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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2011

OMB No. 1545-1150

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

AI	A For the 2011 catendar year, or tax year beginning , 2011, and ending , 20								
В	Check if ap	plicablex C Name of organization		. 1	D Empl	oyer id	entification number		
	Address ch	columbus Table Ten	nis	C/ub	34	-1	22 8825		
=	Name char			Room/suite		lephone number			
	Initial return						973 8584		
	Terminated	City or town, state or country, and ZIP + 4				· · · · · · · · · · · · · · · · · · ·			
=	Amended I	חולב אל היא				•	mption		
_	Application					nber I			
G A	Accounti	ing Method: Cash			Check I	▶ ∐	f the organization is not		
1	Websit	e:> <u>www.columbustabletennisel</u>	<u>ub. 0</u>	rg	required	to att	ach Schedule B		
<u>J T</u>	ax-exem	pot status (check only one) — 🔲 501(c)(3) 🔲 501(c) (🖣) ∢ (insert no.) 🗍	4947(a)(1)	or 527	(Form 9	90, 99	0-EZ, or 990-PF).		
K	Check ▶	if the organization is not a section 509(a)(3) supporting organization	or a sectio	n 527 organizatio	on and it	s gros	s receipts are normally		
1	not more	than \$50,000. A Form 990-EZ or Form 990 return is not required though Fo				_			
		nization chooses to file a return, be sure to file a complete return.					,		
	_	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,	000 or mor	e, or if total assets	s (Part II,				
lı	ne 25. co	blumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ œ			
	art I	Revenue, Expenses, and Changes in Net Assets or Ful	nd Ralar	ces (see the	inetruc	tions	for Part I \		
	arti	· · · · · · · · · · · · · · · · · · ·		•			· —		
		Check if the organization used Schedule O to respond to any	questio	nin uns Part i	•••	_ 1	· · · · · · <u>X</u>		
	1 1	Contributions, gifts, grants, and similar amounts received				1	6000		
	2	Program service revenue including government fees and contract	s			2	8402		
	3	Membership dues and assessments				3	30251		
	4	Investment income				4	J582		
	5a	Gross amount from sale of assets other than inventory	. 5	a					
	Ь	Less: cost or other, basis and sales expenses	. 51	o –					
	c	Gain or (loss) from sale of assets other than inventory (Subtract lin		n line 5a)		5c	_		
	6	Gaming and fundraising events LIVED							
	l a	0							
9	"	¢15 000\ (9)	1 .	. I _					
Revenue	١.		6						
Ž	p	Gross income from fundraising events (not) including \$		of contribution	ns		•		
ĕ		from fundraising events-reported on line 1) (attach Schedule G n		1					
		sum of such gross income and contributions exceeds \$15,000) .	· 61	<u> </u>					
	С	Less: direct expenses from gaming and fundraising events	. 6			,			
	d	Net income or (loss) from gaming and fundraising events (add I	ines 6a a	and 6b and su	btract				
		line 6c)				6d			
	7a	Gross sales of inventory, less returns and allowances	. 7	a ~					
	Ь	Less: cost of goods sold	. 7	5 —					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from	ı line 7a)			7c	_		
	8	Other revenue (describe in Schedule O)				8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			•	9	45275		
_	10	Grants and similar amounts paid (list in Schedule O)	<u> </u>			10	70600		
	1				• •	\vdash			
_	11	Benefits paid to or for members			• •	11			
Net Assets 1 Expenses	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	Total expenses. Add lines 10 through 16	<u> </u>	<u></u>	▶	17	42321		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	2914		
	19	Net assets or fund balances at beginning of year (from line 27,							
		end-of-year figure reported on prior year's return)	-			19	55416		
	20	Other changes in net assets or fund balances (explain in Schedule				20	~ .		
	21	Net assets or fund balances at end of year. Combine lines 18 thro	•			21	5833.0		
<u></u>		work Reduction Act Notice, see the senarate instructions.	_	et No 10642I			Form 990-EZ (2011)		
-0				ST NO 1(1642)			rum aau-ta (2011)		

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Columbus Table Tennis Club

rom	90-EZ (2011)					Page 2			
Pa	Balance Sheets. (see the instructions	for Part II.)							
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		域			
	(A) Beginning of year				- ((B) End of year			
22	Cash, savings, and investments		[52416	22	55 875			
23	Land and buildings				23				
24	Other assets (describe in Schedule O)			3000	24	2455			
25	Total assets	. ,			25	50220			
26	Total liabilities (describe in Schedule O)				26	20720			
27	Net assets or fund balances (line 27 of column	(R) must soree with	line 21)		27	58330			
		· ·		~	21	<u> </u>			
Гаг						Expenses			
	Check if the organization used Schedule		* * . 	Part III		ured for section			
wna	t is the organization's primary exempt purpose?	Table Te	n n , 5			501(c)(3) and 501(c)(4) organizations and section			
	ribe the organization's program service accomplis					(a)(1) trusts; optional			
	neasured by expenses. In a clear and concise m		e services provided	l, the number of		hers.)			
pers	ons benefited, and other relevant information for ea	ich program title.							
28	The club provides a clea	n family	srienteds	lace to		ļ			
	olay.	· /							
	<u>'</u>								
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	_			
29	Free coaching is provid	ed Foet	ased col	aching					
		ou fime 7							
	USATT sanctioned tou			13.					
	(Grants \$) If this amount	includes foreign gra	ints, check here	<u> </u>	29a				
30		or non-so							
-				iation.					
		Merican St	18r /s //-3>D	14/100					
	Corporate challenge, TE		ala abaal bara		20-				
		includes foreign gra		<u> P 🗀 </u>	30a	<u> </u>			
31						i			
		includes foreign gra			31a				
	Total program service expenses (add lines 28a t				32	<u> </u>			
Par	List of Officers, Directors, Trustees, and Key				struc	tions for Part IV.)			
	Check if the organization used Schedule	O to respond to ar				<u> 🛚</u>			
		(b) Title and average	(c) Reportable compensation	(d) Health benefits, contributions to employe		Estimated amount of			
	(a) Name and address	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and) ot	ther compensation			
		,	(if not paid, enter -0-)	deferred compensation	<u>'</u>				
	rea W. Brendon	President				_			
	POBOX 296 DUBLIN. OH 43017	30		_					
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	Albert R. Fish 457 Midgard Rd. Columbus, OH 13202	1 1 5 4 5	_						
	457 M. & Gara 160.				+-				
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	Stan Kobylanski	Secretory		-					
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Columbus Table Tennis Club

The Other Information (Note the Schedule A and namenal hangit contract statement requirement	in th		age J
			_==
	33		X
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		X
Did the organization have unrelated business gross income of \$1,000 or more during the year from business		-	X
	35a		
	35b	ļ	
	250		X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			X
	30		
	37b		X
· · · · · · · · · · · · · · · · · · ·			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		ス
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transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40h		
	100		
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	40e		¥
List the states with which a copy of this return is filed. ▶ Oh; o			
	4 -	26:	3-5
	<u>32</u>	_	
	401	Yes	No
	42D	H	_
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	42c		X
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
and dried the amount of tax-exchipt interest received of accided during the tax year		Yes	No
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
completed instead of Form 990-EZ	44a		*
	44b		X
	44c	ļ	X
	1		
			×
	438	 	<u> </u>
	1		
	45b	1	X
	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this 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. 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) 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)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization as 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. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III. Did the organization borrow from, or make any loans to, any officer, director, furstee, or key employee or were any such loans made in a pnor year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the year, or did it engage in an excess benefit transaction of the year, or did it engage i	The 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 of the organization of part V.) Check if the organization used Schedule O to respond to any question in this Part of the organization of part of the organization of the organization of the organization of each activity in Schedule O. 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 Were any significant changes made to the organization of part of the organization in the change on Schedule O (see instructions) 35 bid the organization have unretated 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)? 36 bid the organization as 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 O (Part III . 37 bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assests during the year? If "Yes," complete schedule N. 38 bid here organization organization industries, direct or indirect, as descabled in the instructions. ■ 37a — 39 bid the organization borrow from, or make any loss to, any officer, director, frustee, or key employee or were any such loans made in a pnor year and still outstanding at the end of the tax year owered by this return? If "Yes," complete Schedule I, Part I and enter the total amount involved as a section 4911 and 501(c)(4) organizations. Did the organization approach that has not been reported on any of its prior Forms 990 or 990-EZ7 If "Yes," complete Schedule I, Part I — 39 bid bid bid bid organizations. Enter amount of tax on line	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

· Colum bus table Tennis Club

Form 990	0-EZ (20	D11)							Page 4
		ne organization engage, directly or in							No
		ndidates for public office? If "Yes,"							X_
Part \	/ 1	Section 501(c)(3) organizations 501(c)(3) organizations and secti	and section 4947	(a)(1) nonexemp	t chanta mists mi	bie trusts on ist answer ou	ry. All se estions (ction 17 –4 9	h
		and 52, and complete the tables				ot wiowor qu	001,0110		_
		Check if the organization used Sci			this Parl	t V I	<u> </u>	<u> </u>	. 🗖
							. —	Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec	tion in eff	ect during the	tax . 47		
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complet	e Schedul	eE	. 48		
		ne organization make any transfers t							↓
 b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, dire 								d key	
50	emple	oyees) who each received more than	\$100.000 of compen	sation from the ord	anization	. If there is non	e. enter "l	None.'	u key
			(b) Title and average	(c) Reportable	(d) H	lealth benefits,			
	(a) Na	ame and address of each employee paid more than \$100,000	hours per week	compensation (Forms W-2/1099-MIS	bonofit o	tions to employee lans, and deferred	(e) Estimate other co		
			devoted to position	(FORMS W-2) 1099-WIS	^{C)} α	mpensation			
					+				
				İ					
	_								
			i						
f	Total	number of other employees paid ov	er \$100,000	. >					
51	Comp \$100,	plete this table for the organization, 000 of compensation from the orga	's five highest compo inization. If there is no	ensated independe one, enter "None."	nt contrac	ctors who eacl	received	l more	than
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of s	ervice	(c) Compensa	tion	
		<u></u>							
				-					
									
**********				1					
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			·						
				1					
<u>d</u>	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶				
52	Did t	ne organization complete Schedule a	A? Note: All section 5	i01(c)(3) organizatio			▶ □ Ye	s 🗇	No
Under p	enalties	of perjury, i declare that I have examined this d complete Declaration of preparer (other tha	return, including accompar	ying schedules and state	ments, and	to the best of my k			
		albert R.	Fish			5 Ma	24 2c	12	
Sign Signature of officer						Date	7		
Here Albert R. Fish, Treasurer									
		Type or print name and title	Preparer's signature		Date		PTIN		
Paid		Print/Type preparer's name	. Topasor 5 aignature			Check _ self-emple	1 ff [
Prep		Firm's name ▶	<u> </u>			Firm's EIN ▶	•		
Use	Uniy	Firm's address ▶				Phone no			
May th	ne IRS	discuss this return with the prepare	r shown above? See	instructions	<u> </u>		► □ Ye		No
							Form 9	BU-E	Z (2011)

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.

Open to Public Inspection

Name of the organization	Employer identification number
Columbus Table Tennis Club	Employer Identification number 31 122 8825
16, Two new tables 2235	
Tournament prizo money 5775	
CONTRACTION ()	
Tournament expense 3618	
·	
24. Assets are 13 table touris tables,	2 robots,
misc equipment.	

