIRE 32 TERRA DRIVE SIERRA VISTA, AZ 85635 | Director 0 | 0. | 0. | 0. |
| JOHN EDWARDS 3900 S ARABIAN DRIVE SIERRA VISTA, AZ 85635 | Director 5.00 | 7,573. | 0. | 0. |
| AMANDA GOODMAN 2232 E SADDLE BRONC TRAIL SIERRA VISTA, AZ 85650 | Secretary 2.00 | 0. | 0. | 0. |
| MINA FIMBRES-HANSON 5434 S SANTA ELENA AVE SIERRA VISTA, AZ 85650 | Treasurer 0 | 0. | 0. | 0. |
| ERIN PETERS 3607 E MULE DEER ROAD PEARCE, AZ 85625 | Director 1.00 | 2,649. | 0. | 0. |
| TIFFANY MOJICA 1134 MARCHBANKS DRIVE SIERRA VISTA, AZ 85635 | Director 1.00 | 450. | 0. | 0. |
| Total | | \$ 16,966. | \$ 0. | \$ 0. |