

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2015

G Do not enter social security numbers on this form as it may be made public.

G Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning _____, **2015, and ending** _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C AMERICAN RECREATION LEAGUE 22700 SE 12TH PL SAMMAMISH, WA 98075	D Employer identification number 20-5649849
		E Telephone number 425-753-7060
		F Group Exemption Number G
		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Accounting Method: Cash Accrual Other (specify) G _____

I Website: G WWW.ARCL.ORG

J Tax-exempt status (check only one) ' 501(c)(3) 501(c) (7) H(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ G \$ 144,234.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received 1	144,211.
	2 Program service revenue including government fees and contracts..... 2	
	3 Membership dues and assessments..... 3	
	4 Investment income..... 4	23.
	5 a Gross amount from sale of assets other than inventory..... 5 a	
	b Less: cost or other basis and sales expenses..... 5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)..... 5 c	
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)..... 6 b		
c Less: direct expenses from gaming and fundraising events..... 6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)..... 6 d		
7 a Gross sales of inventory, less returns and allowances..... 7 a		
b Less: cost of goods sold..... 7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)..... 7 c		
8 Other revenue (describe in Schedule O)..... 8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... 9	144,234.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)..... 10	
	11 Benefits paid to or for members..... 11	13,958.
	12 Salaries, other compensation, and employee benefits..... 12	
	13 Professional fees and other payments to independent contractors..... 13	3,417.
	14 Occupancy, rent, utilities, and maintenance..... 14	70,341.
	15 Printing, publications, postage, and shipping..... 15	
	16 Other expenses (describe in Schedule O)..... SEE SCHEDULE O..... 16	35,089.
17 Total expenses. Add lines 10 through 16..... 17	122,805.	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)..... 18	21,429.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)..... 19	85,111.
	20 Other changes in net assets or fund balances (explain in Schedule O)..... SEE SCHEDULE O..... 20	-333.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... 21	106,207.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2015)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	86,401.	22 107,458.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	86,401.	25 107,458.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	1,290.	26 1,251.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,111.	27 106,207.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 <u>ARCL INTRODUCED A WOMEN'S TENNIS BALL CRICKET DIVISION ONLY 3 YEARS AFTER ITS INCEPTION. THIS IS THE FIRST AND ONLY LEAGUE IN THE COUNTRY TO HAVE A WOMEN'S ONLY LEAGUE.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>ILIYAS MOHAMED</u> PRESIDENT	1	0.	0.	0.
<u>SRINIVASAN KALYANARAMAN</u> DIRECTOR	1	0.	0.	0.
<u>PRAKASH MAMIDI</u> SECRETARY	1	0.	0.	0.
<u>SALMAN ZAFAR</u> VICE PRESIDENT	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. []

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b 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:
40b 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?
40c 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.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed G WA

42a The organization's books are in care of G ILIYAS MOHAMED Telephone no. G 425-502-9465
Located at G 22700 SE 12TH PL, SAMMAMISH WA ZIP + 4 G 98075

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42b [] Yes [X] No
If 'Yes,' enter the name of the foreign country:G
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the U.S.?
42c [] Yes [X] No
If 'Yes,' enter the name of the foreign country:G

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here [] N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. G 43 N/A

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	
b If 'Yes,' was the related organization a section 527 organization?	49 b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 G _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 G _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A G **Yes** **No**

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	A _____ Signature of officer	_____ Date			
	A ILIYAS MOHAMED Type or print name and title	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS JONES	THOMAS JONES			P01694293
	Firm's name G OTA TAX PROS INC			Firm's EIN G	45-2735423
	Firm's address G 17780 FITCH, SUITE 170 IRVINE, CA 92614			Phone no.	855-682-7767

May the IRS discuss this return with the preparer shown above? See instructions G **Yes** **No**

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

G Attach to Form 990, Form 990-EZ, or Form 990-PF.
G Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

AMERICAN RECREATION LEAGUE

Employer identification number

20-5649849

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(7) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year G \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization AMERICAN RECREATION LEAGUE	Employer identification number 20-5649849
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DREAM VISION INC 27928 151ST PL SE KENT, WA 98042	\$ 7,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN RECREATION LEAGUE	Employer identification number 20-5649849
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SPRING PRIZE CEREMONY FOOD - \$2,052 JERSEYS FOR KIDS TEAMS - \$2,444 WINTER PRIZE CEREMONY FOOD - \$2,640 JERSEYS FOR WOMEN TEAMS - \$693	\$ 7,000.	6/03/15
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

Name of organization

AMERICAN RECREATION LEAGUE

Employer identification number

20-5649849

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... G \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2015

G Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

AMERICAN RECREATION LEAGUE

20-5649849

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS.....	\$	3,198.
CRICKET SUPPLIES.....		13,053.
INFORMATION TECHNOLOGY.....		16,464.
INSURANCE.....		2,374.
	TOTAL \$	<u>35,089.</u>

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

.....	\$	-1,623.
PRIOR PERIOD ADJUSTMENTS.....		1,290.
	TOTAL \$	<u>-333.</u>

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
251.....	\$ 1,290.	\$ 1,251.
	TOTAL \$ <u>1,290.</u>	\$ <u>1,251.</u>

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

FOSTERING NATIONAL AMATEUR SPORTS COMPETITION AND CONDUCT NATIONAL COMPETITION IN
THE SPORT OF CRICKET.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

AMERICAN RECREATIONAL CRICKET LEAGUE (ARCL) IS ONE OF THE EARLIEST CRICKET LEAGUES
ESTABLISHED IN THE NORTHWEST AND WAS FOUNDED IN 2001. ARCL IS AN ORGANIZATION
DEVOTED TO PROMOTING THE SPIRIT OF FUN AND HEALTHY COMPETITION THROUGH THE GAME OF
CRICKET. SEVERAL NON-STRINGENT RULES OF THE INTERNATIONAL CRICKET VERSION WERE
INTRODUCED BY ARCL, AS THE GOAL WAS TO PROVIDE RECREATIONAL CRICKET. SOME OF THE
RULES INTRODUCED BY ARCL INCLUDE SUBSTITUTING THE CRICKET BALL FOR A HARD TENNIS
BALL, FORMING TEAMS OF 8 PLAYERS INSTEAD OF THE TRADITIONAL 11 PLAYER TEAMS, AND
HAVING LBW'S NOT RESULTING IN A LOSS IN WICKETS.

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ARCL EXPANDED FROM A SINGLE DIVISION OF MEN'S CRICKET TO HAVING TWELVE DIVISIONS
IN A PERIOD OF 10 YEARS, WITH TEAMS PROMOTED AND DEMOTED BASED UPON THEIR

Name of the organization

AMERICAN RECREATION LEAGUE

Employer identification number

20-5649849

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PERFORMANCE. ARCL CURRENTLY HAS OVER 90 TEAMS COMPETING IN THE ONGOING SUMMER LEAGUE.