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Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2011****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 black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
Columbus Table Tennis Club

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
7694 Sawmill Road

City or town, state or country, and ZIP + 4  
Dublin, OH 43016

**D** Employer identification number  
31-122 8825

**E** Telephone number  
614-973 8584

**F** Group Exemption Number ►

**G** Accounting Method: ☒ Cash ☐ Accrual ☐ Other (specify) ►

**I** Website: ► www.columbus-table-tennis-club.org

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

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$

**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	6000
	2	Program service revenue including government fees and contracts . . . . .	2	8402
	3	Membership dues and assessments . . . . .	3	30251
	4	Investment income . . . . .	4	582
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	-
	5b	Less: cost or other basis and sales expenses . . . . .	5b	-
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	-
	6	Gaming and fundraising events . . . . .		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	-
Expenses	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) . . . . .	6b	-
	6c	Less: direct expenses from gaming and fundraising events . . . . .	6c	-
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	-
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	-
	7b	Less: cost of goods sold . . . . .	7b	-
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	-
	8	Other revenue (describe in Schedule O) . . . . .	8	-
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	45285
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	-
	Net Assets	11	Benefits paid to or for members . . . . .	11
12		Salaries, other compensation, and employee benefits . . . . .	12	-
13		Professional fees and other payments to independent contractors . . . . .	13	-
14		Occupancy, rent, utilities, and maintenance . . . . .	14	30693
15		Printing, publications, postage, and shipping . . . . .	15	-
16		Other expenses (describe in Schedule O) . . . . .	16	11628
17		<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	42321
18		Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	2924
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	55416	
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	58330	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)

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95 14

## Form 990-EZ (2011)

Page 2

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

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	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	52,416	55,895
23 Land and buildings	—	—
24 Other assets (describe in Schedule O)	3,000	2,455
25 Total assets	55,416	58,330
26 Total liabilities (describe in Schedule O)	—	—
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,416	58,330

Check if the organization used Schedule O to respond to any question in this 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? Table Tennis

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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.

28	The club provides a clean family oriented place to play.	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	28a	-
29	Free coaching is provided. Fee based coaching clinics are provided from time to time. Two USATT sanctioned tournaments were held.	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	29a	
30	Groups use the club for non-sanctioned tournaments (Chinese American Sports Association, Corporate challenge, TCU & U).	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	

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

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

[illegible]

## Page 3

Form **990-EZ** (2011)

# Columbus Table Tennis Club

Form 990-EZ (2011)

Page 4

**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 . . . . .

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 . . . . . ☐

**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 . . . . .

	Yes	No
<b>47</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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**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 address of each employee paid more than \$100,000	(b) Title and 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 . . . . . ▶

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .

▶ ☐ 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.

<b>Sign Here</b>	Signature of officer <u>Albert R. Fish</u>	Date <u>5 May 2012</u>
	Type or print name and title <u>Albert R. Fish, Treasurer</u>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

Form 990-EZ (2011)

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

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 990-EZ.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Columbus Table Tennis Club

Employer identification number

311228825

16. Two new tables 2235

Tournament prize money 5775

Tournament expense 3618

24. Assets are 13 table tennis tables, 2 robots,  
misc equipment.