

**M&L TO:**  
 Registry of Charitable Trusts  
 P. O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586. 1. IRS extensions will be honored.

**WEB SITE ADDRESS:**

<http://ag.ca.gov/charities/>

State Charity Registration Number: CT 0201792

Check if:

- Change of address  
 Amended report

**PLAY RUGBY, INC**  
 Name of Organization

**252 WEST 37TH STREET, NO. 400**  
 Address (Number and Street)

**NEW YORK, NY 10018**  
 City or Town, State and ZIP Code

Corporate or Organization No. 3618300

Federal Employer I.D. No. 20-0029252

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  
 Make Check Payable to Attorney General's Registry of Charitable Trusts**

<u>Gross Annual Revenue</u>	<u>Fee</u>	<u>Gross Annual Revenue</u>	<u>Fee</u>	<u>Gross Annual Revenue</u>	<u>Fee</u>
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2016 ending 12/31/2016 ) list:  
 Gross annual revenue \$ 2,473,133. Total assets \$ 521,378.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <b>SEE STATEMENT 10</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. <b>STMT 11</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <b>SEE STATEMENT 12</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 212-757-3421

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

  
 Signature of authorized officer

**MARK GRIFFIN**  
 Printed Name

**PRESIDENT/CEO**  
 Title

08/14/2017  
 Date





FORM RRF-1      INFORMATION REGARDING GOVERNMENT FUNDING      STATEMENT 12  
PART B, LINE 6

PLAY RUGBY, INC. RECEIVED GOVERNMENTAL FUNDING FROM THE FOLLOWING AGENCIES:

NEW YORK STATE DEPARTMENT OF EDUCATION  
89 WASHINGTON AVENUE  
ALBANY, NY 12234  
T: 518-474-3852

Return of Organization Exempt From Income Tax

2016
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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization PLAY RUGBY, INC
Address change
Doing business as
Room/suite
Number and street (or P.O. box if mail is not delivered to street address)
City or town, state or province, country, and ZIP or foreign postal code
F Name and address of principal officer: MARK GRIFFIN

D Employer identification number 20-0029252

E Telephone number 212-757-3421

G Gross receipts \$ 2,660,353.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number 5849

L Year of formation: 2003 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Total unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (MARK GRIFFIN, PRESIDENT/CEO), Date (08/14/2017), Print/Type preparer's name (GARRETT M. HIGGINS), Preparer's signature (GARRETT M. HIGGINS), Firm's name (PKF O'CONNOR DAVIES, LLP), Firm's address (500 MAMARONECK AVENUE, HARRISON, NY 10528-1633).

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No