			EXTENDED TO MAY 1		2023						
_	00	90-EZ	Short Form				_		OMB No.	1545-00	)47
Forn	13	90-EZ	Return of Organization Exemp	ot ⊦	rom	Income		X	20	121	1
			Under section 501(c), 527, or 4947(a)(1) of the Internal Rev	enue	Code (ex	cept private	found	ations			1
			Do not enter social security numbers on this feature	orm, a	is it may	be made pu	blic.		Onend	o Dubli	i.a.
		of the Treasury	► Go to www.irs.gov/Form990EZ for instruction	ne and	the late	st informati	on		-	to Publi ection	
		enue Service	· · ·						-	conon	
			ar year, or tax year beginning JUL 1, 2021 Jame of organization		and en		N 30		2022 lentification nu	mhor	
- a	heck in pplicat		ATIONAL COLLEGIATE TABLE TENNIS				DEIIIPI	uyer iu		IIIDEI	
	7	Ŭ ,	SSOCIATION				52	-23	842762		
	Image Change     ASSOCIATION     Display the second										
	<b>⊣</b> Final	linclain	54 MILL RUN LANE						800-537	7	
			or town, state or province, country, and ZIP or foreign postal code				F Grou	p Exem	nption		
		cation pending <b>S</b>	AINT PETERS, MO 63376				Num	ber 🕨	•		
		nting Method:	Cash X Accrual Other (specify)				H Chec	k ▶[	if the orga	anizatio	n is
		ite: 🕨 <u>NCT</u>					notre	equired	to attach Sche	dule B	
			heck only one) $ X$ 501(c)(3) $-$ 501(c) ( ) $\triangleleft$ (insert no.)		947(a)(1)	or 527	(Forn	n 990).			
		•	X Corporation Association	Other	-						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 (			•		¢	1 9	8,52	26
	art I		,000 or more, file Form 990 instead of Form 990-EZ	d Ba	lances	(see the instru	ctions for	► \$	1)	0,5	20.
1 6			e organization used Schedule O to respond to any question in this Part I						,		X
	1		, gifts, grants, and similar amounts received					1		7,20	
	2		ice revenue including government fees and contracts					2	5	9,49	95.
	3		dues and assessments					3	3	1,3	79.
	4	Investment in	come	EE S	SCHED	ULE O		4		3.	90.
	5a		t from sale of assets other than inventory								
	b		other basis and sales expenses	5b							
	C	. ,	from sale of assets other than inventory (subtract line 5b from line 5a)					5c			
	6	-	undraising events:								
iue	a	<b>.</b>	from gaming (attach Schedule G if greater than	1.0.	I						
Revenue	۱ h		rom fundraising events (not including \$	6a	ntribution	0					
Re			ing events reported on line 1) (attach Schedule G if the sum of such	_ 0100		5					
			and contributions exceeds \$15,000)	6b	1						
	c		xpenses from gaming and fundraising events	60							
	d		r (loss) from gaming and fundraising events (add lines 6a and 6b and su		line 6c)			6d			
	7a		f inventory, less returns and allowances								
	b	Less: cost of	goods sold	7b							
	c		r (loss) from sales of inventory (subtract line 7b from line 7a)					7c			
	8	Other revenue	e (describe in Schedule O)					8	10		<del></del>
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9		8,52	
	10 11	Grants and Sil	milar amounts paid (list in Schedule 0)			опе О	·····  -	10 11		1,00	00.
6	12		to or for members					12			
Isea	13		ees and other payments to independent contractors					13		50	00.
Expenses	14		ent, utilities, and maintenance					14			
ũ	15	Printing, publ	ications, postage, and shipping					15			
	16	Other expense	es (describe in Schedule O) SI	SE S	SCHED	ULE O		16		0,18	
	17	Total expens	es. Add lines 10 through 16					17	16	1,68	81.
Ś	18	Excess or (de	ficit) for the year (subtract line 17 from line 9)					18	2	6,84	45.
Assets	19		fund balances at beginning of year (from line 27, column (A))						4.6	·	- 4
t As			vith end-of-year figure reported on prior year's return)					19	19	3,0'	_
Net	20		s in net assets or fund balances (explain in Schedule 0)					20	<b>ე</b> 1	9,93	$\frac{0}{10}$
	21		fund balances at end of year. Combine lines 18 through 20					21	Form <b>990</b>		
LHA	\ FUI	ι Γαμσιώυικ Πέ	suusiion nei noilee, see ille separate illstiluctiolis.						10111 330	- 6 (	(2021)

132171 12-08-21

NATIONAL COLLEGIATE TABLE TENNI	NATIONAL	COLLEGIATE	TABLE	TENNIS
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52-2342762 Page 2

Form 990-EZ (2021) ASSOCIATION	form 990-EZ (2021) ASSOCIATION 52-2342762 Page 2							
Part II Balance Sheets (see the instructions for Part II)								
Check if the organization used Schedule O to resp	oond to any question	in this Part II						
		nd of year						
22 Cash, savings, and investments		193,074	• 22		219,919.			
23 Land and buildings		-	23		-			
24 Other assets (describe in Schedule O)			24					
25 Total assets		193,074			219,919.			
26 Total liabilities (describe in Schedule O)		0	• 26		0.			
<ul> <li>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</li> </ul>		193,074			219,919.			
Part III Statement of Program Service Accomplishmer			• 21		kpenses			
Check if the organization used Schedule O to resp		,	X		for section			
What is the organization's primary exempt purpose?SEE SCHEDULE O		III IIIS Fait III			and 501(c)(4)			
				organization others.)	ons; optional for			
Describe the organization's program service accomplishments for each of its three largest program a manner, describe the services provided, the number of persons benefited, and other relevant inform		s. In a clear and concise		011013.)				
	anon or caon program mor							
28 SEE SCHEDULE O								
					05 610			
(Grants \$ ) If this amount includes foreign g		<b>&gt;</b>		28a	25,612.			
29 CONFERENCE EXPENSE AND NCTTA SCHOLA								
STUDENT-ATHLETE WAS SELECTED AS THE								
SCHOLARSHIP - COMPETITIVE AWARD BAS								
(Grants \$ 1,000.) If this amount includes foreign g	grants, check here			29a	4,569.			
30 SEE SCHEDULE O								
(Grants \$ ) If this amount includes foreign g	arants, check here			30a	117,329.			
31 Other program services (describe in Schedule O)								
(Grants \$ ) If this amount includes foreign g				31a				
••			•		147,510.			
Part IV List of Officers, Directors, Trustees, and Key E	mplovees (list each one ex	en if not compensated -	see the	instructions f	ior Part IV)			
Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each one ev	ven if not compensated -	see the	instructions f	for Part IV)			
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list each one ev pond to any question	ven if not compensated - in this Part IV						
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list each one ex cond to any question (b) Average hours	in this Part IV (C) Reportable compensation (Forms	(d) Hea	alth benefits, butions to	(e) Estimated			
Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each one ev pond to any question	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred				
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title	mployees (list each one ev cond to any question (b) Average hours per week devoted to	in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit	(e) Estimated amount of other			
Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         WILLY       LEPARULO	mployees (list each one ev cond to any question (b) Average hours per week devoted to position	ven if not compensated - in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred bensation	(e) Estimated amount of other compensation			
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Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         WILLY LEPARULO         PRESIDENT         TAE KIM         VICE PRESIDENT         RANDY KENDLE         TREASURER         JOSEPH WELLS         VICE PRESIDENT         JAY LU         DIRECTOR         STEPHANIE SHIH         DIRECTOR         BRANDON LAWRENCE	mployees (list each one expond to any question (b) Average hours per week devoted to position 20.00 10.00 5.00 2.00 2.00 2.00	ven if not compensated - in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Hea contri emplo plans, a	lith benefits, butions to yee benefit and deferred oensation 0 . 0 . 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.			
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Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         WILLY LEPARULO         PRESIDENT         TAE KIM         VICE PRESIDENT         RANDY KENDLE         TREASURER         JOSEPH WELLS         VICE PRESIDENT         JAY LU         DIRECTOR         STEPHANIE SHIH         DIRECTOR         BRANDON LAWRENCE	mployees (list each one expond to any question (b) Average hours per week devoted to position 20.00 10.00 5.00 2.00 2.00 2.00	ven if not compensated - in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Hea contri emplo plans, a	Alth benefits, butions to yee benefit and deferred 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.			

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### NATIONAL COLLEGIATE TABLE TENNIS

activity in Schedule 0       33       X         4       Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0. See instructions       34       X         35a       Diff 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)?       35b       N/PA         35a       Diff the organization ascients 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 II       35c       X         37a       Diff the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes; complete applicable parts of Schedule C, Part II       35c       X         37a       Diff the organization norrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made       37a       X         37a       O       37a       X       38a       X         37a       Diff the organization solution gat then of that any norrow tore during the year? If Yes, complete Schedule L, Part II       37a       X         37a       Diff the organization solution gat then of the tax ayar covered by this return?       37a       X       38a       X         37a       Diff the organization solution inclode on line 9       y       y	Form	990-EZ (2021) ASSOCIATION 52-2342	762		Page <b>3</b>
3     Dold the organization angage in any significant activity not previously reported to the IRSP IT Ves," provide a detailed description of each activity in Schedule 0.     33     X       34     Were any significant activity not previously reported to the IRSP IT Ves," provide a detailed description of each activity in Schedule 0. See instruction to any of the annotad documents of the organization in the cells activity in Schedule 0. See instructions activity in Schedule 0.     34     X       34     Were any significant activity not previously reported to the organization in some . Otherwise, acquint the change on Schedule 0. See instructions     35     X       35     Did the organization activity of IC(4), 50 (16(5), 60 (16(5)	Pa			е	
33       Def norganization engage in any significant tarkity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Statution 0.       31       X         34       Were any significant change to the organization or some of \$1,000 or mode unity they art north business activities (scular as those reported on the significant change to the organization is same of \$1,000 or mode unity they art north business activities (scular as those reported on the significant change to the organization (bit a Form 900-1 for the year? If Not, 'provide an explanation in Schedule 0.       36       X         35       Did the organization ascenso 51(6)(6), or 501(6)(6) or optication a subject a section 633(6)(6) nor 501(6)(6) or		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			
activity in Schedule 0       33       X         4 Wers any significant changes node to the organization of ranke. Otherwise, explain the change of Schedule 0, Sen instructions       34       X         55       Did the organization have unrelated basines gross income of \$1,000 or more during the year from busines activities (such as those reported on inset 2, 6, and 7, a mong obters?)       35       X         56       Did the organization have unrelated basines gross income of \$1,000 or more during the year from busines activities (such as those reported on inset 2, 6, and 7, a mong obters?)       36       X         57       Did the organization undrog a singuitor, dissolution, the year? If No, "provide an explanation in Schedule 0       38       X         58       Did the organization infer 50 schedule N, 2 were 11       36       X         38       Did the organization files of the busy war?       38       X         39       Did the organization files of the busy war?       38       X         30       Did the organization files of the busy war?       38       X         30       Did the organization files of the busy war?       38       X         30       Did the organization file of the busy war?       38       N / A       38       X         31       M'S x       Schedule L, Part II, and error the busy war?       38       N / A       38       X				Yes	No
44         Were any significant changes made to the organization sum. Otherwise, explaint the change of Schwich 0. See instructions         14         X           55         Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on the year and the change of Schwich 0. See instructions         154         X           55         Did the organization name of the organization result of the year? If No. 'provide an explanation in Schedule 0         154         X           56         Did the organization ascento 50 Tr(c)(15, 00 FO)(16,	33				
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructions       34       X         510 Of the organization have unreflect business gross income of \$1,000 or more during the year form business activities (such as those reported on the set of t	• •		33		X
351       Difference of the organization field a form 990-1 for the year? If No, provide an explanation in Schedule 0       356       X         4       Max or galanzian field a form 990-1 for the year? If No, provide an explanation in Schedule 0       356       X/A         5       Max or galanzian field a form 990-1 for the year? If No, provide an explanation in Schedule 0       356       X/A         6       Was the organization and provide the schedule (), part II       356       X         3       Difference organization field a form 990-1 for the year? If No, provide an explanation in Schedule 0       356       X         3       Difference organization field a form 990-1 for the year? If No, provide an explanation in Schedule 0       366       X         3       Difference organization field a form 1920-10 for the year?       17 (a)       0       37 (a)       X         3       Difference organization field a form 990-10 for the year?       17 (a)       0       38 (a)       X         3       Difference organization field a form 1920-10 for the year?       17 (a)       0       37 (a)       X         3       Difference organization field a form 1920-10 for the year?       38 (a)       N/A       38 (a)       X         4       Difference organization field a form 1920 for my year and the axy block the first 12 (b)       0	34		24		v
on lines 2, 6a, and 7a, anong others/?       3sa       X         b) II'Yes' line Sa, has the organization field Form 900-T for the year? II 'No', growtea nexplanation is Schedule 0.       3sb       X         c) Was the organization ascelation 501(c)(4), 501(c)(5), or 501(c)(6) or 501(c)(6) or papitation subject to section 6003(e) notice, reporting, and proxy tax requirements during the year? II 'Yes', complete Schedule C, Part II       3sc       X         38       D the organization inder of simulation, dissolution, termination, or significant disposition of net assess during the year? II 'Yes', complete applicable parts of Schedule N       3sc       X         38       D the organization field Form 1120-POL for the year?       If 3sc       X         39       Diff or organization borrow form, or make any loans to, any officer, director, trustle, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year cowered by tits return?       3sc       X         39       Diff or organizations. Inter       188       N/A       3sc       X         39       Section 501(c)(2) organizations. Enter anount if tax imposed on the organization engage in any section 495 b       0.       .       .       .         40       C: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter arount of tax imposed on organization engage in any section 495 b       .       .       .       .       .       .       .       .       .	25 0		34		
b If Yes' to fine 33a, has the organization field a form 99-1 for the year? If Yoc, 'provide an explanation if Schedule 0 [36] [V/A] EV Mas the organization a section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(	30 a		35a		x
<ul> <li>Vas the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or partication subject to section 6033(e) notice, reporting, and provy tax requirements during the year? II "Yes," complete applicable part of Schedule N. Part III.</li> <li>Both en organization numbergo a flugidation, dissolution, turnimation, or significant disposition of not assests during the year? II "Yes," complete applicable parts of Schedule N. Part III.</li> <li>Both en organization numbergo a flugidation, dissolutions, enter or significant disposition of not assests during the year? II "Yes," complete applicable parts of Schedule N. Part III.</li> <li>Both en organization torrow from 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?</li> <li>Both en organization. Enter:</li> <li>Both en organization. Enter and the usa year covered by this return?</li> <li>Both en organization applice of the part and enter the total amount involved</li> <li>Both en organization. Enter and the usa year covered by this return?</li> <li>Both en organization. Enter and the usa year covered by this return?</li> <li>Both en organization. Enter and the usa year covered by this return?</li> <li>Both en organization and part of the significant disposition of the organization during the year under: section 4912 (-)(3), 501(c)(2), on partication of the organization angen in any soction 4958 excess banefit transaction bit (b(2)), on partication of the organization angen in any soction 4958 excess banefit transaction tax imposed on organization managers or disignified persons during the year under statication 4912, 4955, and 4958 (-).</li> <li>Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter annount of tax inposed on organization managers or disagnified persons during the year under the analyse of the organization nearest or the organization nearesto a bank acco</li></ul>	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       356       X         36       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,"       36       X         37       Enter amount of policial expenditures, direct or indirect, as described in the instructions       174       0.4       376       X         38       Did the organization if Form 1120-PDL of the year?       386       X       386       X         38.       Did the organization is found of the way covered by this return?       386       N/A       386       X         39.       School 501(c)(7) or granizations. Finter:       388       N/A       388       X         30.       Section 501(c)(3) organizations. Finter:       0.5       .					
38       Did the organization endergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"       38       X         37       Inter amount of political expenditures, direct or indirect, as described in the instructions       37       0.1       37       0.1         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 custanding at the end of the tax year covered by this return?       38       X         39       Did the organization. Enter       38       N/A         39       section 501(c)(7) organizations. Enter       38       N/A         30       dire organization during the year, ording the way and the organization during the year under:       38       0.1         30       dire organizations. Enter       0.1       section 4911 (-1), 500(c)(-1), 400 (-1) (-2) (-2) (-2) (-2) (-2) (-2) (-2) (-2			35c		x
37a       Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       37a       Size       0.         b Did the organization file Form 1120-POL for this year?       37b       X       37b       X         38 Did the organization borrow form, or make any locats to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outslanding at the end of the tax year covered by this return?       38b       N/A         38 Did the organizations. Enter       38b       N/A         39 Cores receipts, included on line 9, or public use of club facilities       38b       N/A         39 Eation 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did i lengage in an excess benefit transaction flar proferses 980 or 590-C27. If Yes; complets Schedule L, Part I       0.       ; section 4931       0.         40 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 and sections 4912. Mol. Sci. and 4988       0.       .         41 Usit the states with which a copy of this return is filed > NONE       0.       .	36				
b Udt he organization (Form 1120-PGL for this year?       37b       X         38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such bans made in a picer year and still outstanding at the end of the tax year covered by this return?       38b       X/A         38a Dist the organization borrow from, or make any loans to, any officer director, trustee, or key employee, or were any such bans made in a picer year and still outstanding at the end of the tax year covered by this return?       38b       N/A         38a Section 501(c)(3) organizations. Enter       38b       N/A         39b Gross receipts, included on line 9       0 + ; section 4915 b       0 + ;         40a Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization empage in an excess benefit transaction diar pinor year that has not been reported on any of the pirot froms 980 or 990-27. If Yeas; complete Schedule L, Part II.       40b       X         6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages to 4980 seczess benefit transaction At a prime base 101(c)(20), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the crimbursed by the organization start amount of tax imposed on the crimbursed by the organization. The amount of tax imposed on the crimbursed by the organization. Start amount of tax imposed on the crimbursed by the organization. Start amount of tax imposed on crimbursed by the organization. Start amount of tax imposed on crimbursed by the organization material and a 501(c)(29) organizations. Enter amount of tax imposed or crimbursed by the organizatio			36		X
38 a Did the organization borrow from, or make any leans to, any officer, director, trustee, or key employee, or were any such leans made in a prior yar and still outstanding at the end of the tax yar covered by this return?       38 b       N/A         39 Section 501(c)(7) organizations. Enter       38 b       N/A         39 Section 501(c)(7) organizations. Enter       38 b       N/A         30 Section 501(c)(7) organizations. Enter       38 b       N/A         30 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization engage in any section 4955 b       0.         40 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization engage in any section 4956 b       0.         5 Section 501(c)(7), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization magners or disqualified person softium fle year under section 4912 b       0.         6 All organizations. Enter amount of tax inposed on organization magners or disqualified person softium fle year under socians 4912.4958, and 495 by the organization magners or disqualified person softium fle year under socians 4912.4958, and 495 by the organization boks are in car of b THE ORGANIZATION tocated at b 154 MILL RUN LANE, SAINT PETERS, MO 21P 4 b 63376       21P 4 b 63376         6 At any time during the calculation thave an interest in on a signature or other authority over a financial accountry b.       21P 4 b       53376         7 K est, which during the calculation trust siting Form 990-EZ in lieu of Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       242       X					
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   9 Gross receipts, included on the 9 for public use of tobal activities 390 N/A   40 Section 501(c)(3) organizations. Enter 0. ; section 4912 > 0. ; section 4955 > 0. 0.   5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 > 0. ; section 4912 > 0. ; section 4955 > 0. 0.   5 Section 501(c)(3) organizations. Dit the organizations in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 II "ess," complete Schedule L, Part II 400 X   6 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4988 0. 400 X   6 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4988 0. 400 X   1 List the states with which a copy of this return is filed > NONE 140 X 400 X   12a The organizations books are in car of > THE ORGANIZATION to arganization aparty to a prohibited tax sheller transaction? If vess, complete form 888-7 214 + § 603.376   2 The organization stobic ware 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 were financial account in a foreign country			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         401       Gross receipts, included on line 9, for public use of club facilities       39a       N/A         402       Section 611(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       0.; section 4915       0.;         section 611(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956       0.;       0.;         9       Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under:       0.;       0.;         0       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:       0.;       0.;         41       List the states with which a copy of this return is fied       NONE       0.;       20.;       0.;         21       The organizations books are or or this return is fied       NONE       21.;       1.;	38 a		000		v
39       Section 501(c)(7) organizations. Enter:       asa       N/A         a initiation fees and capital contributions included on line 9       asa       N/A         40       Bection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4955 ▶ 0.       0.         56 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Uh the organization empage in any section 4955 ▶ 0.       0.         6       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disguilified persons during the year under sections 4912, 4955, and 4958       0.         6       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disguilified persons during the year under sections 4912, 4955, and 4968       0.         6       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0.         7       Vest, compatization       As an 4501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0.         8       As any time during the tax year, was the organization a partly to a prohibited tax shelter       1.         11       List the states with which a copy of this return is filed ▶ NONE       NZ4         21       The organization's books are in care or ▶ THE ORGANIZATION       Telephone no. ▶ 314-800-5377         12       Lot any time during the calendar year, dift the organ	h		38a		
a Initiation fees and capital contributions included on line 9       39a       N/A         b Gross receipts, included on line 9, for public use of cub facilities       39a       N/A         do Section 501(c)(3) conditions. Enter amount of tax imposed on the organization during the year under: section 4011 ▶       0.; section 4012 ▶       0.;         section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 exceess benefit transaction in a provider that has not been reported on any of the prior Forms 990 or 990-E22 ft '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 engage in any section 4912, 4955, and 4958       0.       40c       X         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0.       0.       40c       X         e Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0.       0.       40c       X         t1 Ust the states with which a coxy of this return is filed ▶       NONE       0.       314-800-5377       10c atta at b 154       MILL RUN LANE, SAINT PETERS, MO       21P + 4 63376       42e       42e       X         420 It is the states with which a corparization have an infreest in or a signature or other authority over a financial Accounts in a foreign country secon signafizatin maintain an office outside the United S					
b       Gross receipts, included on line 9, for public use of club facilities       39b       N/A         40a       Bection 501(c)(3) cognizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶       0.; section 4915 ▶       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 its prior forms 900 or 902-721 /r vsc; complete Schedule L, Part 1       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 on line 40c reimbursed by the organization. Atom time during the tax year, was the organization aparty to a prohibited tax shetter transaction?       0.       40e       X         41       List the states with which a copy of this return is filet ▶       NONE       40e       X         42a       The organization's books are in care of ▶       THE       ORGANIZAENTERS, MO       ZIP + 4        63377         1       List the states with which a copy of this return is filet ▶       NONE       42e       X         42a       The organization and infor equipaciant an a offsee cutifies account, y other fameial account in a foreign country with a copy of this return is filet ▶       NOX <td></td> <td></td> <td></td> <td></td> <td></td>					
40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 ▶ 0.       0.       ; section 4911 ▶ 0.       0.       ; section 4915 ▶ 0.       0.         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0.       0.       0.       ; section 4915 ▶ 0.       0.         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.       0.         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization and 501(c)(29) organizations. Enter amount of tax inposed on organization factors 501(c)(3), 501(c)(4), and 501(c)(29) organization a party to a prohibited tax shelter transactorin 11" res, "complete Form 886-T       0.       0.         e1       List the states with which a copy of this return is filed ▶ NONE       140e X         e2       The organization books are in care of ▶ THE ORGANIZATION       Telephone no. > 314-800-5377         Located at > 154 MLL RUN LIANE, SAINT PETRES, MO       2iP + 4  63376         b       At any time during the calendar year, (did the organization and office outside the United States?       42b       X         H 'Yes, 'enter the name of the foreign country ▶       2i A vit me during the calendar year, (did the organization maintain an office outside the United States?       43					
b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 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.       .       .       0.         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes," complete Form 8886-T       .					
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yres," complete Schedule L, Part I • 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		section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0.			
of its prior Forms 990 or 990-EZ? 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 nucler sections 4912, 4955, and 4958       0.       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.       0.       0.         e All organization       0.       0.       0.         e All organization is books are in care of ▶ THE ORGANIZATION       Telephone no. > 314 – 800 – 5377         Located H > 154 MILL RUN LANE, SAINT PETERS, MO       ZIP + 4 ▶ 63376         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       42c         e At any time during the calendar year, did the organization maintain an office outside the United States?       43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       Yes       No         44a       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year?       11 "Yes," Form 990 must be complet	b				
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e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "yes," complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed <b>NONE</b> NONE       The organization's books are in care of <b>&gt;</b> THE ORGANIZATION Telephone no. <b>&gt;</b> 314-800-53377         Located at <b>&gt;</b> 154 MILLL RUN LANE, SAINT PETERS, MO       ZIP + 4 <b>&gt;</b> 633376         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts for Einstructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42b       X         42 if "Yes," enter the name of the foreign country <b>&gt;</b>	u	by the executive			
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Located at ▶ 154 MILL RUN LANE, SAINT PETERS, MO       ZIP+4 ▶ 63376         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         If "Yes," enter the name of the foreign country ▶       42b       X         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         If "Yes," enter the name of the foreign country ▶       43       42c       X         If "Yes," enter the name of the foreign country ▶       43       N/A         44a Did the organization maintain any donor advised funds during the tax year       43       N/A         44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         c Did the organization file 4 C, has the organization file a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44d       X         45a Did the organization receive any payments for indoor tanning services during the year?       44d       X         b Did the organization file 4 a controlled entify within the meaning of section 512					
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         If "Yes," enter the name of the foreign country        42b       X         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         If "Yes," enter the name of the foreign country         42c       X         If "Yes," enter the name of the foreign country         42c       X         If "Yes," enter the name of the foreign country          42c       X         If "Yes," enter the name of the foreign country          42c       X         If "Yes," enter the name of the foreign country           42c       X         If "Yes," enter the name of the foreign country            42c       X         If "Yes," enter the amount of tax-exempt interest received or accrued during the tax year        43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ        44a       X         b Did the organization receive any payments for indoor tanning services during the year?       If "Yes," Form 990 must be completed instead of Form 990-EZ       <			337	6	
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			45a		Å
	D		45h		
				90-EZ	(2021)

132173 12-08-21

4 2021.05010 NATIONAL COLLEGIATE TABLE T NC2342\_1

20241222 788383 NC2342

NATIONAL	COLLEGIATE	TABLE	TENNIS
ASSOCIATI	ION		

Form 990-EZ (2021)

52-2342762 Page 4

Yes No

Х

46	Did the	e organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?	
	lf "Yes,	" complete Schedule C, Part I	4
Pa	rt VI	Section 501(c)(3) Organizations Only	

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?			
	If "Yes," complete Sch. C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		Х
b	If "Yes," was the related organization a section 527 organization?	49b		
		a a a la sua	and the state	

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more 50 than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee <b>NONE</b>	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(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 NONE organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	-	

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

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a 52 completed Schedule A

No ► X Yes 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 officer) is been all information المام مسير السمي مام

true, correct, and complete. Declaration of preparer (other than office	er) is based on all information of which preparer has any knowledge	

Sign	Signature of officer			Date					
Here	RANDY KENDLE, TREAS	URER							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN				
Paid				self- employed					
Preparer		WILLIAM SKODY	12/22/22		P00631754				
Use Only	Firm's name <b>SKODY SCOT</b> &	CO, CPAS, PC		Firm's EIN 🕨 🕽	3-3597814				
OSC Only	Firm's address <b>520</b> EIGHTH	•		Phone no. 21	2 967-1100				
	NEW YORK, N	Y 10018							
May the IRS (	lay the IRS discuss this return with the preparer shown above? See instructions								
	Form <b>990-EZ</b> (2021)								

132174 12-08-21

SCHEDULE A									OMB No. 1545-0047	
(Form 990)				rity Status an					0001	
(10111330)		Co		ization is a section 50			or a section		<b>ZUZ I</b>	
Depart	mento	f the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public
		nue Service			/Form990 for instruction			nformation.		Inspection
Nam	e of t	he organizati			GIATE TABLE				Employer	identification number
				CIATION	011112 111222		2			2-2342762
Pa	rt I	Reason			(All organizations must c	omplete ti	nis part.) S	See instruction		
					For lines 1 through 12, c					
1	l gan		-		on of churches described	-				
2					Attach Schedule E (Forn		11 17 0(5)(	•//~//•/		
3					anization described in <b>s</b> e		V6V1VAVi			
4		•	•		njunction with a hospital				Viiii) Entor	the bespital's name
-		city, and state		ation operated in co	rijunction with a nospita	laescribed	a in Sectio			the hospital s hame,
5				or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	oed in
5		-	-	Complete Part II.)		u or opera	leu by a y	oveninentari		
6					pontal unit described in	contion 1	70(6)(4)(4)	60		
7	X				nental unit described in ntial part of its support f				ha gaparal	public described in
'	- 23	0		omplete Part II.)	iniai part of its support i	rom a yov	ennenta		ne general	public described in
0		•		. ,	(1)(A)(vi) (Complete Der	+ 11 \				
8 9		-			(1)(A)(vi). (Complete Par		d in aanii	nation with a	land grant	collogo
9					in section 170(b)(1)(A)(					
			or a non-land-ç	grant college of agric	ulture (see instructions).	. Enter the	name, cit	y, and state o	r the colleg	e or
10		university:			then 00 1/00/ of its own				his face of	
10					than 33 1/3% of its sup					
					t to certain exceptions;					-
					(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	atter June 30, 1975.
44				mplete Part III.)	ively to test for public or	fatu Caa	nantian Fl	O(a)(A)		
11 12		-	-	-	ively to test for public satisfies the basefit of the	•			orm ( out the	numpered of one or
12					ively for the benefit of, to					
					ed in <b>section 509(a)(1)</b> o of supporting organizatio					
а		7	-		upervised, or controlled				-	aivina
a	L				gularly appoint or elect a					
			•	complete Part IV, Se	• • • • •	amajonty				apporting
b		¬ ~		•	l or controlled in connec	tion with it	e sunnort	od organizativ	on(e) by ba	vina
5	L				anization vested in the s					
			0	it complete Part IV,		ame perso			age the sup	ported
с		Γ	( )	•	g organization operated	in connec	tion with	and functions	lly integrat	ad with
U	L		-	•	b). You must complete I				iny integration	ea with,
d			-		orting organization oper				rted organi	zation(s)
u	L		-		zation generally must sat				-	
			-		nplete Part IV, Sections	•		-	u an attent	TVCH033
е		- ·	·	,	written determination fro					
U	L		•		nally integrated support			а турст, турс	, n, rype m	
f	Ente									
g				n about the supporte						
9_		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10	Yes	No	support (see ir	nstructions)	support (see instructions)
					above (see instructions))					
Tota	I									

### NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	70,410.	80,541.	64,423.	14,409.	128,641.	358,424.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	70,410.	80,541.	64,423.	14,409.	128,641.	358,424.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						91,509.
6	Public support. Subtract line 5 from line 4.						266,915.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	7Ó,410.	80,541.	64,423.	14,409.	128,641.	358,424.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	2.	1.	1,570.	512.	390.	2,475.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						360,899.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	276,546.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	year as a section 5	501(c)(3)	
_	organization, check this box and stop	here					
	ction C. Computation of Publ						
	Public support percentage for 2021 (					14	73.96 %
	Public support percentage from 2020					15	71.87 %
<b>1</b> 6a	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶∟
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

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Schedule A (Form 990) 2021

Part II

NATIONAL	COLLEGIATE	TABLE	TENNIS

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# Schedule A (Form 990) 2021 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 $\dots$						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.)		1				
	First 5 years. If the Form 990 is for th	e organization's f	irst. second. third	, fourth. or fifth tax	vear as a section	501(c)(3) organiza	ation.
	check this box and stop here	-			•		► □
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2021 (		-	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Investion	stment Incom	ne Percentage	)		•	
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by	line 13, column (f))	)	17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		•	
	23 01-04-22			8			A (Form 990) 2021

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### NATIONAL COLLEGIATE TABLE TENNIS

1

2

3a

3b

3c

4a

4b

Yes No

### Part IV Supporting Organizations

Schedule A (Form 990) 2021

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

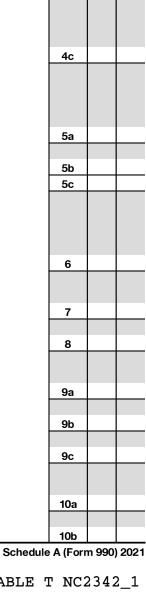
### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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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# ASSOCIATION

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	NATIONAL COLLEGIATE TABLE TENNIS		~ <b>-</b> -	_	
Sche	edule A (Form 990) 2021 ASSOCIATION	52-234	276	2 <sub>Pa</sub>	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)				
				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 on lines 11b and				
	11c below, the governing body of a supported organization?		11a		
b	A family member of a person described on line 11a above?		11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
-	detail in Part VI.		11c		
Sec	tion B. Type I Supporting Organizations				<b></b>
				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of c			100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of				
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp				
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	g 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				
		_		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	-			
2					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		~		
	the organization maintained a close and continuous working relationship with the supported organization(s).	_	2		
3	By reason of the relationship described on line 2, above, 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				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	ructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see inst	ructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	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.		2a		
h	Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- 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? If "Yes" or "No" 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. 132025 01-04-22

Зb Schedule A (Form 990) 2021

2b

3a

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### NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION

dule A (Form 990) 2021 ASSOCIATION		I L	52-2342762 Page
	ng Organ		
	-		Part VI). See instructions
All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	<b>Type III Non-Functionally Integrated 509(a)(3) Supporti</b> Check here if the organization satisfied the Integral Part Test as a qualifyi         All other Type III non-functionally integrated supporting organizations mustors <b>on A - Adjusted Net Income</b> Net short-term capital gain         Recoveries of prior-year distributions         Other gross income (see instructions)         Add lines 1 through 3.         Depreciation and depletion         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) <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4) <b>on B - Minimum Asset Amount</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors         (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).         Net value of non-exempt-use asse	tv       Type III Non-Functionally Integrated 509(a)(3) Supporting Organ         Check here if the organization satisfied the Integral Part Test as a qualifying trust on N         All other Type III non-functionally integrated supporting organizations must complete         on A - Adjusted Net Income         Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       Average monthly cash balances       1b       7         Average monthly cash balances       1b       1       1         Pair market value of all non-exempt-use assets       1c       1         Total (add lines 1, 1b, and 1c)       1d       1b       1a         Average monthly cash balances       1b       1       2         Subtract line 2 from line 1d.       3       3       3         Caduistion indebtedness appl	V       Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations         Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in All other Type III non-functionally integrated supporting organizations must complete Sections A through E.         on A - Adjusted Net Income       (A) Prior Year         Net short-term capital gain       1         Recoveries of prioryear distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8       6         on B - Minimum Asset Amount       (A) Prior Year       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions)       1a       4         Average mothly value of securities       1a       4         Average mothly value of securities asplicable to non-exempt-use assets       1c       1d         Discourt claimed for blockage or other factors (explain in detail in Part V);       1d       1d

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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# NATIONAL COLLEGIATE TABLE TENNIS

	t V Type III Non-Functionally Integrated 509	(a)(2) Supporting Orac	nizatione	<u> </u>	2-2342/02 Page 7
		(a)(3) Supporting Orga	continu	<u>led)</u>	Current Year
	on D - Distributions	matauraaaa		4	Current Year
<u>1</u> 2	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			1	
2	organizations, in excess of income from activity	or purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	as of supported organization	<u> </u>	2	
4	Amounts paid to acquire exempt-use assets	es of supported organization	5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in <b>Part VI</b>		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
-	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u>e</u>	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

	Form 990) 2021	ASSOCIAT				52-2342762 <sub>Pa</sub>
	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c, 11a IV, Section E, lines 1	a, 11b, and 11c; c, 2a, 2b, 3a, an	Part IV, Section B, lines d 3b; Part V, line 1; Par	3 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V
32028 01-04-2	2			13		Schedule A (Form 990)

### Schedule B

#### (Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Employer identification number

Name	of the	organizat	lion	
			373	m ·

### NATIONAL COLLEGIATE TABLE TENNIS

ASSOCIATION

52-	. ? ?	427	162
52	20		0 2

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	3 (Form 990) (2021)		Page 3		
Name of organization NATIONAL COLLEGIATE TABLE TENNIS			52-2342762		
ASSOCIATION					
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is neede	d.		
(a) No. from Part I	(b) Description of noncash property given (See inst				
		   \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions			
		   \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions			
		 \$			
123453 11-11	-21		Schedule B (Form 990) (2021)		

20241222 788383 NC2342

16 2021.05010 NATIONAL COLLEGIATE TABLE T NC2342\_1

Schedule E	B (Form 990) (2021)			Page <b>4</b>			
Name of or	-			Employer identification number			
	NAL COLLEGIATE TABLE TE	NNIS		E2 2242762			
Part III	IATION Exclusively religious, charitable, etc., contribut	ions to organizations described in	section 501(c)(7) (8) or (10	52-2342762			
i art m	from any one contributor. Complete columns (a)	through (e) and the following line en	try For organizations				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed.	less for the year. (Enter this info. or	nce.) • •			
(a) No. from			(-1) D				
Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
F		(e) Transfer of gif	i				
_	Transferee's name, address, and ZIP + 4		Relationship of tr	Relationship of transferor to transferee			
(a) No. from		(a) Line of with		aviation of how with in hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
F		(e) Transfer of gif	t l				
ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
Part I	(b) Fulpose of girt	(c) Use of gift		scription of now girt is neid			
ſ		(e) Transfer of gift					
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
		[					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
Part I	(2) : a: pooo o: g:::	(0) 000 01 gift	(4) 200				
ľ	(e) Transfer of gift						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
123454 11-11	1-21			Schedule B (Form 990) (2021)			
		17					

20241222 788383 NC2342 2021.05010 NATIONAL COLLEGIATE TABLE T NC2342\_1

Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service NATIONAL COLLEGIATE TABLE TENNIS Name of the organization Employer identification number 52-2342762 ASSOCIATION FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 390. FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: ACTIVITY CLASSIFICATION: SCHOLARSHIPS AWARDED GRANTEE RELATIONSHIP: NONE AMOUNT GIVEN: 1,000. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: NATIONAL CHAMPIONSHIPS 117,329. REGIONAL LEAGUES 25,612. MISCELLANEOUS EXPENSE 8,052. 3,841. E-MAIL, WEBSITE & OTHER PRODUCTS BANK CHARGES & OTHER FEES 68. INSURANCE 995. TRAVEL AND MEETINGS 3,569. CERTIFICATION EXPENSE 715. TOTAL TO FORM 990-EZ, LINE 16 160,181. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTING COMPETITIVE

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 Form 990-EZ.

TABLE TENNIS AT THE COLLEGIATE LEVEL IN NORTH AMERICA AND PROVIDES

ASSISTANCE AND LEADERSHIP IN IMPLEMENTING COLLEGE/UNIVERSITY TABLE

SECURING THE OPPORTUNITY FOR STUDENT-ATHLETES TO TENNIS PROGRAMS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

20241222 788383 NC2342

SCHEDULE O

Department of the Treasury

(Form 990)

18

2021.05010 NATIONAL COLLEGIATE TABLE T NC2342\_1

OMB No. 1545-0047

**Open to Public** 

Inspection

Schedule O (Form 990) 2021		Page 2
Name of the organization	NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION	Employer identification number 52-2342762

COMPETE IN THE SPORT OF TABLE TENNIS IN SCHOOLS AND ACHIEVE ATHLETIC

#### AND ACADEMIC EXCELLENCE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

REGIONAL LEAGUES: PROVIDING EQUIPMENT AND BASIC LOGISTICAL

AND ORGANIZATIONAL SUPPORT TO 26 DIVISIONS AND SIX REGIONS

COMPRISING APPROXIMATELY 150 SCHOOLS, AND AN ESTIMATED

1,500 COLLEGE STUDENTS.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

COLLEGE TABLE TENNIS NATIONAL CHAMPIONSHIPS (ROUND ROCK

TX): LARGEST INTERCOLLEGIATE TABLE TENNIS EVENT IN NORTH

AMERICA. 40 SCHOOLS WITH THE BEST RANKED COLLEGE TABLE

TENNIS TEAMS IN NORTH AMERICA COMPETE. NATIONAL TITLES IN SINGLES,

DOUBLES AND TEAM EVENTS. 3-DAY EVENT INCLUDING AWARD CEREMONY.

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.

132212 11-11-21

(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	r Name of exempt organization or other filer, see instructions. Tax NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION			Taxpayer	axpayer identification number (TIN) $52 - 2342762$			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.							
instructions								
Enter the	e Return Code for the return that this application is for (fil	e a separa	te application for each return)					
Application		Return	Application			Return		
ls For		Code	Is For			Code		
Form 990	0 or Form 990-EZ	01	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990	D-PF	04	Form 5227			10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	D-T (trust other than above)	06	Form 8870			12		
Form 990	0-T (corporation) THE ORGANIZATIO	07						
<ul> <li>If the</li> <li>If this box</li> <li>1 I retter the</li> <li>2 If t</li> </ul>	hone No. ► <u>314-800-5377</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2021 he tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's , an check reas	emption Number (GEN) I ich a list with the names and TINs of <u>Y 15, 2023</u> , to file s return for: d ending <u>JUN 30, 2022</u> on: Initial return	f this is fo f all memb e the exem	r the whole ( ers the exte npt organiza	group, check this		
an	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.			3a	\$	0.		
	b       If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and         estimated tax payments made. Include any prior year overpayment allowed as a credit.       3				\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 887	9-TE for payment		
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	3868 (Rev. 1-2022)		