# **Short Form Return of Organization Exempt From Income Tax**

2015

OMB No. 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	or the	2015 calend	ar year, or tax year beginning January 1 , 2015, and ending De	cember 3	31 , 20			
В	Check if ap	oplicable:	C Name of organization D Em	ployer ider	ntification number			
	Address change Washington Cricket League Inc.				84-1677992			
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite  E Tele	ephone nun	nber			
-	Initial retur		P.O. Box 11717	1-86	5-492-5462			
	Final returi Amended	n/terminated		oup Exem	ption			
		n pending	Burke VA 22009-11717	ımber 🕨				
G /	Account	ting Method:	☐ Cash	▶ ✓ if f	the organization is <b>not</b>			
1.	Vebsite	: ▶			ch Schedule B			
JΤ	ax-exen	npt status (che	eck only one) —   501(c)(3) □ 501(c) ( )   (insert no.) □ 4947(a)(1) or □ 527 (Form	990, 990-	EZ, or 990-PF).			
K	orm of	organization:						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	3				
(Pa	rt II, coli		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	131,003			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	actions f	for Part I)			
	-	Check if	the organization used Schedule O to respond to any question in this Part I	St 20 20				
	1	Contribution	ons, gifts, grants, and similar amounts received	1				
	2	Program s	ervice revenue including government fees and contracts	2				
	3	Membersh	ip dues and assessments	3	131,003			
	4	Investmen	tincome	4				
	5a	Gross amo	ount from sale of assets other than inventory 5a	3.4				
	b	Less: cost	or other basis and sales expenses					
	С	Gain or (lo	5c					
	6	_	Gaming and fundraising events  Gross income from gaming (attach Schedule G if greater than					
Revenue	a	\$15,000)	6a					
Ver	b		ome from fundraising events (not including \$of contributions	Region				
Re			raising events reported on line 1) (attach Schedule G if the	27.000				
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	1000000				
	С		et expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	525 135				
		=		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	VE 1911			
-	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	131,003			
	10		d similar amounts paid (list in Schedule O)	10				
	11	-	aid to or for members	11				
nses	12		ther compensation, and employee benefits	12	42.050			
e	13		al fees and other payments to independent contractors		42,050			
Exper	14		y, rent, utilities, and maintenance	14	47,807			
ш	15		ublications, postage, and shipping	16	3,758			
	16		enses (describe in Schedule O)	17	32,388 126,003			
	17	lotal expe	enses. Add lines 10 through 16	18	5,000			
sts	18 19		deficit) for the year (Subtract line 17 from line 9)	10	5,000			
SSe	18		ar figure reported on prior year's return)	19	32,972			
Net Assets	000	-	nges in net assets or fund balances (explain in Schedule O)	20	32,972			
Se	20			21	27 072			
	21	ivet assets	or fund balances at end of year. Combine lines 18 through 20	41	37,972			

Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this		<b>a</b> a	
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	* * * * * *	e ve v. (v. (v. (v. )	1,572		11,434
23	Land and buildings		00 00 00 (00) (00)	33,543	23	24 200
24 25	Total assets		0 6 1 (0) (0) (0)	33,543		31,396
26	Total liabilities (describe in Schedule O)		0 •0 •1 (•) (•) (•)	2,143		42,830 4,858
27	Net assets or fund balances (line 27 of column		_	32,972		37,972
Par						
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔒 . 🔽	(0	Expenses
Wha	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each o	f its three largest p	rogram services,		nizations; optional for
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea		e services provided	, the number of	other	5.)
28	ons benefited, and other relevant information for ea	ich program title.				_
20						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .		28a	
29						
		****				
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	. , , 🕨 🗆	29a	
30	,					
		********				
	(Grants \$ ) If this amount		ints, check here .		30a	
31	355		and, chock hore			
-			ints, check here .		31a	
_	Total program service expenses (add lines 28a t				32	
Par	t IV List of Officers, Directors, Trustees, and Key					property
_	Check if the organization used Schedule	O to respond to a	(c) Reportable	Part IV (d) Health benefits,	* *	* * * * * *
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
Povr	oy Anderson - Chairman				+	
IVON	OY Anderson Granman	4 Hours				
Shoa	nib Ahmed - President					
		20 Hours				
Shel	don Ellis - Member at Large					
		2 Hours			+	
Yvet	te Douglas - Member at Large	0.11				
A il	Den Member at Large	2 Hours				
Anii	Pap - Member at Large	2 Hours				
Sauc	f Khan - Member at Large	Z Hours				
	1 (1)(1)	2 Hours				
Davi	d Roll - Member at Large					
		2 Hours			_	
_						
	***************************************					
_					+	

Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	∨ 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	33	162	V V
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		·
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		1
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		1
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	35c		1
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		1000	<b>0.7</b> %
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		34-5	in its
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		/
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	54		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		61.3	
a 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:			Š.,
	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		1
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 40c reimbursed by the organization			
е	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	40e	203	1
41	List the states with which a copy of this return is filed ► Maryland	n		
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►		v 1	
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	NO ✓
	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	- CO	2771	Exis.
	Financial Accounts (FBAR).	0.8	11153	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	8 K	10	► □ 0
			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	ilita e	1
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	44b	ow treat	1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	15-11	1888	1000
	explanation in Schedule O	44d		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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		1

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Page	

								Yes	No
46		e organization engage, directly or in							
	to car	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I			. 46		1
Part '	VI :	Section 501(c)(3) organizations	only						
		All section 501(c)(3) organizations		stions 47-49b an	d 52, and	complete th	e tables	for lin	es
		50 and 51.	•						
		Check if the organization used Sch	edule O to respond	to any question in	this Part	VI			П
		Shook if the organization about cor	loddio o to reapond	to any quoditon ii	T LINO T CALL		1 1 1	Yes	No
47	Did #	o organization engage in lobbying	activities or have a	section 501/h) elec	tion in effe	ct during the	tay	103	140
41		oid the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ear? If "Yes," complete Schedule C, Part II							
	,								
48		Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a		e organization make any transfers to							1
b		s," was the related organization a se					. 491		
50	Comp	lete this table for the organization's	five highest compen	sated employees (d	other than o	officers, direc	tors, trust	ees ar	nd key
	emplo	yees) who each received more than	\$100,000 of comper	nsation from the org	ganization.	If there is non	ie, enter "	None.	,,
			(b) Average	(c) Reportable		alth benefits,			
	(a)	Name and title of each employee	hours per week	compensation	henefit nis	ons to employee ans, and deferred			
			devoted to position	(Forms W-2/1099-MIS		npensation	Other Go	пропос	
None									
NOTE									
-									
=									
f		number of other employees paid over				-:			
51	Comp	lete this table for the organization!	s five highest compe	ensated independe	nt contract	ors who eac	h receive	d mor	e than
	\$100,	000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	ont contractor	(b) Type of s	ervice	lo	) Compensa	ation	
	(0)	Name and business address of cach independ	on contractor	(4) 1) [5 5 5 5		`	,		
None									
********									
-									
•									
	1000000								
	*****								
-						_			
-									
-				#100 000				_	
		number of other independent contra							
52		he organization complete Schedu	ile A? <b>Note:</b> All se	ection $501(c)(3)$ or	ganizations	must attac			NI.
		leted Schedule A		<del></del>	• • • •	• • • •	. <b>▶</b> □ Ye		
Under p	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	lying schedules and state	ements, and to	the best of my k	nowledge a	nd belie	f, it is
true, co	rrect, an	d complete. Declaration of preparer to her than	romeen is based on all into	ormation of which prepar	or mas any kin	owiedge.	1.1		
						5/13	16		
Sign		Signature of officer				Date			
Here		Shoaib Ahmed, President							
		Type or print name and title					- 4		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	] if PTIN		
	Orcz					self-emple			
Prep		Firm's name	111	!		Firm's EIN ▶			
Use	Unity	Firm's address ▶				Phone no.			
May th	ne IBS	discuss this return with the preparer	shown above? See	instructions	N # 8 %		► TYe	s 🗍	No

#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Washington Cricket League Inc	84-1677992
See attached	
	700,000,000,000,000,000,000,000,000,000
<u> </u>	
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<u> </u>	
***************************************	
***************************************	
TAX-DAX	***************************************

#### Part I, Line 16, Other Expenses

Line 16	
Awards and Recognition	14,428
Bad Debts	3,300
Business Expenses	599
Subscriptions	4,475
Training	1,892
Travel	625
Youth Development	1,174
Events	5,895
Total	32,387

#### Part II, Line 24, Other Assets

Line 24	
Accounts Receivable, Net	7,077
Other Current Assets	989
Fixed Assets, Net	23,330
Total	31,396

### Part II, Line 26, Total Liabilities

Line 26	
Accounts Payable	2,358
Deferred Revenue	2,500
Total	4,858

### Part III, Program Service Accomplishments

WCL continues to lead the efforts in the Washington Metropolitan Area for cricker and the development of youth cricket and accomplished the following in 2015:

- 1. Continued to promote and enhance Washington Cricket League
- 2. In addition to winter indoor training sessions, continued the summer youth league in the greater Washington area with participants from Maryland, Virginia and District of Columbia.
- 3. Participated in youth league matches in the Mid-Atlantic region sponsoring youth travel to New Jersey and North Carolina for competition.

- 4. WCL continues to provide these programs to youth at no fee or charge.
- 5. Focused on training coaches and umpires following rigorous continuing education programs.
- 6. Four umpires have gained international certification.

WCL Program Costs	
Manage and Operate League	122,937
Youth Development	1,174
Training	1,892
Total	126,003