			EXTENDED TO MAY 15, 2020				
	0	90-EZ	, Short Form		_		OMB No. 1545-1150
Forr	n 3 3	90-LZ	- Return of Organization Exempt From	Incom	e Ta	IX	2018
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	e foun	dations	
			Do not enter social security numbers on this form as it may	y be made pu	blic.		Open to Public
		t of the Treasury venue Service	► Go to www.irs.gov/Form990EZ for instructions and the la	test informat	ion.		Inspection
A	or th	e 2018 calend	ar year, or tax year beginning JUL 1, 2018 and (ending JU	N 3	0, 2	2019
Ba	heck i pplical	f ble: C	Name of organization				entification number
			IATIONAL COLLEGIATE TABLE TENNIS				
	Nam		SSOCIATION				342762
		inclain	mber and street (or P.O. box, if mail is not delivered to street address)	Room/suite		ephone r	
			.54 MILL RUN LANE				800-5377
		inacarotann	y or town, state or province, country, and ZIP or foreign postal code			up Exerr	•
		oution ponung	SAINT PETERS, MO 63376			nber ►	
		nting Method:	Cash X Accrual Other (specify) ►				if the organization is
		ite: <u>NCT</u>	$[IA \cdot ORG]$ check only one) — $[X]$ 501(c)(3) [501(c) () (insert no.) [4947(a)(1) or 527	-		l to attach Schedule B 990-EZ, or 990-PF).
			[X] Corporation [I] Trust [I] Association [I] Other		(FU	111 990,	990-EZ, 01 990-PF).
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	ntal assets (Part			
),000 or more, file Form 990 instead of Form 990-EZ			▶ \$	156,038.
	art I		ie, Expenses, and Changes in Net Assets or Fund Balance	S (see the instr	uctions		
		Check if th	e organization used Schedule O to respond to any question in this Part I				
	1		s, gifts, grants, and similar amounts received			1	45,291.
	2		vice revenue including government fees and contracts			2	75,496.
	3	Membership	dues and assessments			3	35,250.
	4		ICOME SEE SCHE	DULE O		4	1.
	5a		It 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:				
anı	a	A	e from gaming (attach Schedule G if greater than 6a				
Revenue	Ь	. , ,	e from fundraising events (not including \$ of contributi	005			
Å	"		sing events reported on line 1) (attach Schedule G if the sum of such	0115			
			e and contributions exceeds \$15,000)				
	c		xpenses from gaming and fundraising events 6c				
	d		r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a		of inventory, less returns and allowances 7a				
	b	Less: cost of					
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	e (describe in Schedule O)			8	156 000
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	156,038.
	10		milar amounts paid (list in Schedule 0)			10	3,000.
	11 12		to or for members			11 12	
Expenses	13		er compensation, and employee benefits			13	900.
ben	14		ent, utilities, and maintenance			14	
ŭ	15	Printing, pub	lications, postage, and shipping			15	
	16	Other expens	es (describe in Schedule 0) SEE SCHE	DULE O		16	128,651.
	17		es. Add lines 10 through 16			17	132,551.
s	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)			18	23,487.
set	19		fund balances at beginning of year (from line 27, column (A))				
Net Assets			with end-of-year figure reported on prior year's return)			19	123,950.
Nei	20		is in net assets or fund balances (explain in Schedule O)			20	0.
	21		fund balances at end of year. Combine lines 18 through 20			21	147,437.
LH/	A FO	r Paperwork R	eduction Act Notice, see the separate instructions.				Form 990-EZ (2018)

NATIONAL COLLEGIATE TABLE TENNI	S
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For	m 990-EZ (2018) ASSOCIATION		Į	52-	23427	62	Page 2
Pa	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res						
		()	A) Beginning of year			nd of yea	
22	2 Cash, savings, and investments		123,950	• 22		147,	437.
23				23			
24				24			
25			123,950	• 25		147,	437.
26			0 .	• 26			0.
27			123,950	• 27		147,	437.
P	art III Statement of Program Service Accomplishme		ons for Part III)		E)	penses	
	Check if the organization used Schedule O to res	pond to any question	in this Part III	X	(Required		
What	at is the organization's primary exempt purpose? SEE SCHEDULE C				501(c)(3) organizatio		
	cribe the organization's program service accomplishments for each of its three largest program		s. In a clear and concise		others.)	5113, Optio	
	nner, describe the services provided, the number of persons benefited, and other relevant inform						
28	SEE SCHEDULE O						
	(Grants \$) If this amount includes foreign	grants, check here			28a	95.	611.
29	SEE SCHEDULE O	grants, check here			200	557	<u> </u>
23							
			`	<u> </u>	000	22	824.
	(Grants \$) If this amount includes foreign (Grants \$) If this amount includes foreign (Grants \$ CONFERENCE EXPENSE AND NCTTA SCHOLA		····· ►		29a	44,	024.
30			1				
	STUDENT-ATHLETE WAS SELECTED AS THE						
	SCHOLARSHIP - COMPETITIVE AWARD BAS					c	7 2 0
	(Grants \$ 3,000.) If this amount includes foreign				30a	6,	730.
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign g	grants, check here	>		31a	105	
	Total program service expenses (add lines 28a through 31a)			🕨		125,	165.
Pa	art IV List of Officers, Directors, Trustees, and Key E			see the	instructions f	or Part IV)	
	Check if the organization used Schedule O to res	pond to any question	in this Part IV				
		(b) Average hours			alth benefits, ibutions to	(e)Est	
	(a) Name and title	per week devoted to position	compensation (Forms W-2/1099-MISC)	emplo	byee benefit and deferred	amount	
		μυδιαστι	(if not paid, enter -0-)	com	pensation	compe	15411011
WI	ILLY LEPARULO						
	RESIDENT	20.00	0.		0.		0.
JC	DSEPH WELLS						
VI	ICE PRESIDENT	20.00	0.		0.		Ο.
RA	ANDY KENDLE						
ΤF	REASURER	20.00	0.		0.		Ο.
CH	HRIS WANG						
VI	ICE PRESIDENT	20.00	0.		0.		Ο.
	AY LU						
	IRECTOR	20.00	0.		0.		0.
	AE KIM		_				
	IRECTOR	20.00	0.		0.		0.
	RANDON LAWRENCE	20000					
	IRECTOR	20.00	0.		0.		0.
		20.00			••		••
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Form **990-EZ** (2018)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the part V/ x 3 Did the organization angapt in any significant activity on previously reported to the ISP // Yes, 'provide a detailed description of rach, activity in Schedule 0 48 4 X 48 5 Did the organization angapt in any significant activity on previously reported to the ISP // Yes,' tabut a contomed cay of the amended documents if they reteat a dampe to the organization and the change on Schedule 0 (see Instructions) 44 X 5 Did the organization angapt in any significant activity on previously reported to the ISP // Yes,' tabut a contomed cay of the amended documents if they reteat a dampe to the organization and the change on Schedule 0 (see Instructions) 41 X 5 Did the organization as the organization and the change on Schedule 0, for the year if the change on Schedule 0 (see Instructions) 55 N/A 6 11 Yes (an iso Schedule 1) 12 Yes (and Schedule 1) 56 X 7 Enter annual or Schedule 0 13 Yes (and Schedule 1) 56 X 7 Enter annual or Schedule 10 12 Yes (and Schedule 1) 12 Yes (and Schedule 1) 12 Yes (and Schedule 1) 7 Exter annual or Schedule 10 12 Yes (and Schedule 1) 12 Yes (and Sched	Forn	990-EZ (2018) ASSOCIATION 52-2342	762		Page 3
3 Did the organization engage in any significant activity not previously reported to the HSS? If "Yes," provide a detailed description of each activity is Schuduk 0 33 X 44 Were any significant change multiple or graveming documents? If "Yes," attach a contormed popy of the amended description of each activity of the amended description of each activity of the amended description of each activity of the amended description of the organization have an induction science 370(4), 651(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5), 671(10(5)	Pa				
33 Did the organization engage in any significant change to the organization groupering do currents? If "set, "tatch a conformed copy of the amended description of each actively in Schedule 0. (See instructions) 34 XX 34 Were any significant change to the organization's name. Otherwise, explain the change on Schedule 0. (See instructions) 34 XX 35 Ib the organization have anchald basiness gross income of 31.000 or more diministical values (see using a low or schedule 0. (See instructions) 35 XX 36 IX X See instructions) 36 X 37 IX and "a, anong others?" 38 X 38 IV res' in low of the arganization is achived is explain in Schedule 0. 38 XX 38 IV res', income of 31.000 or more diministical values (see using the yard? 11" res," and proxy tax requirements of the organization, discultant, ferrimation, or significant disposition in Schedule 0. 38 XX 39 ID the organization bit Ferrin 120-0. 37 XX 38 XX 39 ID the organization bit Ferrin 120-0. 38 X/A 38 X/A 39 Section 301.0(c)(3).0511(c)(4).0100(c)(2).0100(c)(3).0100(c)(3).0100(c)(2).0100(c)(3).0100(c)(2).010(c)(3).010(c)(4).0100(c)(2).010(c)(3).010(c)(4).0100(c)(2).010(c)(3).010(c)(4).0100(c)(2).010(c)(3).010(c)(4).0100(c)(2).010(c)(3).010(c)(4).0100(c		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			_
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34 Were any significant changes made to the organization summediation of the compared State According of the annotation of the organization have unrelated business grass income of \$1,000 or more during the year from business activities (such as those reported on the 2, 6a, and 7a, annon others; 70, complete Schedule, 7a till 35a XX 35a XX 35a XX 35a XX 35a 11 Yes's line State organization state of the state state of the state of the state of the state of the s	33				
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351 Diff the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on fine 3,00, and the asymptotic business activities (such as those reported on fine 3,00, and the asymptotic business activities (such as those reported on fine 3,00, and the asymptotic business activities (such as those reported on fine 3,00, and the asymptotic business activities (such as those reported on fine 3,00, and the asymptotic business activities (such as those reported on fine 3,00, and the asymptotic business activities (such as those reported on fine 3,00, and the asymptotic business activities (such as those reported on fine 3,00, and the asymptotic business activities (such as those reported on fine 3,00, and the asymptotic business activities (such as those reported on any asymptotic business activities (such as those reported on any asymptotic business activities (such as those reported on any asymptotic business activities (such as those reported business activities) (such as the asymptotic busines) (such as the asymptotic busines) (such as those reported busines) (such as the asymptotic busines) (such as the asymet asymptotic busines) (such as the asymptotic	34		24		v
on Inss 2, 6s, and 7a, among othersy? 3sk X b If Yes's line Sa, has the organization line a form 390-T for the year? If Yio," provide an explanation in Schedule 0. 3sk X b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If Yes," complete applicable parts of Schedule 0, Part II 3sk X 37 D If the organization in a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If Yes," complete applicable parts of Schedule 0, Part II 3sk X 38 D If the organization file form 1120-POL for indiverse, gintexin disposition of ref asses during the year? If Yes," complete Schedule 1, Part II and enter the total amount involved 18 kl N/A 38 D If the organization Sinctured on the 9 0, is section 4912 />0, is section 4912 />0, is section 4912 />0, is section 4912 //0, is disposition on any of the reganization enarget in any section 4935 o . 0, is section 4912 //0, is disposition on participation enarget in any section 4936 o . 0, is section 4912 //0, is disposition for the section 4912 //0, is disposition on participation enarget in any section 4935 o . 0, is section 4912 //0, is disposition enarget in any section 4936 o . 0, is section 4912 //0, is disposition enarget in any section 4935 o . 0, is section 4930 (is disposition 4012 //0, is disposition 4012 //0, is disposition aparty ware andeffere any disposition for the sequer in any or	25 0		34		
b II 'Yes' to fine 35a, has the organization is det a form 390-1 for the year? II 'No', provide an explanation in Schedule 0	JJa		35a		x
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? II "Yes," complete Schedule C, Part III 350 X B Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? II "Yes," complete applicable parts of Schedule N 374 0 B third anomalian to four of normalic any context, effects to the spars? 374 0 374 X B third anomalian bornow from make any locals to any officer, director, frustee, 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? 380 N / A B Section 501(c)(4) organizations. Enter: 380 N / A B If the arganization is prior year and still outstanding at the end to the tax year covered by this return? 0. 380 N / A B Grass receipts, included on line 5 (for public use of club facilities 390 N / A 390 N / A B Grass receipts, included on line 5 (for public use of club facilities 390 N / A 390 N / A B Grass receipts and construction structures of the tax imposed on organization during the year off tax imposed on organization managers or disguined persons during the year off tax imposed on organization managers or disguined persons during the year off tax imposed on organization managers or disguined person	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? II Yes; complete Schedule C, Pert III 36 X 36 Did the organization undergo a liquidation, dissolution, or significant disposition of net assets during the year? II Yes; complete applicable parts of Schedule N 36 X 37 Letter amount of political expenditures, direct or indirect, as described in the instructions 37 0. 37 38 Did the organization fibe from 1240-P0L for this year? 38 X 38 X 38 Did the organization beform 1240-P0L for this year? 38 X 38 X 39 Science 301(c)(7) organizations. Ernor: 38 N/A 38 X 30 Section 501(c)(2) organizations. Ernor: 38 N/A 38 X 30 Section 501(c)(2) organizations. Ernor: 0.; section 4955 0 5 31 Section 501(c)(2) organizations. Ernor: 0.; section 4955 0 5 34 Section 501(c)(3), 501(c)(24) organizations. But the organization engage in any section 4955 weass benefit 0 400 X 34 Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Erner amount of tax inposed on organization managers or disqualified persons during the sex runder sections 4912, 4955, and 455				- •	
36 Did the organization underpa a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 X 37a Enter amount of politicable parts of Schedule IA or make any bans to, any officer, director, furstee, or key employee or ware any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37a X 38a Did the organization borrow from or make any bans to, any officer, director, furstee, or key employee or ware any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X 39 Did the organization borrow from or make any bans to, any officer, director, furstee, or key employee or ware any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X 39 Did the organization. Enter and end the tota year covered by this return? 38a N/A 30 Did the organization. Schedule L, Part I 0. 38b N/A 40 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter anount of tax imposed on organization markages or disqualified persons during the year unders schedule L, Part I 40b X 41 List he states with within a copy of this year? C. 3148005377 42a The organization markages or disqualified persons during the year onder schore ento markage			35c		x
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 37b X b Dit the organization file Form 1120-PGL for this year? 38a X 37b X 38 Dit the organization borrow from or make any basis 0, 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? 38a N/A 39 Bit Wes, complete Schedule L, Part II and enter the total amount involved 38a N/A 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911> 0. ; section 4956 > 0. section 501(c)(3), 501(c)(4), and 501(c)(28) organizations. Did the organization engage in any section 4915 0. . of a spring the system of the section 4912 0. ; section 4956 > 0. . section 501(c)(3), 501(c)(4), and 501(c)(28) organizations. Enter amount of tax imposed on organization magness or disqualiditied person during the year during the sections 4912. 0. ; section 4956 > 0. ; section 4	36				
b bit the organization if berm 1120-PCL for this year? 376 X 38 a bit the organization borrow form, or make any bars to, any officer, director, truste, 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 b ("+es," complete Schedule L, Part II and entor the total amount involved 38b N/A b ("+es," complete Schedule L, Part II and entor the total amount involved 38b N/A 9 ("+es," complete Schedule L, Part II and entor the total amount involved 38b N/A 9 ("+es," complete Schedule L, Part II and entor the total amount of tax imposed on the organization entores in a spot of 4955 0. 9 ("Fes," complete Schedule L, Part II 0. ; section 501c(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax imposed on organization entopic an any section 4955 0. 9 (a Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 9 (a Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax on ine 40c reinhursed 0. 20 (* 41 List the states with which a copy of this roturn is fild NONE 21 (* 314-800-5377 20c (* 42 In torganization set in care of the THE ORGANIZATION Telephone no. 314-800			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)(2) organizations. Enter: 38a N/A 39 Bection 501(c)(2) organizations. Enter: 38a N/A 30 Bection 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under: 38b N/A 30 Bection 501(c)(2), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization engage in any section 4912. b • 0, section 4965 0, . 0 Bection 501(c)(2), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disquing the year under: 0, . 0 Bection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disquing the year under sciencha 4912, 4050, and 4938 0, . 410 torganization Better organization a party to a prohibited tax shetter transaction #114, 4060 tic (28) organizations. Enter amount of tax on time 400, reimbursed by the organization as Best 0, . 421 List the states with which a copy of this return is filed ▶ NONE 124 = 800 - 5377 42a<					
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 38 Section 501(c)(3) organizations. Enter 391 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 40 Sores receipts, included on line 9, for public use of cub facilities 39a N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4956 0. section 501(c)(3), organizations. Enter amount of tax imposed on the organization engage in any section 4956 0. of its prior forms 990 or 90-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 of disputified persons utiling the year undire sections 4912, 4955, and 4958 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. . d A and organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, 'complete Form 886-T . 0. 11 List the states with which a copy of this return is filed ▶ NONE NONE . . . 21 The organizations books are in care of ▶ THE ORGANIZATION Telephone no.▶ 314 - 800 - 5377 . . . <td< td=""><td>38 a</td><td></td><td></td><td></td><td>v</td></td<>	38 a				v
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c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b 45b		of Form 990-EZ	44b		
in Schedule 0 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b		Did the organization receive any payments for indoor tanning services during the year?	44c		Х
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45 a X	d				
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section Image: Controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b		in Schedule O			17
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b			45a		X
	D		15h		
				90-F7	(2018)

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3 2018.05010 NATIONAL COLLEGIATE TABLE T NC2342_1

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NATIONAL	COLLEGIATE	TABLE	TENNIS
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Form	1 990-EZ (2	018)	ASSOCIAT	ION						5	2-234:	276	2	Page 4
												_	Yes	No
46	Did the or	ganization	engage, directly or i	ndirectly, in po	litical camp	aign activities	on behalf of o	or in oppositi	on to candidates f	or publ	ic office?			
	If "Yes," co	mplete Sc	hedule C, Part I 🛛								<u></u>	46	;	X
Pa	rt VI	Section	501(c)(3) Org	anization	s Only									
			n 501(c)(3) organiz					•						
	(Check if th	ne organization us	sed Schedule	e O to resp	ond to any	question in t	his Part VI			<u></u>			
	D: 1.11					504(1) 1 1			0.16 m/				_	No
47			engage in lobbying											X X
48			school as described make any transfers										-	X
			ed organization a se											
50			or the organization's											l more
	-		mpensation from the	-	-					ioy omp	loyeee) inte	ouon	10001100	, more
) Name and title of e				(b) Avera	ge hours	(C) Reportabl	e (0	Health bene	efits,	(e) Estin	nated
							per week c	levoted to	compensation (Fo W-2/1099-MIS	orms	contributions employee bene	efit a	mount o	f other
				NON	ΙE		posi	tion		-, bi	ans, and defer compensation		compens	sation
f	Total num	her of othe	er employees paid o	ver \$100 000		I		•						
51			or the organization's					vho each rec	eived more than \$	100.00	0 of comper	nsatior	ו from th	е
•••	-		is none, enter "Non		-					,	e er eenipei	-out-or		
			usiness address of e		ent contract	or		(t) Type of service		()	c) Com	pensatic	on
									,					
h	Total num	her of othe	er independent contr	actors each re	ceivina over	r \$100 000			•					
			complete Schedule		-		tions must atta	ich a						
		-	Α									X	Yes [No
Unde			I declare that I have						tements, and to th	ne best	of my know	ledge a	and belie	f, it is
true,	correct, an	d complete	e. Declaration of pre	parer (other th	an officer) is	s based on all	information o	f which prep	arer has any know	/ledge.				
Sig	n 🚩	Signature o								D	ate			
Hei	re		DY KENDLE	, TREAS	SURER									
			nt name and title							· · · · ·	if 1 5711			
		Print/Typ	e preparer's name		Preparer'	s signature		Date	Check		if PTIN			
Pai	d						עתר	12/1		nployed		በርጉ	1754	1
	parer		AM SKODY	000m -		CDAS		12/1		- FINI -	P0		$\frac{1754}{914}$	<u> </u>
Use	e Only		me SKODY dress 520						Firm's				$\frac{814}{1100}$)
		1 3 au		YORK, N			2200		Phon	e 110.	<u></u>	57-	<u> </u>	,
			71711											

May the IRS dis	cuss this return with the preparer shown above? See instructions	► X Y	es 🗌	N	Vo
		Form S	990-EZ	Z (201	8)

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(Fo	orm 99	DULE A 90 or 990-EZ)		omplete if the orgar 49	rity Status an hization is a section 50 [°] 47(a)(1) nonexempt cha Attach to Form 990 or F	1(c)(3) org ritable tru	anization ust.			OMB No. 1545-0047 2018 Open to Public
Interr	al Reve	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and t	he latest i	nformation.		Inspection
Nan	ne of	the organizati		ONAL COLLE	GIATE TABLE	TENNT	S			identification number $2-2342762$
Pa	rt I	Reason			All organizations must co	omplete th	is part.) Se	ee instruction		
The	orgar	ization is not a	private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).		
2					Attach Schedule E (Forn					
3		-	-		anization described in se			-		
4		city, and stat	-	cation operated in co	njunction with a hospita	l described	u in sectio	M 170(D)(1)(A)(III). Enter	the hospital's hame,
5		-		or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
				Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	-		•	intial part of its support f	rom a gov	rernmental	l unit or from	the general	public described in
8		-		complete Part II.)	(1)(A)(vi) (Complete Der	+ II \				
9		-			(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(ed in coniı	unction with a	land-grant	college
Ū		•			culture (see instructions).				•	•
		university:								
10					e than 33 1/3% of its sup					
					ct to certain exceptions,					
				ness taxable income mplete Part III.)	(less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	atter June 30, 1975.
11					ively to test for public sa	fety. See	section 50	09(a)(4).		
12		-	-	-	ively for the benefit of, to	•			arry out the	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
	_	7	-		of supporting organizatio		-		-	
а				-	supervised, or controlled	• •				
			0	complete Part IV, Se	gularly appoint or elect a	a majority	or the dire	clors or trust		upporting
b		¬ ~		-	d or controlled in connec	tion with if	ts support	ed organizatio	on(s), by ha	ving
		control or n	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	¬ ~	. ,	t complete Part IV,						
C			-	•	g organization operated				Illy integrate	ed with,
d			0	()(s). You must complete I porting organization oper				rted organi	zation(s)
U		21	•		zation generally must sa				0	()
					nplete Part IV, Sections					
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III	
					nally integrated support					
f										
		(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Tota	əl									
		Panerwork Re	duction Act N	lotice see the Inst	Luctions for Form 990 o	r 990-F7	832021 10	11-18 Scha	dule A (For	m 990 or 990-E7) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 5

Schedule A (Form 990 or 990-EZ) 2018 ASSOCIATION

Part II

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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	68,224.	76,020.	64,709.	70,410.	80,541.	359,904.
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						
4	Total. Add lines 1 through 3	68,224.	76,020.	64,709.	70,410.	80,541.	359,904.
5		-		-	•	-	
	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)						132,584.
6	Public support. Subtract line 5 from line 4.						227,320.
	ction B. Total Support						/
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	68,224.	76,020.	64,709.	70,410.	80,541.	359,904.
8	Gross income from interest,		,		•		
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10.	2.	2.	2.	1.	17.
9	Net income from unrelated business				·		
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						359,921.
		ata (aga instructi	200			12	319,272.
	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to			51572720
10	organization, check this box and stor	-			ix year as a sectio	11 30 1(0)(3)	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (olumn (f))		14	63.16 %
	Public support percentage from 2017					15	63.52 %
	33 1/3% support test - 2018. If the c						
100	stop here. The organization qualifies	-					
r	33 1/3% support test - 2017. If the c		-				····· • —
~	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						or more
170							
	and if the organization meets the "fact			-	-	-	
L	meets the "facts-and-circumstances"	-	-	• • • •	-		
C	• 10% -facts-and-circumstances tes						
	more, and if the organization meets the						, ►
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	IT UIU HOT CHECK A	box on line 13, 16a	a, 100, 17a, 0r 17b		and see instruction	

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 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.)

Section A. Public Supp	ort						
Calendar year (or fiscal year beg	inning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contribution	ns, and						
membership fees receive	d. (Do not						
include any "unusual grar	nts.")						
2 Gross receipts from admi merchandise sold or serv formed, or facilities furnis any activity that is related	ices per- hed in I to the						
organization's tax-exempt							
3 Gross receipts from activ							
are not an unrelated trade	e or bus-						
iness under section 513	·····						
4 Tax revenues levied for th	ů.						
ization's benefit and eithe	•						
or expended on its behalt							
5 The value of services or fa							
furnished by a governme							
the organization without of	•						
6 Total. Add lines 1 through	h5						
7a Amounts included on line	es 1, 2, and						
3 received from disqualifi	ed persons						
b Amounts included on lines 2 and a from other than disqualified perso exceed the greater of \$5,000 or 19 amount on line 13 for the year	ons that % of the						
c Add lines 7a and 7b							
8 Public support. (Subtract line							
Section B. Total Suppo				•	•		
Calendar year (or fiscal year beg	inning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
O Americante friend line C							
10a Gross income from intered dividends, payments rece securities loans, rents, ro and income from similar s	est, eived on yalties,						
b Unrelated business taxable ir	ncome						
(less section 511 taxes) from	n businesses						
acquired after June 30, 1975	5						
c Add lines 10a and 10b							
11 Net income from unrelate activities not included in I whether or not the busine regularly carried on	ed business line 10b,						
12 Other income. Do not incl or loss from the sale of ca	apital						
assets (Explain in Part VI. 13 Total support. (Add lines 9, 104							
14 First five years. If the For	· · ·	organization's	s first, second, thi	rd, fourth or fifth t	ax vear as a section	n 501(c)(3) orga	 Inization
check this box and stop I		-					
Section C. Computatio							
15 Public support percentag				column (f))		15	%
16 Public support percentag						16	%
Section D. Computatio							/0
17 Investment income perce						17	%
18 Investment income perce	•	-				18	%
19a 33 1/3% support tests -	•			on line 14 and lin			
more than 33 1/3%, chec							
b 33 1/3% support tests -							► 🗆
line 18 is not more than 3							
20 Private foundation. If the	- organization di	THUL CHECK a		a, or teo, check t			
832023 10-11-18				7	Sch	equie A (FOLU S	ອອບ ບເ ອອບ-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 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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| 10b | | Schedule A (Form 990 or 990-EZ) 2018

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

8

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 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	ction 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			
			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		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction			
'a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization is upported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
ے a			103	
a	the supported organization(s) to which the organization was responsive? If "Vec," then in Part VI identify			

- 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) 2018 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) 2018

2a

2b

За

3b

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Schedule A (Form 990 or 990-EZ) 2018 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 sh	ort-term capital gain	1		
2 Recov	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lir	nes 1 through 3	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collect	tion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	ted 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 Aggre	gate fair market value of all non-exempt-use assets (see			
instruc	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Avera	ge monthly cash balances	1b		
c Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other			
factors	s (explain in detail in Part VI):			
2 Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d	3		
4 Cash	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see in:	structions)	4		
5 Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by .035	6		
7 Recov	eries of prior-year distributions	7		
8 Minim	um Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ed net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 8	85% of line 1	2		
3 Minim	um asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter	greater of line 2 or line 3	4		
5 Incom	e tax imposed in prior year	5		
6 Distril	butable Amount. Subtract line 5 from line 4, unless subject to			
emerg	ency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Sche	dule A (Form 990 or 990-EZ) 2018 ASSOCIATION		5	52-2342762 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	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u> </u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
U	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
<u>م</u>	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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chedule A (Form 990 or 990-EZ) 2018 ASS		52-2342762 Pa
Part VI Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	 Provide the explanations required by Part II, line 10; Part II, line 5c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Part V, Section E, lines 2, 5, and 6. Also complete this part for any a 	lines 1 and 2; Part IV, Section C ; Part V, Section B, line 1e; Part V
(See instructions.)	art V, Section E, lines 2, 5, and 6. Also complete this part for any a	additional information.
32028 10-11-18	e,	hedule 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

2018

Employer identification number

Name of the	organization
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Organization type (check one):

NATIONAL COLLEGIATE TABLE TENNIS

ASSOCIATION

52-2342762

Section:
$\fbox{3}$ 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
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 (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, 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) (2018)	
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Name of organization

NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION

Employer identification number

Page 3

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 \$ 823453 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 15

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	ganization NAL COLLEGIATE TABLE TE LATION	ENNIS	Employer identification number 52-2342762
Part III		a) through (e) and the following line entr , charitable, etc., contributions of \$1,000 or le	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year or anizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	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 gift	
-	Transferee's name, address, a 	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
ŀ		(e) Transfer of gift	
-	Transferee's name, address, a	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 gift	
-	Transferee's name, address, a 	and ZIP + 4	Relationship of transferor to transferee
323454 11-08-	-18	 16	Schedule B (Form 990, 990-EZ, or 990-PF) (2018

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(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.	2018
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organizatio	n NATIONAL COLLEGIATE TABLE TENNIS ASSOCIATION	Employer identification number 52-2342762
		52-2542702
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION	OF PROPERTY:	AMOUNT :
INTEREST INC	OME	1.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION	OF OTHER EXPENSES:	AMOUNT :
NATIONAL CHA	MPIONSHIPS	95,611.
REGIONAL LEA	GUES	22,824.
MISCELLANEOU	S EXPENSE	843.
E-MAIL, WEBS	ITE & OTHER PRODUCTS	1,446.
BANK CHARGES	& OTHER FEES	84.
INSURANCE		995.
TRAVEL AND M	EETINGS	3,730.
MEMBERSHIP F	EES	105.
CERTIFICATIO	N EXPENSE	3,013.
TOTAL TO FOR	M 990-EZ, LINE 16	128,651.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - PROMOTING	COMPETITIVE
TABLE TENNIS	AT THE COLLEGIATE LEVEL IN NORTH AMERICA AND	PROVIDES
ASSISTANCE A	ND LEADERSHIP IN IMPLEMENTING COLLEGE/UNIVERS	ITY TABLE
TENNIS PROGR	AMS, SECURING THE OPPORTUNITY FOR STUDENT-ATH	ILETES TO
COMPETE IN T	HE SPORT OF TABLE TENNIS IN SCHOOLS AND ACHIE	VE ATHLETIC
AND ACADEMIC	EXCELLENCE.	

Supplemental Information to Form 990 or 990-EZ

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

2018 COLLEGE TABLE TENNIS NATIONAL CHAMPIONSHIPS

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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SCHEDULE O

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2018.05010 NATIONAL COLLEGIATE TABLE T NC2342_1

OMB No. 1545-0047

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Schedule O (Form 990 or 990-EZ) (2018)	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.

(Rev. January 2019)

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 r	oturn	

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.

				Enter file	er's identify	ing number
Type or print				Employer identification number (EIN) or $52 - 2342762$		
File by the due date for filing your 154 MTTLL RIIN LANE.		tions.	Social se	curity numb		
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAINT PETERS, MO 63376						
Enter th	e Return Code for the return that this application is for (fil	le a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	05 Form 6069			11
Form 99	0-T (trust other than above) THE ORGANIZATIO	06	Form 8870			12
• If this box 1 Ir th 2 If 1	organization does not have an office or place of busines is 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, 2018 the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta MAX anization's , an check reas	emption Number (GEN), I <u>ch a list with the names and EINs o</u> <u>Y 15, 2020</u> , to file s return for: d ending <u>JUN 30, 2019</u> on: Initial return	f this is fo f all memb e the exem	r the whole ers the extension opt organiza	group, check this
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			0.
	ny nonrefundable credits. See instructions.) ontor are	u rofundable aradite and	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year over			3b	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your pa				Ψ	
	sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8			79-EO for payment 8868 (Rev. 1-2019)