			EXTENDED TO MAY 17, 2	021			
	0	90-EZ	Short Form	_	_	_	OMB No. 1545-0047
Forn	n 9 3	90-EZ	Return of Organization Exempt Fr	rom Inco	ome T	ax	2019
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (except p	rivate fou	undations	
			Do not enter social security numbers on this form, as	s it may be ma	de public		On on to Bublic
		of the Treasury venue Service	► Go to www.irs.gov/Form990EZ for instructions and	the latest info	rmation.		Open to Public Inspection
			lar year, or tax year beginning JUL 1, 2019	and ending		30, 2	
	Check in pplicat		Name of organization	and chung			lentification number
a			NATIONAL COLLEGIATE TABLE TENNIS				
	7	5	ASSOCIATION			52-23	342762
			mber and street (or P.O. box if mail is not delivered to street address)	Room		elephone r	
			54 MILL RUN LANE			314-8	800-5377
	Ame	nacarotann	ty or town, state or province, country, and ZIP or foreign postal code		FG	Group Exem	nption
		batton ponung	SAINT PETERS, MO 63376			lumber ►	
		nting Method:					if the organization is
							to attach Schedule B
				947(a)(1) or	527 (I	Form 990,	990-EZ, or 990-PF).
		•	: X Corporation Trust Association Other	or if total accore	(Dort II		
			0,000 or more, file Form 990 instead of Form 990-EZ		· ·	▶ \$	118,169.
	art I		ue, Expenses, and Changes in Net Assets or Fund Bala	ances (see the	instructio		
			e organization used Schedule O to respond to any question in this Part I	```````````````````````````````````````			X
	1		s, gifts, grants, and similar amounts received				25,448.
	2	Program ser	vice revenue including government fees and contracts			2	52,176.
	3	Membership	dues and assessments			3	38,975. 1,570.
	4		ncomeSEE_S	CHEDULE	0	4	1,570.
	5a		nt from sale of assets other than inventory 5a				
	b		other basis and sales expenses 5b				
	C C) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	
	6	-	fundraising events: e from gaming (attach Schedule G if greater than				
nue	a		6a	I			
Revenue	Ь	. , , .		ntributions			
č			sing events reported on line 1) (attach Schedule G if the sum of such				
			e and contributions exceeds \$15,000) 6b				
	c		expenses from gaming and fundraising events 6c				
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract li	ne 6c)		6d	
	7a		of inventory, less returns and allowances				
	b					_	
	, c		or (loss) from sales of inventory (subtract line 7b from line 7a)				
	8		ie (describe in Schedule O) ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			8	118,169.
	10		imilar amounts paid (list in Schedule O)				1,000.
	11		to or for members				
Se	12		er compensation, and employee benefits				
ense	13		fees and other payments to independent contractors				900.
Expenses	14	Occupancy, I	rent, utilities, and maintenance			14	
ш	15	Printing, pub	lications, postage, and shipping				
	16		ses (describe in Schedule 0) SEE S			16	77,334.
	17		ses. Add lines 10 through 16			1 10	79,234. 38,935.
ets	18 19		eficit) for the year (subtract line 17 from line 9)			18	20,323.
Assets	19		with end-of-year figure reported on prior year's return)			19	147,437.
Net A	20		es in net assets or fund balances (explain in Schedule O)				0.
Z	21		r fund balances at end of year. Combine lines 18 through 20		•	21	186,372.
LHA	Foi		eduction Act Notice, see the separate instructions.				Form 990-EZ (2019)

	NATIONAL	COLLEGIATE	TABLE	TENNIS
Form 990-F7 (2019)	ASSOCTATI	ON		

	Int II Balance Sheets (see the instructions for Part II)		•		, 0 2
ГС	Check if the organization used Schedule O to resp	and to any quartic	on in this Dort II		
	Check II the organization used Schedule O to resp	Jond to any questic	(A) Beginning of year	/D) End of year
			147,437.		, ,
22	Cash, savings, and investments		14/,43/.		186,372.
23	Land and buildings			23	
24	Other assets (describe in Schedule O)		4 4 5 4 6 5	24	
25	Total assets		147,437.		186,372.
26	Total liabilities (describe in Schedule 0)		0.	26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		147,437.	27	186,372.
Pa	rt III Statement of Program Service Accomplishmer	nts (see the instruc	,		Expenses
	Check if the organization used Schedule O to resp	cond to any questic	on in this Part III $[$		ed for section 3) and 501(c)(4)
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE O)		organiz	ations; optional for
Desc	ibe the organization's program service accomplishments for each of its three largest program	services, as measured by exper	ises. In a clear and concise	others.)	
manr	er, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title.			
28	SEE SCHEDULE O				
				-	
	(Grants \$) If this amount includes foreign g	rants check here		28a	39,063.
29	SEE SCHEDULE O				
20				-	
				-	
				29a	25,908.
	(Grants \$) If this amount includes foreign g CONFERENCE EXPENSE AND NCTTA SCHOLA	DCUTDC A	🕨 L	298	23,500.
	STUDENT-ATHLETE WAS SELECTED AS THE			-	
				_	
	SCHOLARSHIP - COMPETITIVE AWARD BAS				4 4 7 9
	(Grants \$ 1,000.) If this amount includes foreign g			30a	4,479.
	Other program services (describe in Schedule O)				
	(Grants \$) If this amount includes foreign g	rants, check here	Þ l	31a	
32	Total program service expenses (add lines 28a through 31a)			. 🕨 32	69,450.
Pa	rt IV List of Officers, Directors, Trustees, and Key E	mployees (list each one	e even if not compensated - se	ee the instruction	ns for Part IV)
	Check if the organization used Schedule O to resp	cond to any questic	on in this Part IV		<u></u>
		(b) Average hours		(d) Health benefi contributions to	ts, (e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	employee benef	it amount of other
		position	(if not paid, enter -0-)	compensation	ed compensation
WI	LLY LEPARULO				
PR	ESIDENT	20.00	0.	0	0.
JO	SEPH WELLS				
VI	CE PRESIDENT	2.00	0.	0	0.
	NDY KENDLE			-	
	EASURER	5.00	0.	0	0.
	RIS WANG	3100			
	CE PRESIDENT	2.00	0.	0	0.
	Y LU	2.00	· · ·		• •
	RECTOR	2.00	0.	0	. 0.
	E KIM	4.00	V•	0	0.
		10.00		~	
	RECTOR	10.00	0.	U	0.
	ANDON LAWRENCE				
DI	RECTOR	2.00	0.	0	. 0.
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		1			
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					+
		1			

932172 12-11-19

Form **990-EZ** (2019)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the part V/ x 3 Dot de organization engage in any significant activity not previously reported to the ISP #1'Vs; "provide a detailed description of each activity in Schedule 0. 38 X 4 Were any significant activity not previously reported to the ISP #1'Vs; "provide a detailed description of each activity in Schedule 0. 44 X 50 DI dh organization engage in any significant activity not previously reported to the ISP #1'Vs; "table 1 acothered outly of the amended documents if they refer to activity in Schedule 0. See instructions 0. 44 X 50 DI dh organization engage in any significant activity on the organization significant disposition in Schedule 0. 58 N/A 51 DI dh organization see unicella to the organization schedule C, Part III 56 X 50 DI dh organization numbers, direct de indired, ac described in the instructions 371 38 X 51 Di dh organization borrow horn, or main weak not site, any officar, director, trustee, or key employer, or versary such hans mude in a porty evar ad bit outpation, direct de indired, ac described in the instructions 371 X 52 Di dh organization borrow horn, or main weak not site, any officar, director, trustee, or key employer, or versar such hans mude is in a some on the organizatio	Forn	990-EZ (2019) ASSOCIATION 52-2342	762		Page 3
3 Old the organization engage in any significant activity not previously reported to the HS? If Yes, "provide a detailed description of each activity is Schedule 0. 13 X 34 Were any significant change on the organization areas. Otherwise, equal the change on Schedule 0. See instructions 14 X 35 Did the organization have a instruction field a change of the up and activity is schedule 0. See instructions 13 X 36 Were any significant change on the organization field a form 990-T for the year? If No: provide an explanation in Schedule 0. 136 X 37 If Yes Is line SS, has the organization field a form 990-T for the year? If No: provide an explanation in Schedule 0. 138 X 38 Did the organization action of the Schedule 0. See instructions in Schedule 0. 360 N/A 38 Did the organization infere 3 functions, fields in different 390-T for the year? If No: provide an explanation in Schedule 0. 360 N/A 39 T intra monut 0 folkical specification, distruction, function, intervel, a doscreder in the instructions in a prove any such loans made in a foro year made any takan is any office, director, instake, or key employed, or were any such loans made in a foro year made any takan is any office, director, instake, or key employed, or were any such loans made in a foro year adaptio contributions. Finance any takan is any office, director, instake, or key employed, or were any such loans made in a foro year adaptio contributions. Finance any takan is any office, director, instake, or key employed, or were any such loans made in a foro year adap	Pa				
38 Definition of the organization engage in any significant clurity not previously reported to the rESP H*Vest, 'provide a detailed description of each activity is Schubal 0. Image: Schubal 0. 38 Definition of the organization is none. Otherwise, explain the change on Schubal 0. See instructions 34 Xx 38 Definition of the organization is none. Of \$1.000 or more during by year rome basiness activities (scub) as those reported to a time of the organization is schubal (scub). See instructions 36 X 39 Definition of the organization is activities (scub) as those reported to the response activities (scub) as those reported to the requirements for the organization and/per text is the organization and/per text		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			_
activy in Schedule 0 33 X 4 Wers any spintance than the term quantized or provening documents? If Yes, 'attach a conformed copy of the amended documents if they reflict a change to the organization rearm. Otherwise, explain the change on Schedule 0. See instructors 44 X 55 Did the organization have unrelated busines grass income of \$1,000 or more during the year from busines activities (such as those reported on lines 2, as, and 'a, among others?) 355 X 56 Did the organization a section 50(1-(4), 60 (10(3), 60 (10(4), 60				Yes	No
44 44 44 45 54 Meta any significant changes made to the organization some One-wide, explaint to change on Schwide. O See instructions 44 4 550 Did the organization instructions 56 Meta any significant change on Schwide. Splation the schwide on Schwide. O See instructions 56 560 Did the organization in schwide splation. The schwide on Schwide. O Schwide and schwide on Schwide. O Schwide and Schwide on Sch	33				
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructions 34 X 50 Did the organization have unreflect business gross income of 51,000 or more during the year form business activities (such as those reported to the section of the sect	~ 4		33		
35a If the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as these reported in the S2, 6a, and 7a, among others)? 35a X b If Yea's bine ESa, has the organization filed a form 990-T for the year? If No, 'provide an explanation in Schedule 0 35a X/A c Was the organization ascenton 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6032(c) notice, reporting, and proxy tax requirements for the generalization is activities, direct or indirect, assess during the year? If Yes, 'complete Schedule (), Part II 35a X 37 It are amount of political expenditures, direct or indirect, as described in the instructions 17a 0. 37b X 38 D if the organization is form 120-D01 cm its year? 17a(, firestor, furstor, furstor	34		24		v
on line 2, 6s, and 7a, among othersy? 3si X b II Vers' to line 3sh, ash the organization lined a form 900-T for the yaar? If ViaC, growtide an explanation in Schedule () 3si X b Wes the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(s) notice, reporting, and proxy tax requirements during the year? If ViaC, arrowtide (), 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(s) notice, reporting, and proxy tax requirements during the year? If ViaC, arrowtide (), 501(c)(7), 071(c)(7), 07	25 a		34		
b If Yes' to fine 35a, has the organization is der form 390-1 for the year? If Yes', rowids an explanation in Schedule 0	00 a		35a		x
e Was the organization a section 501(e)(4), 001(e)(3), or 501(e)(6) organization subject to section 6033(e) notice, reporting, and provy tax 356 X 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete Solubide Q, Part III 366 X 39 2 feter amount or policical expenditures, direct or indirect, a described in the instructions 174 0 374 X 39 2 feter amount or policical expenditures, direct or indirect, as described in the instructions 174 0 384 X 39 2 feter amount or make any loase to, any officer, director, trustee, or key employee; or were any such loans made in a pror year and still oxistanding at the end of the tax year coursed by this return? 384 X 39 Section 501(c)(7) organizations. Enter: 384 N / A 384 X 30 Dir organizations, function on the any loan organization during the year order: socion 4915 0	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		N/	
requirements during the year? If Yes, "complete Schedule C, Part III 36 X 36 Did the organization undergo a liquidation, dissolution, resignificant disposition of net assets during the year? If Yes, " 36 X 37 Inter amount of policial expenditures, direct or indirect, as described in the instructions 37 0. 37 X 38 Did the organization file form 1120-P0L of this year? 38 X 38 X 38 Did the organization is form 1120-P0L of this year? 38 N/A 38 X 39 School 501(c)(1/) or granizations. Finter: 38 N/A 38 X 30 Section 501(c)(2) organizations. Finter 0. y section 501(c)(2) organizations. Finter 38 N/A 30 Section 501(c)(3) comparizations. Finter 0. y section 501(c)(2) organizations. Thera amount of tax imposed on the organization engage in any section 4955 0. 0. 5 0. 5 0. 5 0. 0. 5 0. 0. 5 0. 0. 0. 2 0. 0. 2 0. 2 0. 0. 0. 0. 0. 0. 0.					
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 X 371 Enter amount of political parts of Schedule N 37a 0. 37b X 372 Did the organization borrow from or make any loans to, any officer, director, frustee, or key employee; or vere any such loans made in a prior year and still outstanding at the end of the txy year covered by this return? 38b N / A 38 Did the organization borrow from or make any loans to, any officer, director, frustee, or key employee; or vere any such loans made in a prior year and still outstanding at the end of the txy year covered by this return? 38b N / A 39 Did the organizations. Enter 380 N / A 38ea X 40 Section 501(c)(2) organizations. Enter 39b N / A 38ea X 41 Did the organization. Fitter amount of tax imposed on ine organization engage in any section 4958 bcccss benefit 0. 0. 0. 42 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on on any of the prior forms 900 or 900-F22 if Yes; Complete Schedule L, Part I 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			35c		Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 37b X 37 bit the organization file form 1120-POL for this year? 38a N/A 38a X 38 bit the organization borrow form, or make any basis to, any officer, director, trustee, or key employee, or were any such basis manded in a prior year and still outsinding at the end of the tax year covered by this return? 38a N/A 39 Bit Wres, complete Schedule L, Part II, and enter the total amount involved 38a N/A 39 Bit Organizations, Enter amount of tax imposed on the organization during the year under: section 4911 • 0. ; section 4935 • 0. 0. 5 Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization engage in any section 4915 • 0. 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax imposed on organization managers or disqualided person during the year under sections 4912. 40c. 0. 40 Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax on line 40c reinhursed by the organization is filed > NONE 0. 41 List the states with which a copy of this return sited > NONE 0. 314 = 800 - 5377 42 It list the states with which a copy and organization aparty to a prohibited tax sheller transacial accountry > 0. 314 = 800 - 5377 <td>36</td> <td></td> <td></td> <td></td> <td></td>	36				
b Uit the organization tile Form 1120-POL for this year? 376 X 38 a Did the organization borow form, or make any basis (n, any officer, director, trustee, or key employee; or were any such leans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38 a Did the organization borow form (C)? organizations. Enter: 38b N/A 39 Exciton 501 (c)?(3) organizations. Enter: 38b N/A 40 Gross receipts, included on line 9 39a N/A 40 Section 501 (c)?(3) organizations. Enter: 0.; section 4915 > 0. 40 Section 501 (c)?(3) organizations. Enter amount of tax imposed on the organization engage in an excess benefit transaction during the year, or disqualified persons during the year under section 4955 > 0. 40 Section 501 (c)?(3), 501 (c)?(4), and 501 (c)?(29) organizations. Enter amount of tax on line 40c reinbursed on organization many and in the year index schedule L, Part I 40b X 41 List the states with which a copy of this return is fild > NONE 11 12 40c site 12 14 53377 42 Is the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction for ingine country (such as a bank account, securities account, or other infancial account in a foreign country (such as a bank account, securities account) 12 12 14 53376 14 </td <td></td> <td></td> <td>36</td> <td></td> <td>X</td>			36		X
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 N/A 39 Bection 501(c)(7) organizations. Enter: 38b N/A 39 Bection 501(c)(7) organizations. Enter: 38a N/A 39 Bection 501(c)(2) organizations. Enter: 38a N/A 30 Bortos receipts, included on line 9, for public use of club facilities: 38a N/A 30a N/A 39b N/A 40a Section 4911 → 0, section 4912 → 0, section 4955 > 0, b Gross receipts, included on line 9, for public use of club facilities 0, section 4956 > 0, section 4911 → 0, section 4912 → 0, section 4956 > 0, organization managers or disqualified person sturing the year unders costicne 4912, 4956, and 4958 > 0, organization managers or disqualified person sturing the year under scotten 4912, 4956, and 4958 > 0, club the organization stilled person sturing the year under scotten 4912, 4956, and 4958 > 0, club transaction fulling receiments filing FC NONE <td></td> <td></td> <td></td> <td></td> <td></td>					
in a prior year and still outstanding at the end of the tax year covered by this return? 380 N/A b If "Yes," complete Schedule L, Part II, and enter the total amount involved 380 N/A 39 Section 501(c)(3) organizations. Enter 390 N/A 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 >		• •	37b		X
b If Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: 39a N/A 39a N/A 39a N/A 39a N/A 39a N/A 39a N/A 39a N/A 39a N/A 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4956 0. section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 0. organization managers or disguiled persons other sections 4912 0. : section 4916 organization managers or disguiled persons othing the year under its imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes," complete Form 886-T 0. 41 List the states with which a copy of this return is filed ▶ NONE 21P organizations board are in a foreign country (such as a bank account, securities account, or other authority over a financial account in a foreign country (such as a bank account, securities account, or other authority over a financial account in a foreign country 21P < 4	38 a		200		v
39 Section 501(c)(7) organizations. Enter: 39a N/A a initiation fees and capital contributions included on line 9 39b N/A 39b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 ▶ 0. 0. 9 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 4956 ▶ 0. 0. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shitter 0. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on ine 40c reimbursed ▶ 0. e All organizations on the arganization the arganization a party to a prohibited tax shitter 1. tartasse with which a copy of this return is fielt ▶ NONE 0. 314 - 800 - 5377 Located at ▶ 154 MILLL RUN LANE, SAINT PETERS, MO 2IP + 4 63376 2a The organization shows are infores to regine country (such as a bank account, securities account, or other infoncial account in foreign country (such as a bank account, securities account, or other infoncial account in foreigno country (such as a bank account, securiti	Ь		308		
a Initiation fees and capital contributions included on line 9 33a N/A b Gross receipts, included on line 9, for public use of cub Ataclifities 33a N/A do Section 501(c)(3), sof1(c)(4), and s501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 pc: 0 0. b 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 0 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0 v H organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 e All organizations. At any time during the tax year, was the organization to a party to a prohibited tax shelter transaction? If Yes; complete form 8886-1 0 41 List the states with which a coup of this return is fillet ▶ NONE 154 M ILL RUN LANE , SAINT PETERS , MO 21P + 4 6 3376 42a The organization bax oncy of this return is fillet ▶ NONE 12P + 4 6 3376 42b X 43 W and time during the calendar year, dit du organization nava interest in or a signature or other authority over a financial account in a foreign country ▶ 314 - 800 - 5377 22P + 4 6 3376					
b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of ts prior forms 900 or 902-E21 If Yes; complete Schedule L, Part I 40b X 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 0. 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. 40c X d Section 501 (r)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. 0. d B cetion 501 (r)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. 0. d B cetion 501 (r) (r)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. 0. d B cetion 501 (r) (3), 501(c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. 0.					
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bit the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?	Form 990-E	EZ (2019)	ASSO	CIATION						52-2	3427	62	Page 4
Part UI Section 501(c)(3) organizations maker question 47-48b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule 0 to respond to any question in this Part VI. Image: Check if the organization school schedule of the organization action at 50(0) question in the fact during the tay year? II "Yes," complete Sch. C, Part II 47 X 48 Is the organization action at School School action in school School action action at School School action in school School action in school School action action at School School action action action school school action action school school action		-											
All section 501(c)(3) organization small answer questions 47-48b 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 V 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Sch. C, Part II 47 X the organization active as described in section 700(h) (1)/(1)/(1) 'Yes,' complete Schedule E 44a X X 44a X X 44a X X 44a X X X		s," compl	ete Schedule C, F	Part I	<u>A</u>							16	X
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 50 (h) election in effect during the tax year? If 'Yes,' complete Sch. C, Part II 47 X 48 Is the organization nate and years is an a complicit or charable intelexity of comparison of the integration's for highest comparison for the independent contraction's end with a comparison of the organization. There is none, enter 'None.' (a) Name and title of each employee (b) Area organization effect with the organization is the independent on the organization. There is none, enter 'None.' (c) Pacochara (d) Pacochara<	Part VI			., .	-								
47 Did the organization engage in lobbying activities or have a section 501(b) election in effect during the tax yea? H*Yes,* complete Sch. C, Part III, 47 X 48 Is the organization activities or have a section 501(b) election in effect during the tax yea? H*Yes,* complete Sch. C, Part III, 47 X 49 Did the organization activities to an exempt non-charitable related organization? 48 X 49 Dif Yes,* was the related organization? 48 X 50 Complete this table for the organization? 49 If Yes,* was the related organization? (d) Namage houses 50 Complete this table for the organization? (d) Namage houses (e) Average houses (f) Average houses (•	-							
47 Ubit the organization explose a schedule schedule is on the as exclused bit (h) election in effect of arguments of the highest cancel election is exclored (b) (1)(A)(A)(A) If ************************************		Cheo	ck if the organiz	zation used Schedule	O to respond to any	question in tr	his Part VI .						
49 Is the organization aschool as described in section 1700()/1/()//()//() // () // (**; complete Schedule E 48 49a Did the organization make any transfers to an exempt non-chartabile related organization? 49a 50 Complete this table for the organization is section 527 organization? 49a 50 Complete this table for the organization is the lightest compensated employees (other than officers, furstees, and key employees) who each received more than \$100.000 of compensation form the organization is there is none, enter None.* (a) Name and title of each employee (b) Average hours of the evolution of the	1- D ¹ U							0.14.10.4		0 1 0	<u> </u>	_	
49a Dit the organization make any transfers to an exemption-chartable related organization? <u>49a T X 49b T X 40b T X 40</u>		-			, ,							_	
b If Yes,' was the related organization a section 527 organization? 49b 0 Complete his table for the organization's for highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation form the organization. If there is none, enter Yone." (e) Average hours: (e) Average hours: (e) Average hours: (f) Average hours: <td< td=""><td></td><td colspan="8"></td><td></td><td></td></td<>													
50 Complete this table for the organization's the highest comparisated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation form the organization. If there is none, enter "thore," (b) Average hurs: (c) Properties (c) Properis Properis Properties Properis Properties Properies (
than \$100,000 of compensation from the organization. If there is none, enter "kone." (b) Average hours provide week devoled to position (c) Proceeded (c) Provide Statem and the of the organization is the highest compensation of the organization is the highest compensation of the organization is the highest compensation in the organization is the highest compensation independent contractors who each received more than \$100,000 of compensation from the organization is the highest compensation independent contractors who each received more than \$100,000 of compensation from the organization is the highest compensation independent contractors who each received more than \$100,000 of compensation from the organization is the highest compensation independent contractors who each received more than \$100,000 of compensation from the organization is the highest compensation independent contractor (b) Type of service (c) Compensation from the organization is the highest compensation independent contractor (b) Type of service (c) Compensation from the organization is the highest compensation independent contractor (b) Type of service (c) Compensation from the organization independent contractor (b) Type of service (c) Compensation from the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule AP. Note: All section 501(c)(3) organizations must attach a complete Schedule AP. Note: All section 501(c)(3) organizations must attach a complete Schedule AP. Note:													
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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 must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? ▶ X Yes No Under penalities 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. Signature or officer Uate Preparer Value WILLIAM SKODY WILLIAM SKODY VILLIAM SKODY WILLIAM SKODY VILLIAM SKODY Dot 11/21 Firm's and p SKODY SCOT & CO, CPAS, PC Firm's address > 520 EIGHTH AVE, SUITE 2200 New YORK, NY 10018	organ	nization. If	f there is none, ei	nter "None." NON	E	nt contractors w				000 of co			
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(4) 1141110	and submood ad				(-,	/			(0) 00		
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52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	d Total	number o	of other independ	dent contractors each rec	eiving over \$100.000	I							
completed Schedule A ▶ X 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 Signature of officer Date RANDY KENDLE, TREASURER Date Type or print name and title Preparer's signature Paid Print/Type preparer's name Preparer's signature Use Only VILLIAM SKODY WILLIAM SKODY 05/11/21 Firm's name > SKODY SCOT & CO, CPAS, PC Firm's EIN > 13-3597814 Firm's address > 520 EIGHTH AVE, SUITE 2200 Phone no. 212 967-1100 NEW YORK, NY 10018 Print 10018													
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 Signature of officer Signature of officer Date Print/Type or print name and title Preparer's signature Paid Print/Type preparer's name Preparer USE Only Firm's name SKODY Store Firm's EIN Firm's address 520 EIGHTH AVE, SUITE NEW YORK, NY 10018 Phone no.		-	-								• X	Yes	No
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Sign Here Signature of officer Date RANDY KENDLE, TREASURER Type or print name and title Date Officer Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN WILLIAM SKODY WILLIAM SKODY O5/11/21 P00631754 Firm's name ▶ SKODY SCOT & CO, CPAS, PC Firm's EIN ▶ 13-3597814 Firm's address ▶ 520 EIGHTH AVE, SUITE 2200 Phone no. 212 967-1100 NEW YORK, NY 10018 Paid										-			,
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NEW YORK, NY 10018	Use On									010)
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	May the IRS	S discuss									.) X	Yes	No

Form **990-EZ** (2019)

932174 12-11-19

SCH	EDULE A		Dublic Cho	rity Status on		alia Cu	unnart		OMB No. 1545-0047
(Form	990 or 990-EZ)			rity Status an					2010
				nization is a section 50 [.] 47(a)(1) nonexempt cha			or a section		2013
	nt of the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
				//Form990 for instruction			nformation.		Inspection
Name o	of the organizati			GIATE TABLE	TENNI	S			identification number
			CIATION						2-2342762
Part	Reason	for Public	Charity Status (All organizations must co	omplete th	iis part.) Se	ee instruction	IS.	
The org				(For lines 1 through 12, c		,			
1 🖵	A church, co	nvention of ch	urches, or association	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3 🔄	A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4	A medical res	search organiz	ation operated in co	njunction with a hospital	l describe	d in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,
	_ city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		te, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	Illy receives a substa	intial part of its support f	rom a gov	rernmental	unit or from	the general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 _	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	a land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state c	of the colleg	e or
	university:								
10 🗆	📙 An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from
	activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	f its suppor	t from gross investment
	income and ι	Inrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11	An organizati	on organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
-	lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, ar	id 12g.	
a	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
-	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
ьL				d or controlled in connec			-		-
	control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
-	~	. ,	t complete Part IV,						
cL	Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
-	its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection \	with its suppo	orted organi	zation(s)
	that is not f	functionally int	tegrated. The organi	zation generally must sat	tisfy a dist	ribution re	quirement an	id an attent	iveness
-	requiremen	it (see instruct	ions). You must cor	nplete Part IV, Sections	A and D	, and Part	V.		
e	Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III	
				nally integrated support					
g P			n about the supporte		(iv) is the orac	anization listed			
	(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i		(vi) Amount of other
	organization	1		above (see instructions))	Yes	No	support (see i	instructions)	support (see instructions)
Total									
LHA Fo	r Paperwork Re	duction Act N	lotice, see the Inst	_	r 990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019
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32021 09-25-19 Schedule A (For n 990 or 990-EZ) : A For Pape 2019.06000 NATIONAL COLLEGIATE TABLE T NC2342_1

Schedule A (Form 990 or 990-EZ) 2019 ASSOCIATION

Part II

52-2342762 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fised year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gits, grants, contributions, and include any "unusual grants.", 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (ofther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 6, 020. 64, 709. 70, 410. 80, 541. 64, 423. 356, 103. 5 The portion of total contributions by each person (ofther than a governmental unit or publicly supported organization is thore at a column of the exceeds 2% of the amount shown on line 11, column (f) 7 6, 020. 64, 709. 70, 410. 80, 541. 64, 423. 356, 103. 5 The portion of total contributions by each person (ofther than a governmental unit or publicly supported organization gits of the amount shown on line 11, column (f) 7 Amounts from line 4 6 Public support. Scheduling (in) P 7 6, 020. 64, 709. 70, 410. 80, 541. 64, 423. 356, 103. 6 Gross income from intreest, dividends, payments received on securities loans, rents, royaties, and income from unrelated business activities, whether or not the business is regularly carred on generation in Part VI) 11 Total support. Add lines 7 through 10 12 Coss receipts from related activities, etc. (see instructions) 12 Coss receipts from related activities, etc. (see instructions) 12 Coss receipts from related activities, etc. (see instructions) 13 Cost from the aals of capital activities, whether or not the business is regularly carred on activities, whether or not the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) comparization, check this box and stop here. Bertifies a spublicly support execrates for 2019 (line 6, column (f) divided by lin	Sec	ction A. Public Support							
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Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 ASSOCIATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support				_			
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is fo	r the organization's	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) or	ganization,	
	check this box and stop here	<u></u>					>	
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	, column (f))		15	%	
16	Public support percentage from 2018	3 Schedule A, Part	III, line 15			16	%	
Se	ction D. Computation of Inve	stment Incom	e Percentage)				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f))	17	%	
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%	
19a	1 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	line 17 is not	
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation		
b	33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	>	
9320	23 09-25-19				Sch	edule A (Form	n 990 or 990-EZ) 2019	
				7				

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Schedule A (Form 990 or 990 EZ) 2019 ASSOCIATION Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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1

Yes

No

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Pa	rt IV Supporting Organizations (continued)			Ŭ
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	I		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		•	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	I		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruction:	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
				1

- a Did substant the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3

Schedule A (Form 990 or 990-EZ) 2019 ASSOCIATION

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2019

2a

2b

За

3b

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Schedule A (Form 990 or 990-EZ) 2019 ASSOCIATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	t,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	onally integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Sche	dule A (Form 990 or 990-EZ) 2019 ASSOCIATION		5	2-2342762 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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chedule A (Form 990 or 990-EZ) 2019 ASS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	52-2342762 Pa
Part VI Supplemental Informatic Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	Dn. Provide the explanations required by Part II, line 10; Part II, lin 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line	3, lines 1 and 2; Part IV, Section C 1; Part V, Section B, line 1e; Part \
Section D, lines 5, 6, and 8; and (See instructions.)	Part V, Section E, lines 2, 5, and 6. Also complete this part for any	additional information.
2028 09-25-19		Schedule A (Form 990 or 990-EZ

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

Name	of the	organization
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Organization type (check one):

NATIONAL COLLEGIATE TABLE TENNIS

ASSOCIATION

52-2342762

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (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

X 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. Don't 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 **>** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2019)

Name of organization

NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION

Employer identification number

Page 2

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	ISET 18 LOUISA ST OTTAWA, ONTARIO, CANADA K1R 6Y6	\$13,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-0		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF) (2019)	
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Name of organization

NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION

Employer identification number

52-2342762

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 923453 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 15

Name of o	rganization NAL COLLEGIATE TABLE T		Employer identification number
	IATION	ENNI 2	52-2342762
Part III	from any one contributor. Complete columns (a) through (e) and the following line en s, charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea try. For organizations less for the year. (Enter this info. once.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
-	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 gif	t
-	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 gif	
-	Transferee's name, address,		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 gif	t
-	Transferee's name, address,	Relationship of transferor to transferee	
923454 11-06	6- 19	16	Schedule B (Form 990, 990-EZ, or 990-PF) (2019

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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. Go to www.irs.gov/Form990 for the latest information.	-EZ
Name of the organization NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION	Employer identification number 52-2342762
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1,570.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT :
NATIONAL CHAMPIONSHIPS	39,063.
REGIONAL LEAGUES	25,908.
MISCELLANEOUS EXPENSE	4,248.
E-MAIL, WEBSITE & OTHER PRODUCTS	1,915.
BANK CHARGES & OTHER FEES	103.
INSURANCE	995.
TRAVEL AND MEETINGS	3,479.
MEMBERSHIP FEES	102.
CERTIFICATION EXPENSE	1,521.
TOTAL TO FORM 990-EZ, LINE 16	77,334.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTING	COMPETITIVE
TABLE TENNIS AT THE COLLEGIATE LEVEL IN NORTH AMERICA AND	PROVIDES
ASSISTANCE AND LEADERSHIP IN IMPLEMENTING COLLEGE/UNIVERS	ITY TABLE
TENNIS PROGRAMS, SECURING THE OPPORTUNITY FOR STUDENT-ATH	LETES TO
COMPETE IN THE SPORT OF TABLE TENNIS IN SCHOOLS AND ACHIE	VE ATHLETIC
AND ACADEMIC EXCELLENCE.	

FORM	990-EZ,	PART	III,	LINE	28,	PROGRAM	SERVICE	ACCOMPLISHMENTS:
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2019 COLLEGE TABLE TENNIS NATIONAL CHAMPIONSHIPS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION	Employer identification number 52-2342762
(GREENSBORO, NC): LARGEST INTERCOLLEGIATE TABLE TENNIS	
EVENT IN NORTH AMERICA. 40 SCHOOLS WITH THE BEST RANKED	
COLLEGE TABLE TENNIS TEAMS IN NORTH AMERICA COMPETE. NATI	ONAL TITLES IN
SINGLES, DOUBLES AND TEAM EVENTS. 3-DAY EVENT INCLUDING A	WARD CEREMONY.
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLIS	HMENTS:
REGIONAL LEAGUES: PROVIDING EQUIPMENT AND BASIC LOGISTICA	\L

AND ORGANIZATIONAL SUPPORT TO 26 DIVISIONS AND SIX REGIONS

COMPRISING APPROXIMATELY 150 SCHOOLS, AND AN ESTIMATED

1,500 COLLEGE STUDENTS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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