

2014 TAX RETURN

CLIENT COPY

Client: AMERICAN

Prepared for: AMERICAN RECREATION LEAGUE
22700 SE 12TH PL
SAMMAMISH, WA 98075
425-753-7060

Prepared by: THOMAS JONES
OTA TAX PROS INC
17780 FITCH, SUITE 170
IRVINE, CA 92614
855-682-7767

Date: MAY 22, 2015

Comments:

Route to: _____

2014 Exempt Org. Return
prepared for:

AMERICAN RECREATION LEAGUE
22700 SE 12TH PL
SAMMAMISH, WA 98075

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FEDERAL FORMS

Form 990-EZ Schedule O Form 8879-EO	2014 Return of Organization Exempt from Income Tax Supplemental Information IRS e-file Signature Authorization
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FEE SUMMARY

Preparation Fee	\$ 1,150.00
BUSINESS PACKAGE DISCOUNT	(200.00)
Amount Due	\$ 950.00

AMERICAN RECREATION LEAGUE

20-5649849

FORM 990-EZ REVENUE

MEMBERSHIP DUES AND ASSESSMENTS.....	90,859
INVESTMENT INCOME.....	24
TOTAL REVENUE.....	90,883

EXPENSES

BENEFITS PAID TO OR FOR MEMBERS.....	9,601
OCCUPANCY/RENT/UTILITIES/MAINTENANCE.....	50,884
OTHER EXPENSES.....	7,251
TOTAL EXPENSES.....	67,736

NET ASSETS OR FUND BALANCES

EXCESS OR (DEFICIT) FOR THE YEAR.....	23,147
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	61,964
NET ASSETS/FUND BAL. AT END OF YEAR.....	85,111

2014

GENERAL INFORMATION

PAGE 1

AMERICAN RECREATION LEAGUE

20-5649849

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH 0

CARRYOVERS TO 2015

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-EZ

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

PLUGGED OTHER LIABILITIES

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____

G Do not send to the IRS. Keep for your records.

G Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2014

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

AMERICAN RECREATION LEAGUE

20-5649849

Name and title of officer

ILIAS MOHAMED

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b	
2 a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b	<u>90,883.</u>
3 a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize OTA TAX PROS INC to enter my PIN 13589 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature G _____ Date G _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 33180754676
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature G THOMAS JONES Date G _____

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

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

2014

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 2014 calendar year, or tax year beginning _____, 2014, and ending _____, 2014, 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 SAMMAMI SH, WA 98075	D Employer identification number 20-5649849
		E Telephone number 425-753-7060
		F Group Exemption Number: _____ G
		G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) G _____

I Website: G <u>WWW.ARCL.ORG</u>	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Tax-exempt status (check only one) ' <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) H(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 \$ 90,883.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
REVENUE	1	Contributions, gifts, grants, and similar amounts received																													
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments			90,859.																										
	4	Investment income				24.																									
	5a	Gross amount from sale of assets other than inventory																													
	5b	Less: cost or other basis and sales expenses																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	6b	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)																													
	6c	Less: direct expenses from gaming and fundraising events																													
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
	7a	Gross sales of inventory, less returns and allowances																													
	7b	Less: cost of goods sold																													
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
	8	Other revenue (describe in Schedule O)																													
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)																													
	11	Benefits paid to or for members			9,601.																										
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors																													
	14	Occupancy, rent, utilities, and maintenance			50,884.																										
	15	Printing, publications, postage, and shipping																													
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O																													
17	Total expenses. Add lines 10 through 16																														
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	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)																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																													

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.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
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)		X
35 a 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)?		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		
35 c 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		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. G <u>37 a</u> 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38 b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a	0.
b Gross receipts, included on line 9, for public use of club facilities	39 b	0.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 G <u>N/A</u> ; section 4912 G <u>N/A</u> ; section 4955 G <u>N/A</u>		
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	40 b	
c 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	G	0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	G	0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
41 List the states with which a copy of this return is filed G <u>WA</u>		

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

	Yes	No
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)?	42 b	X
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.?	42 c	X
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

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	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	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
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)	45 b	X

	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	X

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN RECREATION LEAGUE

Employer identification number

20-5649849

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

CONFERENCES, CONVENTIONS, AND MEETINGS	\$	2,702.
CRICKET SUPPLIES		2,257.
INFORMATION TECHNOLOGY		240.
INSURANCE		1,980.
MISC		72.
	TOTAL	\$ 7,251.

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

	<u>BEGINNING</u>	<u>ENDING</u>
CREDIT CARD PAYABLE	\$ 1,210.	\$ 1,290.
TOTAL	\$ 1,210.	\$ 1,290.

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