Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning , and ending			
В	Check if a		1	D Employe	er Identification number
П	Address d	hange UNITED STATES RUGBY FOUNDATION			
Ħ	Name cha	Doing business as			**7776
믐		Number and street (or P.O. box if mail is not delivered to silver address)	Room/suite I		233-0765
Ш	Initial retur	M 404 EUCLID AVENUE 302		019-	233-0703
П	Final return terminated				BCC 146
一		SAN DIEGO CA 92114		G Gross red	œipts \$ 766,146
님	Amended	F. Halle Sile Goldon of Principal Silvers	H(a) Is this a group	n return for	subordinates? Yes X No
Ш	Application	pending BRAD ANDREWS			H., H.,
		33317 LAKESHORE DRIVE	H(b) Are all subor		
		TAVARES FL 32778	If "No," a	attach a list.	. See instructions
1	Tax-exem	not status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
÷	Website:	TIGDITOD A BLON ODG	H(c) Group exemp	ption numb	er
<u>-</u>			Year of formation: 20	16	M State of legal domicile: DE
		Ingelization.			
	art I	Summary Briefly describe the organization's mission or most significant activities:			
	1 7 5	USRF PROMOTES AMATEUR RUGBY FOOTBALL THROUGHOUT THE US.	A BY MAKTNO	G GRA	NTS
9					
Governance		AND AWARDS, SPONSORING PROGRAMS FOR YOUTH DEVELOPMENT,	AND BY OF	EKALL	NG
le.	1 .	THE US RUGBY HALL OF FAME.			
30	2 (Check this box if the organization discontinued its operations or disposed of more than 25%			l se
«ಶ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	15
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
Ę	5 T	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	1
Activities	2007	그리면 이렇게 보면 보다 가겠어요. 아버지는 사이에 가는 사이에 가는 사이를 가는 사이를 가는 사이를 가는 사이에 되었다. 그는 사이에 가는			50
×	7a1	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	1/05/45/17/2	Net unrelated business taxable income from Form 990-T, Part I, line 11			0
_		Total difficulties positions taxable who was	Prior Year		Current Year
	8 0	Contributions and grants (Part VIII, line 1h)	915	,816	635,516
Revenue	9 F	Program service revenue (Part VIII, line 2g)	94	,239	83,622
Ver		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	10	,053	11,294
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3	,914	35,714
		Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,016		
-				,091	239,455
	0.55501558	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	70000000000	Benefits paid to or for members (Part IX, column (A), line 4)	138	,201	147,595
65	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		,656	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 171,705	30	,050	0
xpe	bT		040	112	450 747
ш	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,113	460,747
	18 T	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,061	847,797
	19 F	Revenue less expenses. Subtract line 18 from line 12		,133	-81,651
Net Assets or	3	2854	Beginning of Curre		End of Year
Sets	20 T	Total assets (Part X, line 16)	1,443		1,670,655
AAS	21 T	Total liabilities (Part X, line 26)		,902	2,292
S.E	22 N	Net assets or fund balances. Subtract line 21 from line 20	1,439	,011	1,668,363
P	art II	Signature Block			
U	nder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the bes	t of my kr	nowledge and belief, it is
tn	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge.		
Sig	ın	Signature of officer		Date	
He		ROBERT ERWIN CFO			
110	10	Type or print name and title			
_	_	Print/Type preparer's name Preparer's signature	Date	Check	If PTIN
Pai	ч		10/12/2	1.7000000	
		JERE R. BATTEN, CPA			**-***2845
	parer	Firm's name BATTEN ACCOUNTANCY INC	Firm	n's EIN	2013
USE	Only	4696 GREENE ST	1		610 E01 62E0
_		Firm's address SAN DIEGO, CA 92107-1420	Pho	one no.	619-501-6359
		S discuss this return with the preparer shown above? See instructions			Yes No
		ork Reduction Act Notice, see the separate instructions. SEE STATEMENT 1			Fam 990 (2022)
DAA					

om	m 990 (2022) UNITED STATES	RUGBY FOUNDATION	**-***7776	Page 2
	art III Statement of Program	Service Accomplishments		
	Check if Schedule O cor	ntains a response or note to any li	ne in this Part III	X
1				
,	USRF PROMOTES AMATEUR	PIICRY FOOTRALL THRO	TICHOTT THE USA BY	MAKING GRANTS
	USKI PROMUTES AMATEUR	C DECCEME FOR VOITE	DEVELOPMENT AND	BY OPERATING
	AND AWARDS, SPONSORIN		DEVELOPMENT, AND	DI OFERATING
- 7	THE US RUGBY HALL OF	FAME.		
				- particular and a second
2	Did the organization undertake any signi	ficant program services during the year wi	hich were not listed on the	
				Yes X No
	If "Yes," describe these new services on			
•		or make significant changes in how it cond	ducte any program	
3		if make significant changes in now it conc	adds, any program	Yes X No
	services?			Tes A No
	If "Yes," describe these changes on Sch			
4	Describe the organization's program sen	vice accomplishments for each of its three	e largest program services, as mea	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the	amount of grants and allocations	to others,
	the total expenses, and revenue, if any,			
	the total expenses, and revende, if any,	ior cachi program control reporter		
		483,540 including grants of \$	239 455 \ (Pay	enue \$
	a (Code:) (Expenses \$	465,540 including grants of \$	255, 155) (Rev	enue \$)
5	SEE SCHEDULE O			
				44466444444444
	*			
	*			******************************
				02 622
	b (Code:) (Expenses \$	54,516 including grants of \$) (Rev	enue \$ 83,622)
F	RUGBY HALL OF FAME IN	DUCTION CEREMONY		
	* *************************************			
	*			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	*			
			1.75	
4c	(Code:) (Expenses \$	including grants of \$) (Rev	enue \$)
ľ	N/A			

	THE REPORT OF THE PROPERTY OF			
	***************************************	***************************************		
	2			
4d	d Other program services (Describe on Sc			
4d	d Other program services (Describe on Sc (Expenses \$	including grants of \$) (Revenue \$)
) (Revenue \$)

Form 990 (2022) UNITED STATES RUGBY FOUNDATION

Part IV Checklist of Required Schedules

_ P	art IV Checklist of Required Schedules			T
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1		1	x	İ
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7		4		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		37612-5	
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Parl I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
1026)	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		0000000	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	3		24
	VII, VIII, IX, or X, as applicable.	1000		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	NAME OF THE PARTY		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d		l		7.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		x
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		х
08920	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		- 21
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	1	х
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170	_	
15	- 발생하다 전상 프로마트 (1987년 1981년 1987년	15		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

P	art IV Checklist of Required Schedules (continued)		1	
	The state of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			_
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	the state of the s			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	to the second se	24d		
25a	and the second second benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
37033	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			1
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	25.50		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			4
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			2250
3970	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20020		22-0-5
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	+50,50,5		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	NORTH		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	10000001		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	i i i z		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	334		7.5
	reportable gaming (gambling) winnings to prize winners?	1c		X

_	Int V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				TC BB	
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	-		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	SOME STATE OF THE		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
40	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country				The state of	100
· ·	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	ts (FBAR).	79		4.00
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		***************************************			2.00
ua				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	gifts were not tax deductible?			6b	8 8	
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				100
u	and services provided to the payor?			7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		***************************************	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontrac	?	7e		225
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	11553	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					34
а	마이트 전에 보면 보면 보면 보면 되었다. 그는 이번 보면 보면 되었다. 그는 이번 보면 보면 되었다. 그는 이번 보면 되었다. 그는 이번 보면 되었다. 그는 이번 보면 되었다. 그는 이번 보면			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				301
11	Section 501(c)(12) organizations. Enter:	E 5				
a	Gross income from members or shareholders	11a		363		
b	Gross income from other sources. (Do not net amounts due or paid to other sources				96	
	against amounts due or received from them.)	11b	111111111111111111111111111111111111111	ABIA		100
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		303	4.5	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which		t e			
	the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c		44.		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4.		v
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	******		4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	le?	16		X
	If "Yes," complete Form 4720, Schedule O.	W		100		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022) UNITED STATES RUGBY FOUNDATION Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 15 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 72 Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done X Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 404 EUCLID AVE #302

619-233-0765

CA 92114

BRIAN VIZARD

SAN DIEGO

Form 990 (2022) UNITED STATES RUGBY FOUNDATION Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than one s both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) BRAD ANDREWS	220 2802									
	5.00								0	
CHAIR	0.00	X		X			0	0	0	
(2) ANNE BARRY	1.00									
DIDECMOR	0.00	x					0	o	0	
(3) DAVID BRUCK	0.00	A			-	100	/			
(3) DAVID BROCK	4.00									
DIRECTOR	0.00	x					0	o	0	
(4) ED BURLINGHAM	0.00	A		-	-	\vdash				
(4) ED BORLLINGHAM	2.00									
DIRECTOR	0.00	x					0	0	0	
(5) JOHN DECKER	0.00	22			-					
(a) BOHN DECKER	3.00									
DIRECTOR	0.00	x					0	0	0	
(6) ROBERT ERWIN	0.00	122					· ·			
(0) RODERT BRWIN	4.00									
CFO	0.00	x		x			0	o	0	
(7) WILLIAM FRAUMANT		1								
(/) WILDERINI II III III	5.00									
VICE CHAIR	0.00	x		x			0	0	0	
(8) LIZ GOLDENBERG	0.00	1								
(0) ===	3.00									
DIRECTOR	0.00	x					0	0	0	
(9) DONALD HAIDER										
(,,	1.00									
DIRECTOR	0.00	x					0	0	0	
(10) DON JAMES										
	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) DENNIS SHANAGHER	JR.									
3. 0	1.00									
DIRECTOR	0.00	X					0	0	- 000	

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mp	loyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week	of	x, unle	Pos check ess pe nd a	erson	than d is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	100000	(F) itimated of oth	er	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from t ganization ted orga	n and	2000
(12	DR. LYLE MICH	1.00 0.00	x						0	0				0
(13			x						0	0				0
(14		2.00	x						0	0				0
(15		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	x						0	0				0
									0					
		***********							0,					
							-	J)					
1b c	Subtotal Total from continuation shee	ets to Part VII,	Sect	ion A	۹							-		
2 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not li	imite	d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of		_	Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Sched	dule	J for	suc	h ine	dividu	ıal				3		X
5	organization and related organindividual Did any person listed on line 1	nizations greater	thar	\$15 com	50,00 pens	00? /	f "Ye	s," c n ar	complete Schedule J for sur ny unrelated organization or	ch		4		X
Sect 1	for services rendered to the or ion B. Independent Contracto Complete this table for your five	rs								than \$100.000 of		5		X
_	compensation from the organiz	zation. Report co (A) business address	ompe	ensat	ion f	or th	ne ca	lend	ar year ending with or with	in the organization's tax ye (B) ion of services	ear.	Con	(C) pensation	1
:														
	0.32													
2	Total number of independent or received more than \$100,000	contractors (inclu of compensation	ding fror	but n the	not e org	limite janiz	ed to	thos	se listed above) who	0			000	

		0 (2022) UNITED STATES		FOUNDATIO	N **.	-***7776		Page 9
Pa	rt V	'III Statement of Revenue Check if Schedule O co	ntains a re	snonse or note t	o any line in this	Part VIII		П
		Check ii Schedule O co	ntains a re	sponse of note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
vice Contributions, Gifts, Grants and Other Similar Amounts	_	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f HALL OF FAME INDUCTION	1b	Business Code 713940	635,516 83,622	83,622		
Program Service Revenue	f g	All other program service revenue Total. Add lines 2a–2f			83,622			
		Investment income (including divide other similar amounts) Income from investment of tax-exer Royalties	ends, interest,	ceeds	11,294			11,294
	b d	Gross amount from (i) Securi sales of assets		(ii) Personal	Ò,			
r Revenue	С	other than inventory Less: cost or other basis and sales exps. Gain or (loss) 7c						
Other	8a	Net gain or (loss). Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses		35,714				
	c 9a b	Net income or (loss) from fundraisin Gross income from gaming activities. See Part IV, line 19 Less: direct expenses	9a 9b		35,714			35,714
	10a b	Net income or (loss) from gaming a Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of i	10a 10b					
Miscellaneous Revenue	11a b c d	All other revenue		Business Code				
	e	Total Add lines 11a-11d	***********	*****	766.146	83,622	0	47,008

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	plete all columns. All oth se or note to anv line in t	ner organizations must comp his Part IX	piete column (A).	X
	not include amounts reported on lines 6b, 7b, 3b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	158,789	158,789	CANADA PER ESTA	
2	Grants and other assistance to domestic		1		
	individuals. See Part IV, line 22	80,666	80,666		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	200		MACHINE - 2004-2112	1980781 02340002
	trustees, and key employees	108,923	54,461	27,231	27,231
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			6,000,000,000	AL DESPONDE
870	section 401(k) and 403(b) employer contributions)	10,000	5,000	2,500	2,500
9	Other employee benefits	20,185	10,093	5,046	5,046
10	Payroll taxes	8,487	4,243	2,122	2,122
11	Fees for services (nonemployees):				
a	2200 Section 20 10 10 10 10 10 10 10 10 10 10 10 10 10			//	
b	Legal	50,000	2)	50,000	
c		9,988		9,988	
d	Lobbying	1			
	Professional fundraising services. See Part IV, line 17	1	Visit Management		
f	Investment management fees		4		
	Other, (If line 11g amount exceeds 10% of line 25, column		7		
g	(A) amount, list line 11g expenses on Schedule C.)	132,089	50,831	2,024	79,234
12	Advertising and promotion	147,625	113,319	16,650	17,656
		21,238	12,216	5,439	3,583
13 14	Office expenses	22/200			
(15/(5))	Information technology				
15	Royalties	34,545	6,730	8,652	19,163
16	Occupancy	26,757	13,461	3,577	9,719
17	Travel	20,131	15/101		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,997	60	1,734	203
19	Conferences, conventions, and meetings	1,331	00		203
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,219		2,414	805
23	Insurance	3,213		2,111	003
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	27 007	27 007	200 - 200 - 200 - 200 - 200	
a	CATERING	27,987	27,987		1,882
b	CATERING	1,882			904
С	EVENT SUPPLIES	904	32 (3) (In)		851
d	EQUIPMENT RENTAL	851	200	659	806
е	All other expenses	1,665	200		
25	Total functional expenses. Add lines 1 through 24e	847,797	538,056	138,036	171,705
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
DAA	Tollowing our surz (noo sourze)				Form 990 (2022)

Part				-***'/ / / 6		Page 1
	Check if Schedule O contains a response or n	ote to any line in	this Part X	(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			183,336	1	126,969
2	Savings and temporary cash investments		2			
3	Pledges and grants receivable, net		307,412	3	639,124	
4	Accounts receivable, net	31,425		17,75		
- 8	Loans and other receivables from any current or form		THE S	THE DESCRIPTION		
5	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe		5			
6	Loans and other receivables from other disqualified			AT SEE A SEE A SEE	THE S	
	under section 4958(f)(1)), and persons described in				6	
ets					7	
Assets	Notes and loans receivable, net				8	
0	Inventories for sale or use			1,989	9	7,91
9	Prepaid expenses and deferred charges			1,505		
10a	Land, buildings, and equipment: cost or other	10-	3,758			
	basis. Complete Part VI of Schedule D Less: accumulated depreciation	108	3,758		10c	
	Less: accumulated depreciation	[100]	3,730	861,655	11	820,797
11	Investments—publicly traded securities			001,033	12	020,75
12				13		
13	Investments—program-related. See Part IV, line 11		6		14	
14	Intangible assets			58,096		58,096
15	Other assets. See Part IV, line 11		1,443,913		1,670,655	
16	Total assets. Add lines 1 through 15 (must equal lin			4,902	17	1,817
17	Accounts payable and accrued expenses			4,302	20.000	1,01
18	Grants payable				18	47!
19	Deferred revenue	10. 27		- Contract 1	T/.	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part I				21	
22	그 아이들이 아이들이 아이들이 먹어 가장 아이들이 되었다.	The second secon	4.			
Liabilities	trustee, key employee, creator or founder, substantia			Registration of the section	-	
<u> </u>	controlled entity or family member of any of these pe				22	
23	Secured mortgages and notes payable to unrelated				23	
24	Unsecured notes and loans payable to unrelated thin				24	
25	Other liabilities (including federal income tax, payable					
	parties, and other liabilities not included on lines 17-				0.5	
5000	of Schedule D			4 000	25	2,292
26	Total liabilities. Add lines 17 through 25			4,902	26	2,292
,	Organizations that follow FASB ASC 958, check	here A				
<u> </u>	and complete lines 27, 28, 32, and 33.			260 023	07	702 021
27				269,923	27	793,821 874,542
28	Net assets with donor restrictions			1,169,088	28	0/4,342
É	Organizations that do not follow FASB ASC 958,	check here				
	and complete lines 29 through 33.			WHEN A DESCRIPTION	20	
29	Capital stock or trust principal, or current funds		29			
30	Paid-in or capital surplus, or land, building, or equipro				30	
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Retained earnings, endowment, accumulated income			1 420 011	31	1 660 262
32	Total net assets or fund balances			1,439,011	32	1,668,363
33	Total liabilities and net assets/fund balances			1,443,913	33	1,670,655

-orn	n 990 (2022) UNITED STATES RUGBY FOUNDATION **-***7776			Pa	age 12
	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			*****	X
1	Total revenue (must equal Part VIII, column (A), line 12)		7	66,	146
2	Total expenses (must equal Part IX, column (A), line 25)	10/385			797
3	Revenue less expenses. Subtract line 2 from line 1	2	- 1	81,	651
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,43		
5	Net unrealized gains (losses) on investments	5	-	96,	638
6	Donated services and use of facilities	6		50,	000
7	Investment expenses	7			
8	Prior period adjustments	8	-28	31,	483
9	Other changes in net assets or fund balances (explain on Schedule O)	9	63	39,	124
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,66	58,	363
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		100		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				S.E.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				112
	reviewed on a separate basis, consolidated basis, or both:				24
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1148		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1392		3
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.		5		1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits ...

2048 UNITED STATES RUGBY FOUNDATION

-*7776

Federal Statements

FYE: 12/31/2022

Statement 1 - Late Filing Explanation

Description

CALIFORNIA STORM RELIEF - AUTOMATIC EXTENSION TO 10/16/23

3ª

10/12/2023 2:01 PM

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

ZUZZ

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer Identification number Name of the organization **-***7776 UNITED STATES RUGBY FOUNDATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (v) Amount of monetary (iv) is the organization (vi) Amount of (i) Name of supported (iii) Type of organization support (see (described on lines 1-10 listed in your governing other support (see organization document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	622,169	540,526	329,055	507,981	635,516	2,635,247
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	622,169	540,526	329,055	507,981	635,516	2,635,247
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						902,439
6	Public support. Subtract line 5 from line 4				2020000		1,732,808
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	622,169	540,526	329,055	507,981	635,516	2,635,247
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,918	3,858	1,005	10,053	11,294	30,128
9	Net income from unrelated business activities, whether or not the business is regularly carried on)			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					35,714	35,714
11	Total support. Add lines 7 through 10	MY MEAN COME				AND THE STATE OF	2,701,089
12	Gross receipts from related activities, etc.	(see instructions)				12	83,622
13	First 5 years. If the Form 990 is for the or	ganization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here	е					
Sec	tion C. Computation of Public St	apport Percenta	age				
14	Public support percentage for 2022 (line 6,						64.15%_
15	Public support percentage from 2021 Sche	edule A, Part II, line	14			15	%_
16a	33 1/3% support test-2022. If the organi						
	box and stop here. The organization quali	fies as a publicly su	ipported organizat	ion			X
b	33 1/3% support test-2021. If the organi	ization did not check	a box on line 13	or 16a, and line 15	is 33 1/3% or mo	re, check	
	this box and stop here. The organization						L
17a	10%-facts-and-circumstances test-202						
	10% or more, and if the organization meet						
	Part VI how the organization meets the fa	cts-and-circumstance	es test. The organ	nization qualifies as	a publicly suppor	ted	
	organization						Ц
b	10%-facts-and-circumstances test-202						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization						Ц
18	Private foundation. If the organization did						
	instructions						Ц
						C-L1-1- A	/F 000) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support								_
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								_
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								_
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								_
6	Total. Add lines 1 through 5								_
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	*************								
8	Public support. (Subtract line 7c from								
	line 6.)		-						_
	tion B. Total Support			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1) 0004	(-) 000D		/8 T-1-1	_
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	-	(f) Total	2872
9	Amounts from line 6		- (+				\rightarrow		-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								_
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								_
С	Add lines 10a and 10b						+		_
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								_
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the or	ganization's first	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)			_
• 78	organization, check this box and stop here								
Sec	tion C. Computation of Public Su	pport Percen	tage		5/7/00000000000000000000000000000000000				
15	Public support percentage for 2022 (line 8,			mn (f))			15	9	6
16	Public support percentage from 2021 Sche					AMERICAN DESCRIPTION OF THE	16	9	6
	tion D. Computation of Investme						OSHICE AND		
17	Investment income percentage for 2022 (lii			3, column (f))		PERSONAL SOUNDANCES	17	9	6
	Investment income percentage from 2021 S						18	9	6
192	33 1/3% support tests—2022. If the organ	nization did not ch	eck the box on line	e 14, and line 15 is	s more than 33 1/3				
ıJa	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization	qualifies as a pub	licly supported orga	anization			
b	33 1/3% support tests—2021. If the organ								
D	line 18 is not more than 33 1/3%, check thi	is box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization,			\exists
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	190, cneck this b	ox and see instruct			/Form 990) 20	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		-22
10a		No.
10b	(Form 9	

Par	t IV Supporting Organizations (continued)			
	M. M		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	-		
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	3114		an.
a	11c below, the governing body of a supported organization?	11a		
ь	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	1190	Edition.	FUNA
C		11c		
Cooti	provide detail in Part VI. on B. Type I Supporting Organizations	110		
Secti	on B. Type I Supporting Organizations		Yes	No
			165	NU
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1000		1000
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	WILLES		500
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	CONT		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
0000	on of type is eappering engagement		Yes	No
7940	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	2000	United	NE III
1				Mark I
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	130		
	or management of the supporting organization was vested in the same persons that controlled or managed		130125-0	V. ACH III
	the supported organization(s).	1	-	
Secti	on D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			L. Tale
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100	1345	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			matte.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	7412		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
5	a significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- 53.5	M. L.	
	supported organizations played in this regard.	3		
Cooti	on E. Type III Functionally Integrated Supporting Organizations	1 - 1		
		Y		
1	Check the box next to the method that the organization used to salisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions). T		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	253	1	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	THE ST	F#55	
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		1	
		2b		
2	have engaged in these activities but for the organization's involvement.		100	15-
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1 67	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	Town.	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>-</u>	201 200

			776 Page t
			200
Check here if the organization satisfied the integral Part Test as a qualifying trust on No	v. 20, 19	to (explain in Fan vi).	see :
	st comple	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2	de No.	
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
	7		
	8		
tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	123		
Average monthly value of securities	1a		
	1b		
Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
	3		
	4		
	5		/
	6	- I W II III	
	7		
	8		
			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
	2		
	3		
	4		
	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
	6		
Check here if the current year is the organization's first as a non-functionally integrated	Type III	supporting organization	
(see instructions).			
	Trivitions. All other Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualifying trust on No instructions. All other Type III non-functionally integrated supporting organizations must tion A – Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B – Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Other between the current year is the organization's first as a non-functionally integrated	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizati Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 13 instructions. All other Type III non-functionally integrated supporting organizations must completion A – Adjusted Net Income Net short-term capital gain Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B – Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum Asset Amount (add line 7 to line 6) That greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Vf). instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E tion A - Adjusted Net Income (A) Prior Year Net short-term capital gain

	le A (Form 990) 2022 UNITED STATES RUG.			/ /	70 Page 1
Par	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		1	Va. 200
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide detail	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
•	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022	A			CONCUMENTS.
а	From 2017				
b	From 2018				
	From 2019				
d	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			0.3	
	Carryover from 2017 not applied (see instructions)			48	
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
-	Applied to underdistributions of prior years	SELECTION OF THE SELECTION		0	Telegraphic units
	Applied to 2022 distributable amount			320	
	Remainder. Subtract lines 4a and 4b from line 4.			384	Accordance in the
5	Remaining underdistributions for years prior to 2022, if	NEW YORK STREET			
อ	any. Subtract lines 3g and 4a from line 2. For result			1	
	greater than zero, explain in Part VI. See instructions.	SAPER SECTION OF THE PARTY.		162	
6	Remaining underdistributions for 2022. Subtract lines 3h			334	
	and 4b from line 1. For result greater than zero, explain in			33	
	Part VI. See instructions.	CONTRACTOR AND			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:	MIND SERVICE			
a	Excess from 2018				
b	Excess from 2019	THE SECURITY OF THE			
С	Excess from 2020				
	Excess from 2021				
	Excess from 2022				A THE ALM HIS STATE

Schedule A (For Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; an lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	e 17a or 17b; Part ; Part IV, Section n E, lines 1c, 2a, 2b,

F (a d d o d o d o d o d o d o d o d o d o		

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

OMB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer Identification number

lame of the	organization		Employer Identification number
TTAT T IT!	ED STATES RUGBY FOUNDATION		**-***7776
UNIT:	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	nds or Other Similar Funds or A	The state of the s
		(a) Donor advised funds	(b) Funds and other accounts
1 Total	I number at end of year	10	6
	egate value of contributions to (during year)		246,908
	egate value of grants from (during year)		155,391
	egate value at end of year		60,062
5 Did t	the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
funds	s are the organization's property, subject to the organization's exc	clusive legal control?	X Yes No
6 Did t	the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or don		
	erring impermissible private benefit?		X Yes No
Part II	Conservation Easements.		
ALIASTO TA ILTU	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1 Purp	ose(s) of conservation easements held by the organization (check	k all that apply).	
	Preservation of land for public use (for example, recreation or edu		mportant land area
ΠF	Protection of natural habitat	Preservation of a certified his	toric structure
ΠF	Preservation of open space		
2 Com	plete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation
ease	ment on the last day of the tax year.	<)	Held at the End of the Tax Yea
a Total	number of conservation easements		2a
b Total	acreage restricted by conservation easements	(2b
c Num	ber of conservation easements on a certified historic structure inc	cluded in (a)	2c
d Num	ber of conservation easements included in (c) acquired after July	25, 2006, and not on a	
histo	ric structure listed in the National Register		_ 2d
3 Num	ber of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organization	on during the
tax y	rear		
	ber of states where property subject to conservation easement is		
5 Does	the organization have a written policy regarding the periodic more	nitoring, inspection, handling of	
violat	tions, and enforcement of the conservation easements it holds?		Yes No
6 Staff	and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	esements during the year
	10010000		
7 Amo	unt of expenses incurred in monitoring, inspecting, handling of vic	plations, and enforcing conservation easem	ents during the year

8 Does	s each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	The second secon
and	section 170(h)(4)(B)(ii)?		Yes No
9 In Pa	art XIII, describe how the organization reports conservation easem	nents in its revenue and expense statemen	t and
	nce sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that d	escribes the
	nization's accounting for conservation easements.	Illiania I Tananana an Othan 6	Similar Appara
Part III		Form 000 Part IV line 8	Similar Assets.
	Complete if the organization answered "Yes" on		1 1 1
	organization elected, as permitted under FASB ASC 958, not to		
	t, historical treasures, or other similar assets held for public exhibit		of public
	ce, provide in Part XIII the text of the footnote to its financial state		
	e organization elected, as permitted under FASB ASC 958, to repo		
	nistorical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of	public service,
	de the following amounts relating to these items:		¢
(i) F	Revenue included on Form 990, Part VIII, line 1		
(ii) A	Assets included in Form 990, Part X		\$
	e organization received or held works of art, historical treasures, o		vide life
	ving amounts required to be reported under FASB ASC 958 relati		e
	enue included on Form 990, Part VIII, line 1		
b Asse	ts included in Form 990, Part X		

Schedule	e D (Form 990) 2022 UNITED S	TATES RUGBY	FOUNDATION	**-*	**7776		P	age 2
Part		g Collections of	Art, Historical Tre	easures, or Other	Similar Assets	(contin	ued)	
3 Us	sing the organization's acquisition, access illection items (check all that apply):	sion, and other records	, check any of the follo	wing that make signifi	cant use of its			
аГ	Public exhibition	аП	Loan or exchange prog	ram				
b	Scholarly research		Other					
-	Preservation for future generations							
	ovide a description of the organization's	collections and explain	how they further the o	rganization's exempt p	ourpose in Part			
XI		602-100 에게 192 (1-74) ((-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
	uring the year, did the organization solicit	or receive donations	of art, historical treasure	es, or other similar		_	_	_
as	sets to be sold to raise funds rather than	to be maintained as p	part of the organization's	s collection?		. Ye	es_	No
Part	IV Escrow and Custodial A	rrangements.						
	Complete if the organization	n answered "Yes"	on Form 990, Part	t IV, line 9, or repo	orted an amount	on Forn	n	
	990, Part X, line 21.							
1a Is	the organization an agent, trustee, custo	dian or other intermed	iary for contributions or	other assets not			_	٦
inc	cluded on Form 990, Part X?					. L Ye	es _	No
b If	"Yes," explain the arrangement in Part X	III and complete the fo	llowing table:					-
					-	Amoun		
с Ве	eginning balance				1c			
d Ad	ditions during the year							_
e Di	stributions during the year							
	nding balance							1
2a Di	d the organization include an amount on	Form 990, Part X, line	21, for escrow or cust	odial account liability?		. L Ye	es _	No
	"Yes," explain the arrangement in Part XI	II. Check here if the ex	xplanation has been pro	ovided on Part XIII				
Part	V Endowment Funds.		F 000 Par	W line 10				
	Complete if the organization	A SAME TO A SAME	20 10		(d) Three years back	(a) For	r years	hack
		(a) Current year	(b) Prior year	(c) Two years back	45,32		years	Data
	eginning of year balance	297,870		47,414 33,549	1,96		45	326
	ontributions	5,084	212,582	33,343	1,50	+	13,	320
	et investment earnings, gains, and	15 044	4,194	131	12	d		
	sses	-15,844	4,194	101		1		
	ants or scholarships					1		
	her expenditures for facilities and							
	ograms					1		
	Iministrative expenses	287,110	297,870	81,094	47,414		45.	326
g Er	ovide the estimated percentage of the cu							
	ovide the estimated percentage of the co pard designated or quasi-endowment		s (iiile 19, column (a)) i	ieid do.				
	ermanent endowment 100.00 %							
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Si .						
	erm endowment	hould equal 100%						
	e there endowment funds not in the poss		ition that are held and a	administered for the				
	ganization by:	occion of the organise					Yes	No
. 5000	Unrelated organizations					3a(i)		X
								X
	'Yes" on line 3a(ii), are the related organ	izations listed as requi	red on Schedule R?			3b		
	escribe in Part XIII the intended uses of t				THE MEDICAL PROPERTY OF THE PR	380 5800		127
Part								
,	Complete if the organization	n answered "Yes"	on Form 990, Parl	IV, line 11a. See	Form 990, Part	X, line 1	0.	
	Description of property	(a) Cost or other b			Accumulated	(d) Book		
		(investment)	(other) de	preciation			
1a La	nd	GCS						
	ıildings							
	asehold improvements							
	quipment							
e Ot	her			3,758	3,758			
Total. A	dd lines 1a through 1e. (Column (d) mus.	t equal Form 990, Part	X, column (B), line 10	c.) ,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****			

Schedule D (F	orm 990) 2022 UNITED STATES RUGBY	Y FOUNDATION	**-***7776	Page
Part VII	Investments - Other Securities.	E 000 D 1 11 / E	441 0 - 5 000 B-4 V II	40
	Complete if the organization answered "Yes"		e 11b. See Form 990, Part X, II (c) Method of valuation:	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market va	lue
(1) Financial	derivatives			
	eld equity interests			
	7. Juni 1. Julia 1. J			

		MANAGE TO THE RESIDENCE OF THE SECOND		
(E)				
(1.1)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	Control -	TO THE REAL PROPERTY.	
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, li	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	lue
(1)				
(2)				
(3)				
(4)		AN INC.		
(5)				
(6)				
(7)				
(8)				(
(9)	200 B 4 V - 4 /B) (5- 40)		MILESCHE WE DOWN STORY WHILE TO SE	
	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Part IX	Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11d See Form 990, Part X. li	ne 15.
	(a) Description			Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	7			
	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
Part X	Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Pa	art X,
1.	(a) Description of li	ability	(b)	Book value
	income taxes			
(2)				
(3)				
(4)				
(5)	V-1/A			
(6)				=======================================
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the	e footnote to the organization's	financial statements that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022 UNITED STATES RUGBY FOU.	NDATION **	-***///b	Page 4
Part XI Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" on Forr	Statements With Reve	nue per Return.	
Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b	10.00	
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		
Part XII Reconciliation of Expenses per Audited Financia		enses per Return.	
Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	5 1 0 % % 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	<u> </u>	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	2.18.)	5	
Part XIII Supplemental Information.	/		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		nation.	
PART V, LINE 4 - INTENDED USES FOR END	OWMENT FUNDS		• • • • • • • • • • • • • • • • • • • •
Propose of Mary Mary Barrette Firm	TO MO CITADODM	THE OPERATION AND	,
THE PURPOSE OF THE USRF ENDOWMENT FUND	IS TO SUPPORT	THE OPERATION AND	
PROGRAMS OF USRF IN PERPETUITY THROUGH	DRITHENIT LICE OF	THE THRESTMENT	
PROGRAMS OF USEF IN PERPETUTIT THROUGH	PRODENT OSE OF	ING INVISCIMINI	
EARNINGS AND DUE CARE OVER PRINCIPLE G	דסיים שטדכט אסד	CLASSIFED AS	
EARNINGS AND DOE CARE OVER PRINCIPLE G	IFID, WILLIAM	CIMPOTI IIP	
PERPETUALLY RESTRICTED.			
PERPETUALISI RESTRICTED.			

Schedule D (F	om 990) 2022	UNITED	STATES	RUGBY	FOUNDATION	**-***7776	Page 5
Part XIII	Supplement	al Informa	tion (continu	ued)			
		44		27/			
						*********	***************
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SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization **-***7776 UNITED STATES RUGBY FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vI) Amount paid to raiser have (iv) Gross receipts (or retained by) (or retained by) (i) Name and address of individual custody or (II) Activity from activity fundraiser listed in organization or entity (fundraiser) control of col. (I) contributions? Yes No 1 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

UNITED STATES RUGBY FOUNDATION Schedule G (Form 990) 2022 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events LA 7S GOLF SCRU LA 7S SCRUMBLE (add col. (a) through col. (c)) (event type) (total number) (event type) 9,331 12,024 35,714 14,359 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 9,331 12,024 35,714 14,359 line 2). 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages Direct 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990) 2022	UNITED	STATES	RUGBY	FOUNDATION	**-***7776			Pag	e 3
11									Yes	No
12	Is the organization a grant	or, beneficiary o	r trustee of a t	rust, or a me	mber of a partnership or oth	er entity			_	
	formed to administer char	itable gaming?							Yes	No
13	Indicate the percentage of						1			
a	The organization's facility						13a			%
b	An outside facility									%_
14	Enter the name and addre	ess of the person	n who prepare:	s the organiz	ation's gaming/special events	s books and				
	records:									
	Name				*****************			• • • • • •		
	NATIONAL COSTON									
	Address									
40.	D. W	a a anatrost with	a third north	from whom t	he organization receives gan	nina				
15a	Does the organization hav	e a contract with	i a uniu party	HOIII WHOIII (ne organization receives gan	a		\square	Yes 🗌	No
h	If "Ves " enter the amount	of gaming rever	ue received b	v the organiz	ration \$	and the		ш		
D	amount of gaming revenue									
c	If "Yes," enter name and a			*						
•	ii 100, onto namo ano a									
	Name									
	Address				*************************					

16	Gaming manager information	tion:			All and a second					
	Name									
	Gaming manager compen	sation \$								
	Description of services pro	ovided								
	San Service Control of the Control o									
	Director/officer	Employ	ree	Indepen	dent contractor					
17	Mandatory distributions:									
a	Is the organization require				outions from the gaming proc			п.	. \square	
	retain the state gaming lic	ense?							Yes	No
b					buted to other exempt organ	izations or				
Da	spent in the organization's	own exempt ac	tivities during t	the evolur	\$ sations required by Part	I, line 2b, columns (iii)	and (v)	and	1	
Pa	rt IV Supplementa	0 0h 10h 1	5h 15c 16	and 17h	as applicable. Also pro	ovide any additional info	rmation		•	
	See instruction		55, 150, 10	, and mo,	as applicable. The pre	Trial arij adamerija ini		150		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

FOUNDATION

General Information on Grants and Assistance

UNITED STATES RUGBY

Name of the organization

Part

OMB No. 1545-0047 2022

Open to Public Inspection

Employer Identification number

944*****

% ⊠ SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, OPERATING SUPPORT NEW LOCKER ROOMS (h) Purpose of grant CREATION or assistance Yes TOURNAMENT 4 TEAMS noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of 22,500 10,000 10,000 25,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) m 3 **-**4289 **-** **-***0410 **-**2951 (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 77429 DE 19806 (4) USA YOUTH & HIGH SCHOOL RUGBY OR 97212 CO 80246 SUITE 100 (a) Name and address of organization (2) NATIONAL COLLEGIATE RUGBY 24A TROLLEY SQUARE #1365 IX or government 12822 BONNYWOOD LANE CHERRY, 2946 NE 11TH AVE (1) GIRLS RUGBY INC 501 SOUTH (3) USA RUGBY WILMINGTON GLENDALE PORTLAND CYPRESS -9 0 8 6 (2)

Schedule I (Form 990) (2022)

•
NOTTACINITION
RUGBY
STATES
CHITINI
(000)
(Form 990)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 94444444 Schedule I (F Part III

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, R) Description of noncash assistance FMV, appraisal, other)
1 AIRFARE TO TRAINING CAMP	2		4,584	COST	AIRLINE TICKETS
2 TRAINING CAMP	2		25,000	COST	TRAINING CAMP
3 COACHING CAMP	10		6,750	COST	COACHING CAMP
4 TRAINING CAMP	1		000'9	COST	TRAINING CAMP
5 TUITION			24,343	COST	TUITION
6 EQUIPMENT	91		13,989	COST	BALLS
2			7		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	wide the information re	equired in Part I, line	2; Part III, column (b)	; and any other additional	information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*7776

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

UNITED STATES RUGBY FOUNDATION

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

YOUTH GRANT PROGRAM:

-AWARDED 1400 BALLS TO 91 RECIPIENT ORGANIZATIONS THROUGH OUR BALL 4 ALL

GRANT PROGRAM

-AWARDED 5 GRANTS TO SUPPORT CREATION OF NEW TEAMS AND RUGBY CLINICS, AND

ASSIST WITH OPERATIONAL SUPPORT FOR NEWLY FORMING TEAMS AT THE

HIGH SCHOOL LEVEL.

-PROVIDED TUITION ASSISTANCE FOR NELSON COLLEGE

-PROVIDED GRANT TO MEMPHIS INNER CITY RUGBY

COLLEGIATE SCHOLARSHIP PROGRAM:

-AWARDED 18 SCHOLARSHIPS

RUGBY DEVELOPMENT DONOR ADVISED FUND:

-AWARDED 9 SCHOLARSHIPS TO WESTERN WASHINGTON UNIVERSITY

-AWARDED GRANT FOR OPERATIONAL SUPPORT TO GIRLS RUGBY INC

-AWARDED GRANT FOR NEW LOCKER ROOMS TO USA RUGBY

MATCH IN THE NETHERLANDS.

-AWARDED 11 COACHING GRANTS FOR COACHES TO ATTEND CRUSADERS ACADEMY

-PROVIDED GRANT TO USA RUGBY TO SUPPORT TWO REFERRES TO TRAVEL TO A

-AWARDED GRANT TO HELP REFEREES TAKE PART IN DEVELOPMENT CAMPS

PATHWAYS GRANT PROGRAM:

-PROVIDED FUNDING FOR 3 RECIPIENTS TO ATTEND STELLENBOSCH TRAINING CAMP

-AWARDED GRANT TO OLYMPIC TRAINING CENTER

OTHER:

COACHING AND REFEREEING GRANT PROGRAM:

-PROVIDED GRANT FOR COACHING LIBRARY

BY CALIFORNIA'S ATTORNEYGENERAL AVAILABLE TO THE REQUESTOR.

1

10/12/2023 2:01 PM

2048 UNITED STATES RUGBY FOUNDATION

-*7776

Form 990, Page 1

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other l	Depreciation: OFFICE EQUIPMENT/FURNITURE Total Other Depreciation	1/01/16 _	3,758 3,758		3	3,758 3,758	7 MO S/L	3,758 3,758	0
	Total ACRS and Other Depre	ciation =	3,758		9	3,758		3,758	0
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense	ers 	3,758 0 0			3,758 0 0	-	3,758 0 0	0 0 0
	Net Grand Totals	_	3,758		93	3,758		3,758	0



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2048 UNITED STATES RUGBY FOUNDATION

-*7776

CA Asset Report Form 990, Page 1

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other 1	Depreciation: OFFICE EOUIPMENT/FURNITURE	1/01/16	3,758	3,758	3,758	0	0	0
	Total Other Depreciation	-	3,758	3,758	3,758	0	0	0
	Total ACRS and Other Depreciation		3,758	3,758	3,758	0	0	0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense	دن.	3,758 0 0	3,758 0 0	3,758 0 0	0 0 0	0 0 0	0 0 0
	Net Grand Totals	_	3,758	3,758	3,758	0	0	0



2048 UNITED STATES RUGBY FOUNDATION

-*7776

AMT Asset Report

10/12/2023 2:01 PM

FYE: 12/31/2022

Form 990, Page 1

<u>Asset</u>	Description In	Date Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Depreciation: OFFICE EQUIPMENT/FURNITURE Total Other Depreciation	//01/16 _ _	0			0	0 HY	0 0	0 0
	Total ACRS and Other Depreciat	ion _	0			0		0	0
	Grand Totals Less: Dispositions and Transfers Net Grand Totals	_	0 0			0		0 0	0 0



Form Unit Asset

2048 UNITED STATES RUGBY FOUNDATION

-*7776

Depreciation Adjustment Report

Tax

FYE: 12/31/2022

All Business Activities

AMT Adjustments/ Preferences

10/12/2023 2:01 PM

AMT

There are no assets that meet the criteria of this report

2048 UNITED STATES RUGBY FOUNDATION

-*7776

Future Depreciation Report FYE: 12/31/23

10/12/2023 2:01 PM **FYE: 12/31/23**

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other]	Depreciation:				
1	OFFICE EQUIPMENT/FURNITURE	1/01/16	3,758	0	0
	Total Other Depreciation		3,758	0	0
	Total ACRS and Other Depreciation	3	3,758	0	0
	Grand Totals		3,758	0	0



2048 UNITED STATES RUGBY FOUNDATION

-*7776

CA Future Depreciation Report FYE: 12/31/23

10/12/2023 2:01 PM FYE: 12/31/23

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	CA
Other	Depreciation:			
1	OFFICE EQUIPMENT/FURNITURE	1/01/16	3,758	0
	Total Other Depreciation	0.0014.000.000.000	3,758	0
	Total ACRS and Other Depreciation	30	3,758	0
	Grand Totals		3,758 _	0



	SCHEDULE G Form 990 or	Fu	ndraising Other Ever	nts	2022
	990-EZ)	For calendar year 2022, or tax year i	peginning	, and ending	
Nai					Employer Identification Number
`	JATIBO DIMI	(a) Other event RECEPTIONS	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	Gross receipts Less: Charitable contributions	9,331			9,331
	3 Gross income (line 1 minus line 2	9,331			9,331
	4 Cash prizes				
	5 Noncash prizes			.0	
sesue	6 Rent/facility cos	ts		W. C.	
Direct Expenses	7 Food/beverages			1904	
Direc	8 Entertainment				
	9 Other expenses				

33. Number of volunteers

Two Year Comparison Report 2021 & 2022 Form 990 For calendar year 2022, or tax year beginning Taxpayer Identification Number Name **-***7776 UNITED STATES RUGBY FOUNDATION Differences 2021 2022 -293,149 622,667 915,816 1. 1. Contributions, gifts, grants 12,849 12,849 2. Membership dues and assessments 2. 3. 3. Government contributions and grants 83,622 -10,617 94,239 4. 4. Program service revenue 10,053 11,294 1,241 5. 5. Investment income 6. 6. Proceeds from tax exempt bonds 7. 7. Net gain or (loss) from sale of assets other than inventory 35,714 35,714 8. 8. Net income or (loss) from fundraising events 9. 9. Net income or (loss) from gaming 10. 10. Net gain or (loss) on sales of inventory 3,914 -3,914 11. Other revenue 11. -250,048 1,016,194 766,146 12. 12. Total revenue. Add lines 1 through 11 15,364 224,091 239,455 13. 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. -29,278 108,923 138,201 15. 15. Compensation of officers, directors, trustees, etc. 38,672 38,672 16. 16. Salaries, other compensation, and employee benefits -58,656 17. 58,656 17. Professional fundraising fees 192,077 192,077 18. 18. Other professional fees 34,545 34,545 19. 19. Occupancy, rent, utilities, and maintenance 20. 20. Depreciation and Depletion -5,988 234,125 240,113 21. 21. Other expenses 186,736 847,797 661,061 22. Total expenses. Add lines 13 through 21 22. -436,784 355,133 -81,651 23. 23. Excess or (Deficit). Subtract line 22 from line 12 766,146 411,013 355,133 24. 24. Total exempt revenue 25. Total unrelated revenue 25. 130,630 130,630 26. Total excludable revenue 26. 226,742 1,443,913 1,670,655 27. 27. Total assets 2,292 -2,610 4,902 28. 28. Total liabilities 1,439,011 1,668,363 229,352 29. Retained earnings 12 15 30. 30. Number of voting members of governing body 12 15 31. Number of independent voting members of governing body 31. 1 1 32. 32. Number of employees 50 50

2048 UNITED STATES RUGBY FOUNDATION 10/12/2023 2:01 PM **Federal Statements** **-***7776 FYE: 12/31/2022 Taxable Interest on Investments Description US Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 Obs (\$ or %) Amount 14 4,028 4,028 TOTAL Taxable Dividends from Securities Description Unrelated Exclusion Postal Acquired after US Obs (\$ or %) Business Code Code 6/30/75 Amount 14 7,266 7,266 TOTAL

** <u>*</u> **7776 FYE: 12/31/2022	Federal Statements	
	Schedule A, Part II, Line 1(e)	
Description	ـ	Amount
		\$ 12,849
0		22,500
LAN CORMACK CASH CONTRIBUTION		2,000
CASH CONTRIBUTION		2,000
KOBEKI DARKETTA CASH CONTRIBUTION	Vice	2,000
	1	10,000
10	· · · · · · · · · · · · · · · · · · ·	20,000
BILL FRAUMANN CASH CONTRIBUTION MIVE CIDEON	2	113,250
() 1		170,000
_		8,500
		30,000
1 2		10,000
r		2,000
CASH MILES		2,000
CASH		008'6
_ 0 ,		20,025
CASH CONTRIBUTION		10,000
CASH CONTRIBUTION TERRY SHAFTE		48,001
CASH CONTRIBUTION		25,000

Schedule A, Part II, Line 1(e) (continued)	
	lued)
Description	Amount
DENIS SHANAGHER CASH CONTRIBUTION	\$ 12,500
DAVID SKIDMOKE AND LINDA MCCLELLAN CASH CONTRIBUTION	2,000
E WAKHUKSI CASH CONTRIBUTION MATETING	25,000
WAINTING CASH CONTRIBUTION	11,000

2048 UNITED STATES RUGBY FOUNDATION
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FYE: 12/31/2022

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
BRAD ANDREWS	\$ 80,000	\$ 25,978
ALI BENHAM	20,000	
GEORGE BETZLER	5,000	
DAVID BRUCK	17,549	
NEAL BRENDEL	59,372	5,350
IAN CORMACK	5,000	
JOHN DAHLEN	10,000	
ROBERT DARRETTA	5,000	
JOHN DECKER	39,800	
DENNIS RYAN	6,000	
TIM DUVAL	37,500	
BOB ERWIN	24,250	
STEVE FINKEL	5,000	
BILL FRAUMANN	236,250	182,228
BRAD FREEMAN	25,000	
MIKE GIRTON	464,694	410,672
PAUL HAAGA	10,000	
DON HAIDER	27,500	
JAY HANSON	5,000	
JEFF HOLLINGS	5,000	
DAVID AND EILEEN HOVEY	30,000	
REID JOHNSON	70,000	15,978
JIM JOSLIN	5,000	997 March (#1) (#1) (#1) (#1)
PAUL KALER	6,000	
KEVIN KITTO	13,600	
LOUGHRAN FDN	30,000	
MARSH MILES	6,000	
DR. LYLE MICHELI	114,800	60,778
MATT O'REILLY	20,025	8
TOM PIRELLI	13,500	
PAMELA ROLLINS	48,001	
JERRY SHAFIR	25,000	
DENIS SHANAGHER	55,499	1,477
JERRY SILVEY	25,000	- 1
KATE SILVEY	5,000	
DAVID SKIDMORE AND LINDA MCCLELLAN	8,000	
ERIC SWANSON	6,400	
	18,050	
JAY WALDRON	50,000	
BLANE WARHURST	18,500	
BOB WATKINS	254,000	199,978
DAVE YANCEY	10,000	100,010
MIKE YANCEY		
TOTAL	\$ 1,920,290	\$ 902,439

10/12/2023 2:01 PM	Amount	\$ 4,028 7,266 \$ 11,294		\$ 12,024 14,359 9,331 \$ 35,714	Amount	\$ 83,622
JNDATION Federal Statements	Schedule A, Part II, Line 8(e) Description		Schedule A, Part II, Line 10(e)	Description	Schedule A. Part II, Line 12 - Current year Description	
2048 UNITED STATES RUGBY FOUNDATION **-**7776 FYE: 12/31/2022		TOTAL		LA 7S SCRUMBLE LA 7S GOLF SCRUMBLE RECEPTIONS TOTAL	HAIT OF FAME INDITCTION	TOTAL