990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

<u>A</u>	For the	2024 calenda	or year, or tax year beginning $06/01/2024$, 2024, and	nd ending	05/3 <u>1</u>	<u>/ 20</u>)25				
В	, "				D Employ	yer ide	entification number				
	Address c	hange	Seattle Rugby Football Club	71-0	996	5295					
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	E Telepho	one nu	mber					
	Initial retu	rn	(206) 39	1-0896						
П	Final retur	rn/terminated	4103 SW Othello Street City or town, state or province, country, and ZIP or foreign postal code		F Group						
Ħ	Amended	return			Numbe	er					
同	Applicatio	n pending	Seattle, WA 98136								
_		ing Method:	X Cash Accrual Other (specify):	Н (Check X	if th	e organization is not				
	Nebsite	•	seattle.rugby				h Schedule B				
			heck only one) - X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		(Form 990		00.10000.0				
_			X Corporation Trust Association Other:	<u> </u>	(,-					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total asset	ts						
			500,000 or more, file Form 990 instead of Form 990-EZ			Φ.	162,303.				
	art I		e, Expenses, and Changes in Net Assets or Fund Balances								
	arti		the organization used Schedule O to respond to any question in this F								
	1					1	160,943.				
	1		ns, gifts, grants, and similar amounts received				100,943.				
	2	-	ervice revenue including government fees and contracts			2					
	3		p dues and assessments			3	1 260				
	4	Investment				4	1,360.				
	5a		ount from sale of assets other than inventory		_						
	b		or other basis and sales expenses		_						
	С	-	ss) from sale of assets other than inventory (subtract line 5b from line	e 5a)		5c					
	6	Gaming and fundraising events:									
	a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Revenue		\$15,000)									
Ş	b	Gross inco	me from fundraising events (not including \$ of co	ontribution	ns						
æ		from fundra	aising events reported on line 1) (attach Schedule G if the								
		sum of suc	h gross income and contributions exceeds \$15,000) 6b								
	С	Less: direc	t expenses from gaming and fundraising events 6c								
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtra	ct						
						6d					
	7a	,	s of inventory, less returns and allowances								
	b		of goods sold								
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)			7c					
	8	•	nue (describe in Schedule O)			8					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		_	9	162,303.				
_	10		I similar amounts paid (list in Schedule O)			10	102/3031				
	11		id to or for members			11					
'n	12	•	ther compensation, and employee benefits		_	12					
Se						-					
Expenses	13		al fees and other payments to independent contractors			13					
Ä	14		v, rent, utilities, and maintenance			14					
	15		ublications, postage, and shipping			15	150 314				
	16	-	nses (describe in Schedule O)		_	16	157,314.				
	17		enses. Add lines 10 through 16			17	157,314.				
ts	18		deficit) for the year (subtract line 17 from line 9)			18	4,989.				
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must								
t À		-	r figure reported on prior year's return)			19	134,628.				
Š	20		ges in net assets or fund balances (explain in Schedule O)			20					
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u> </u>		21	139,617.				

Par							
	Check if the organization used Schedul	le O to respond to	any question in t	his Part II			
				(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments.		[134,628.	22	139,617	•
23	Land and buildings		[0.	23	0	•
24	Other assets (describe in Schedule O)			0.	24	0	•
25	Total assets			134,628.	25	139,617	•
26	Total liabilities (describe in Schedule O)			0.	26	0 .	
27	Net assets or fund balances (line 27 of column			134,628.	27	139,617	-
Par	Statement of Program Service Accor	mplishments (see	e the instructions	for Part III)		-	_
	Check if the organization used Schedu	le O to respond to	any question in	this Part III .		Expenses	
Wha	t is the organization's primary exempt purpose? In	nclusive rugby and o	community outreach	programs.		equired for section c)(3) and 501(c)(4)	
	ribe the organization's program service accomplish					nizations; optional fo	r
	easured by expenses. In a clear and concise mann				othe	rs.)	
perso	ons benefited, and other relevant information for ea	ch program title.					
28	Seattle Rugby Club is dedica	ted to prom	oting the	sport of			_
	rugby and fostering communit						
	development education and ou						
		includes foreign gra	ants, check here		28a	157,314	_
29		<u> </u>	•				_
	(Grants \$) If this amount	includes foreign gra	ants, check here .		29a		
30		<u> </u>	•				_
	(Grants \$) If this amount	includes foreign gra	ants, check here .		30a		
31	Other program services (describe in Schedule O)						
		includes foreign gra	ants, check here .		31a		
32	Total program service expenses (add lines 28a	through 31a)			32	157,314	•
Par					ne inst		
	Check if the organization used Schedul						,
	<u> </u>	•	(c) Reportable	(-1)			_
	(A.M. 1891	(b) Average	compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ	ee (e)	Estimated amount o	f
	(a) Name and title	hours per week devoted to position	1099-NEC)	penetit plans, and		ther compensation	
		·	(if not paid, enter -0-)	deferred compensatio	n		
Kev	rin Flynn						_
	esident	10.00	0	. 0		0	•
	on Filippini						_
	asurer	4.00	0	. 0		0	•
	phanie Marshall						
	retary	2.00	0	. 0	•	0	•
	n Clavin						
	ector	2.00	0	. 0	•	0	•
Gar	eth Wade						
Dir	ector	2.00	0	. 0	•	0	•
				<u> </u>			
							_
							_
		1					

1 are	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	V		П
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		100	-110
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	200		
270	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	37b		
b 38a	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	3/0		
Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	30a		Λ
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:; section 4912:; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	40c reimbursed by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
C	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed: WA	400		
42a	The organization's books are in care of: Jason Filippini Telephone no. 206	391	-08	96
	Located at: 4103 SW Othello Street, Seattle, WA ZIP+4 9813		- 00	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			. Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year			٠
44a	Did the erganization maintain any departed finds during the year? If "Ves " Form 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		v
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	- a		X
D	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		

									Yes	No
46		he organization engage, directly or in								
		ndidates for public office? If "Yes," o		Part I				46		X
Part '		Section 501(c)(3) Organization								
		All section 501(c)(3) organizations r	nust answer question	is 47-49b and 52, a	and complete	the tables for	or line	es		
		50 and 51.								
		Check if the organization used Sche	edule O to respond to	any question in th	is Part VI			;		<u>. Ll</u>
									Yes	No
47		he organization engage in lobbying a		` '		•				
	-	PIf "Yes," complete Schedule C, Par						47		
48		e organization a school as described			-			48		X
49a		he organization make any transfers						49a		
b		es," was the related organization a se						49b		
50		plete this table for the organization's								
	empl	oyees) who each received more that	n \$100,000 of compe	nsation from the o	rganization. It	f there is nor	ne, en	ter "N	lone.	"
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contribution benefit plans	th benefits, as to employee s, and deferred ensation		timated er com		
f 51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organization.	five highest compens	sated independent	contractors v	who each red	eived	d more	e thai	n
	(a)	Name and business address of each independ	ent contractor	(b) Type of service (c) Compensat					n	
				-						
				-						
				-						
	Total	number of other independent contra	actors each receiving	over \$100 000	0	1				
52		he organization complete Schedule	•		tions must at	tach a				
52		1.4. 10.1. 11. 4		() ()			. x	Yes		No
	enalties	of perjury, I declare that I have examined this re	eturn, including accompanyi	ing schedules and stater	ments, and to the	best of my know				_
true, cor	rect, an	d complete. Declaration of preparer (other than	onicer) is based on all info	mation of which prepare	nas any knowle	euge.				
Sign		Signature of officer			I	ate				
Here			reasurer							
		Type or print name and title	ls .		Б.	<u> </u>	I -			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	"	PTIN		
Prep	arer	E			T	self-employ	yed			
Use (Firm's name				rm's EIN				
		Firm's address	# abaum ak 0 C	in atmostia		none no.		V.		
ıvıay th	ie IKS	discuss this return with the prepare	r snown above? See	instructions · · · ·	<u> </u>	<u></u>		Yes		No

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

Open to Public Inspection

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 instructions and the latest information.

Inspection | Employer identification number

71-0996295 Seattle Rugby Football Club Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.) 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 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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. a 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. **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. 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. **d** 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 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in vour governing support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E) Total

71-0996295 Page 2 Schedule A (Form 990) 2024 Seattle Rugby Football Club Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3. 4 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. Public support. Subtract line 5 from line 4. 0. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar 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.) **Total support.** Add lines 7 through 10 11

12	Gross receipts from related activities, etc. (see instructions)	12				
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)					
	organization, check this box and stop here					
Secti	on C. Computation of Public Support Percentage					
14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	00.00%			
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	00.00%			
16a	33 1/3 % support test-2024. If the organization did not check the box on line 13, and line 14 is 33	1/3 %	or more, check this			
	box and stop here. The organization qualifies as a publicly supported organization					
b	33 1/3 % support test-2023. If the organization did not check a box on line 13 or 16a, and line 15	is 33	1/3 % or more,			
	check this box and stop here. The organization qualifies as a publicly supported organization					
17a	10%-facts-and-circumstances test-2024. If the organization did not check a box on line 13, 16a	or 16	6b, and line 14 is			
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and	stop	here. Explain in			
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as	a pu	blicly supported			
	organization					
b	10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a	, 16b	, or 17a, and line			
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box	and s	stop here.			
	Explain in Part VI how the organization meets the facts-and-circumstances test. The organization of	qualifi	es as a publicly			
	supported organization					
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check	k this	box and see			
	instructions					
UYA			Schedule A (Form 990) 2024			

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.)

Secti	on A. Public Support			, ,		,	
Caler	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees	,	, ,	,			
	received. (Do not include any "unusual grants.")	122,325.	114,255.	208,048.	141,880.	160,943.	747,451.
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	30,114.	28,600.				58,714.
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	152,439.	142,855.	208,048.	141,880.	160,943.	806,165.
/a	Amounts included on lines 1, 2, and 3						
L-	received from disqualified persons						
D	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	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from		<u> </u>	0.			- ·
_	line 6.)						806,165.
Secti	on B. Total Support						1000/2000
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	152,439.	142,855.	208,048.	141,880.	160,943.	806,165.
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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	152,439.	142.855.	208,048,	141.880.	160.943.	806.165.
14	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2024 (li						100.00%
16	Public support percentage from 2023			15		. 16	00.00%
	on D. Computation of Investment In					1 4-1	
17	Investment income percentage for 2024						00.00%
18	Investment income percentage from 202						00.00%
19a	331/3 % support tests-2024. If the organ						
L	line 17 is not more than 33 ¹ / ₃ %, check this	_	-	-			
b	331/3 % support tests–2023. If the organization 18 is not more than 331/3%, check this latest the state of th						
20	Private foundation. If the organization di	-	_				

Part IV

Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)	
Secti	on A. All Supporting Organizations			
			Yes	NO
1	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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.	3b		
С	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.	3с		
4a				
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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, (ii) individuals that are part of the charitable class			
	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	6		
'	(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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
Ū	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ju		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	30		
J	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	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.	10a		

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
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
<u>C</u>	A 35% controlled entity of a person described on line 11a or 11b above?//f "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or		Yes	No
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations'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 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or			
	management of the supporting organization was vested in the same persons that controlled or managed	_		
<u> </u>	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		V	
4	Did the experiention provide to each of its supported experientions, but he lost day of the fifth month of the		Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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			
	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			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
'	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions).
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below</i> . ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental supported organization. <i>Describe in Part VI how you supported</i>	_		
С	governmental supported organization (see instructions).	и		
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	its supported organization(s)? 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 each of			
	its supported organizations, and how the organization determined 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 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 have engaged in	O.L.		
2	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.	2b		
3 a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital			
а	system)? If "Yes," provide details in Part VI.	3a		
b	Did the organization direct 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		
С	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers,			
	directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.	3с		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (expla	ain in Part VI).
See instructions. All other Type III non-functionally integrated supporting of	rgar	nizations must complete S	Sections A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 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	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ing organization (see

UYA Schedule A (Form 990) 2024

d Excess from 2023 **e** Excess from 2024

Part	Type III Non-Functionally Integrated 509(a)(nizations (continu					
	ion D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish	exempt purposes		1				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted					
_	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t VI)	5				
6	Total annual distributions. Add lines 1 through 6.			6				
7	Distributions to attentive supported organizations to whic <i>(provide details in Part VI)</i> . See instructions.	h the organization is res	sponsive	7				
8	Distributable amount for 2024 from Section C, line 6			8				
9	Line 7 amount divided by line 8 amount			9				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	ns	(iii) Distributable Amount for 2024			
1	Distributable amount for 2024 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required- explain in Part VI). See instr.							
3	Excess distributions carryover, if any, to 2024							
а	From 2019							
b	From 2020							
С	From 2021							
d	From 2022							
е	From 2023							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2024 distributable amount							
<u>i</u>	Carryover from 2019 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2024 from Section							
	D, line 7:							
<u>a</u>	Applied to underdistributions of prior years							
b_	Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4.							
<u> </u>	Remaining underdistributions for years prior to 2024, if							
•								
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2024. Subtract lines 3h							
J	and 4b from line 1. For result greater than zero, <i>explain in</i>							
	Part VI. See instructions.							
7	Excess distributions carryover to 2025. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2020							
b	Excess from 2021							
С	Excess from 2022							

UYA Schedule A (Form 990) 2024

Schedule A (Fo	orm 990) 2024	Seattle I	Rugby	Football	Club	71-0996295	Page 8
Part VI	Supplemental Info	ormation. Provid	le the exp	lanations require	ed by Part II, line 10; Part II,	line 17a or 17b;	
	Part III, line 12; Pa	rt IV, Section A, Ii	ines 1, 2,	3b, 3c, 4b, 4c, 5	5a, 6, 9a, 9b, 9c, 11a, 11b, a	nd 11c; Part IV, Section E	3,
					es 2 and 3; Part IV, Section		
					, Section D, lines 5, 6, and 7		
					ormation. (See instructions.)		
			P 4.1.10. 4.	, aaa			

SCHEDULE O (Form 990) (Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Seattle Rugby Football Club	71-0996295
	. = 0,500

Name of the organization	Employer identification number
Seattle Rugby Football Club	71-0996295
Part I Line 16	
Information technology \$2236.00	
Part I Line 16	
Insurance \$896.00 Part I Line 16	
Bank Fees \$2051.00	
Part I Line 16	
Other \$152131.00	