Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer UNITED STATES TABLE TENNIS ASSOCIATION 51-6016365 VIRGINIA SUNG Name and title of officer or person subject to tax CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. $\underline{\mathbb{K}}$ **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b $\underline{2,150,144}$. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 22025455902 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 09/13/23 BRIDGET HARTNETT ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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 Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print UNITED STATES TABLE TENNIS ASSOCIATION 51-6016365 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1 OLYMPIC PLAZA return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. COLORADO SPRINGS, CO 80909 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 1 OLYMPIC PLAZA - COLORADO SPRINGS, CO 80909 Telephone No. ► 719-866-4583 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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. 3b 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change UNITED STATES TABLE TENNIS ASSOCIATION Name change 51-6016365 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 1 OLYMPIC PLAZA 719-866-4583 2,150,144. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return COLORADO SPRINGS, CO 80909 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: VIRGINIA SUNG Yes X No for subordinates? SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.TEAMUSA.ORG/USA-TABLE-TENNIS H(c) Group exemption number K Form of organization: X Corporation Trust L Year of formation: 1934 M State of legal domicile: IL Association Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF USATT **Activities & Governance** SUPPORT, GROW AND INSPIRE THE TABLE TENNIS COMMUNITY, AND TO PROVIDE if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 42 Total number of volunteers (estimate if necessary) 6 10,603. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 9,603. 7h Prior Year **Current Year** 827,046. 579,882. Contributions and grants (Part VIII, line 1h) 8 1,019,711. 546,950. Program service revenue (Part VIII, line 2g) -302. 634. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 29,131. 22,678. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,875,586. 2,150,144 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 422,531. 366,333. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,172,507. 1,677,642. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,595,038. 2,043,975. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 280,548. 106,169. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 717,492. 739,779 Total assets (Part X, line 16) 450,540. 366,658 21 Total liabilities (Part X, line 26) 三年 266,952. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign VIRGINIA SUNG, CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 09/13/23 self-employed P01429163 BRIDGET HARTNETT BRIDGET HARTNETT Paid Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Preparer Firm's address 293 EISENHOWER PARKWAY, 2ND FLOOR Use Only Phone no. 973-994-9494 LIVINGSTON, NJ 07039 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF USATT IS TO SUPPORT, GROW AND INSPIRE THE TABLE TENNIS
	COMMUNITY, AND TO PROVIDE RESOURCES THAT ENABLE ATHLETES TO ACHIEVE
	SUSTAINED COMPETITIVE EXCELLENCE AND PURSUE OLYMPIC AND PARALYMPIC
	SUCCESS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	0.63 7.51
44	(Code:) (Expenses \$
	& U.S. NATIONALS.
	α U.S. MAIIONALS.
4b	(Code:) (Expenses \$ 460, 175. including grants of \$) (Revenue \$) (Revenue \$)
	ATHLETE DEVELOPMENT - PROVIDE ATHLETES OF ALL AGES OPPORTUNITIES FOR
	INTERNATIONAL TRAINING AND COMPETITION.
4 -	/
4c	
	MEMBERSHIP SERVICES - PROVIDED SERVICES TO APPROX. 9,300 MEMBERS.
	PROVIDED A NATIONAL RATING SYSTEM. ADMINISTRATIVE SERVICES AND COACHING
	EDUCATION AND CERTIFICATION WERE PROVIDED TO NEW & RENEWING INDIVIDUALS
	AND CLUBS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1,445,367.
	Form 990 (2022
	10111 12022

UNITED STATES TABLE TENNIS ASSOCIATION

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		441	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Pa	rt IV Checklist of Required Schedules (continued)			<u>g-</u>				
	· (co.ta.taca)		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23		X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,				
	"Yes," complete Schedule L, Part IV	28a		X				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			,				
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		┝≏				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x				
24	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		 ^				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	22		x				
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^				
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		 				
04	Part V, line 1	34	х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	300						
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1000		\vdash				
	If "Yes," complete Schedule R, Part V, line 2							
37								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
		38	Х	L				
Pa	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>					
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 38							
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

Form 990 (2022) UNITED STATES TABLE TENNIS ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	4					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u> </u>		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			7.7		
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices i	provided to the payor?	7a	Х			
				7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired					
	to file Form 8282?			7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	3 3							
	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
	, , , , , , , , , , , , , , , , , , , ,			9b				
10	Section 501(c)(7) organizations. Enter:	100						
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		1				
11	Section 501(c)(12) organizations. Enter:	LIOD		1				
	Gross income from members or shareholders	11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114						
b	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1					
	organization is licensed to issue qualified health plans	13b		_				
С	Enter the amount of reserves on hand	13c						
				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					37		
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.		•			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	me?	16		X		
4-7	If "Yes," complete Form 4720, Schedule O.	A114.	_					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	n ros, complete i unii uuus.							

Form **990** (2022) 232005 12-13-22

UNITED STATES TABLE TENNIS ASSOCIATION Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	<u>X</u>							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a	X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		7.7							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37							
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v							
_	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х						
	taxable entity during the year?	16a								
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch								
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b								

17 10	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only	avoile!							
18	for public inspection. Indicate how you made these available. Check all that apply.	Orliy)	avalldi	ЛE						
10	(**************************************	finar	sial.							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ııı ıano	ııaı							
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records									
20	THE ORGANIZATION - 719-866-4583									
	1 OLYMPIC PLAZA COLORADO SPRINGS CO 80909									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l					- Cut	(D)	(E)	(F)
Name and title	Average	(B) (C) Position (do not check more					nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is officer and a director					compensation	compensation	amount of
	week (list any	_	T		10010	loto/radstee)		from the	from related organizations	other compensation
	hours for	ndividual trustee or director				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	om pe		1099-NEC)		and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pul	lus	#0	Ke	en Hig	For			
(1) VIRGINIA SUNG	60.00	-		37				1 4 1 4 5 0	_	7 066
CEO	F 00			Х				141,458.	0.	7,866.
(2) RICHARD CHAR	5.00	Х		x				0.	0.	0
CHAIR (3) KELLY WATSON	5.00	^		^				0.	0.	0.
BOARD MEMBER	3.00	х						0.	0.	0.
(4) ARJUN CHOWDRI	5.00	^						· ·	0.	<u>U•</u>
BOARD MEMBER	3.00	Х						0.	0.	0.
(5) TARA PROFITT	5.00	^						0.	0.	<u></u>
AAC CHAIR REPRESENTATIVE	3.00	Х						0.	0.	0.
(6) LILY ZHANG	5.00							•	•	•
ATHLETE REPRESENTATIVE	3.00	х						0.	0.	0.
(7) WILL SHORTZ	5.00	1							•	
CLUB REPRESENTATIVE		Х						0.	0.	0.
(8) DAN REYNOLDS	5.00									
AT-LARGE REPRESENTATIVE		Х						0.	0.	0.
(9) THOMAS HU	5.00									
AT-LARGE REPRESENTATIVE		Х						0.	0.	0.
(10) BRANDON LAWRENCE	5.00									
NATIONAL ORGANIZATION REPR		Х						0.	0.	0.
(11) NIKHIL KUMAR	5.00									
ATHLETE REPRESENTATIVE		Х						0.	0.	0.
(12) NIRAJ OAK	5.00]								
ATHLETE REPRESENTATIVE		Х						0.	0.	0.
(13) TAHL LEIBOVITZ	5.00	1								
PARA ATHLETE REPRESENTATIVE		Х						0.	0.	0.
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Form 990 (2022)

Form 990 (2022)

(A) Average hours por vector (list arry hours to	Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
thours per week (list any hours for related organizations or below line) 10 Subtotal c Total from continuation sheets to Part VII, Section A 11 Total (ladd lines th and 1c) 10 Total (ladd lines th and 1c) 10 Total (ladd lines th and 1c) 11 Total (ladd lines th and 1c) 12 Total number of individuals got not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of line if at it if Yes, 'complete Schedule I for such individual and and related organization or and related organization from the organization or and related organization greater than \$150,000? if Yes, 'complete Schedule I for such individual and related organizations greater than \$150,000? if Yes, 'complete Schedule I for such individual and an related organization greater than \$150,000? if Yes, 'complete Schedule I for such individual and an related organization greater than \$150,000? if Yes, 'complete Schedule I for such individual and an related organization greater than \$150,000? if Yes, 'complete Schedule I for such individual and organization or individual side on the received more organization or individual organization. 11 Complete this table for your five highest compensated independent contractors but a received more than \$100,000 or compensation from the organization. Report compensation from the organization or individual organization or individual and organization or individual organization. 12 Complete this table for your five highest compensated independent contractors but year ending with or within the organization of services. 13 Description of services. 14 Description of services. 15 Description of services.			(B)		(C)								(F)	
Subtotal		Name and title	_		not c	heck i	more	than o			•			
Compensation for the organization sheets to Part VII, Section A 141, 458 0 7, 866										· ·				
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Name and business address NONE Description of services Compensation			the calendar ye	ear e	endir	ig w	ith c	or wi	thin T		ear.			
			address	NT/	ATE	,					ervices	Cor		าท
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\$100,000 of compensation from the organization	2	·	•	ot lir	nited	to	_	_	ted	above) who received mo	ore than			

232008 12-13-22

Form **990** (2022)

Form 990 (2022) UNITED
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		-		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
ij g							
fts, Ar		J	50,000.				
ig ig			61,607.				
ns, Sim		e Government grants (contributions) 1e	01,007.				
utio er (1	f All other contributions, gifts, grants, and	160 275				
5 된			168,275.				
ont od (g Noncash contributions included in lines 1a-1f		F70 000			
<u>0 g</u>		h Total. Add lines 1a-1f		579,882.			
		<u> </u>	Business Code	0.44 40.6	0.44 40.6		
Se		a TOURNAMENTS, CAMPS & P	711300	941,496.	941,496.		
e vi		b MEMBERSHIP DUES	711300	339,388.	339,388.		
Sen		c CORPORATE SPONSORSHIPS	900099	230,500.	230,500.		
ar.	(d SANCTION & EQUIPMENT F	711300	35,566.	35,566.		
Program Service Revenue		e					
<u>P</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f		1,546,950.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	′ '	assets other than inventory 7a	634.				
		b Less: cost or other basis	0310				
Φ			0.				
Ď.		and sales expenses	634.				
eve		c Gain or (loss)		634.			634.
her Revenue		d Net gain or (loss)		034.			034.
	8 8	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
	_	Part IV, line 18 8a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
	•	c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	b Less: cost of goods sold 10b					
\Box	(c Net income or (loss) from sales of inventory					
_ω		<u> </u>	Business Code				
ő a	11 a	a OTHER INCOME	900099	12,075.			12,075.
ane	ı	b ADVERTISING INCOME	541800	10,603.		10,603.	
Miscellaneous Revenue	(c					
Aisc B	(d All other revenue					
2		e Total. Add lines 11a-11d		22,678.			
	12	Total revenue. See instructions		2,150,144.	1,546,950.	10,603.	12,709.

51-6016365 Page **10** UNITED STATES TABLE TENNIS ASSOCIATION Form 990 (2022) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 20,000. 149,324. 129,324. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 171,626. 22,201. 149,425. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 22,793. 4,928. 17,865. Other employee benefits 9 22,590. 3,477. 19,113. 10 Payroll taxes Fees for services (nonemployees): Management 24,000. 2,000. 22,000. Legal 42,554. 305. 42,249. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 302,843. 286,499. 16,344. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 47,202. 29,847. 17,355. Office expenses 13 7,906. 7,889. 17. Information technology 14 15 Royalties 25,544. 25,274. 270. 16 Occupancy 695,827. 648,965. 46,862. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 4,372. 247. 4,125. 20 Payments to affiliates 21 2,490. 2,490. Depreciation, depletion, and amortization 22 45,577. 5,375. 40,202.

Form 990 (2022)

13,475

 $\overline{13,475}$

Check here

23

24

25

121,798.

79,357. 55,796.

42,222.

180,154.

2,043,975.

121,798.

79,357.

55,796.

42,222.

122,063.

1,445,367.

PRIZE MONEY

EQUIPMENT

All other expenses

Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

OFFICIALS & CLASSIFIERS

VOLUNTEERS/OPERATION/CO

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

44,616.

585,133.

Form 990 (2022)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	547,317.	1	603,177		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			155,000.	4	127,500
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ				6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9				4,065.	9	6,185
	10a	Land, buildings, and equipment: cost or other		00.055			
		basis. Complete Part VI of Schedule D		23,855.	11 110		0.015
		Less: accumulated depreciation			11,110.	10c	2,917
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			717 400	15	720 770
-	16	Total assets. Add lines 1 through 15 (must ed			717,492.	16	739,779
	17	Accounts payable and accrued expenses	272,117.	17	205,633		
	18	Grants payable	28,523.	18	11,196		
	19	Deferred revenue			20,323.	19	11,190
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or fo					
┇╽		trustee, key employee, creator or founder, sub				22	
<u> </u>	23	controlled entity or family member of any of the Secured mortgages and notes payable to unre			149,900.	23	149,829
	23 24	Unsecured notes and loans payable to unrela			140,000.	24	140,020
	2 4 25	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lin					
		of Schedule D		·		25	
	26	Total liabilities. Add lines 17 through 25			450,540.	26	366,658
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			266,952.	27	373,121
Bai	28	Net assets with donor restrictions				28	-
<u> </u>		Organizations that do not follow FASB ASC					
ב		and complete lines 29 through 33.	•				
ğ	29	Capital stock or trust principal, or current fund	ds			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			266,952.	32	373,121
_	33	Total liabilities and net assets/fund balances			717,492.	33	739,779

Form **990** (2022)

Pa	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>2,15</u>	0,1 _'	<u>44.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,04						
3	Revenue less expenses. Subtract line 2 from line 1	3		6,1 6,9					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	37	3,1	<u>21.</u>				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l				
	separate basis, consolidated basis, or both:				l				
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2022)				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Inspection

UNITED STATES TABLE TENNIS ASSOCIATION 51-6016365 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

51-6016365 Page 2 UNITED STATES TABLE TENNIS ASSOCIATION Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 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) 6 Public support. Subtract line 5 from line 4. **Section B. Total Support** Calendar year (or fiscal year heginning in) /h\ 0010 (-) 2010 (-) 2020 /#\ Total

(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Lotal
, etc. (see instruction	ons)			12	
ne organization's fi	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
p here					
ic Support Per	centage				
	, etc. (see instruction or ganization of phere	, etc. (see instructions) he organization's first, second, third, the organization of	, etc. (see instructions) the organization's first, second, third, fourth, or fifth tax y	, etc. (see instructions) the organization's first, second, third, fourth, or fifth tax year as a section 5th phere	etc. (see instructions) he organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) p here

	The by Journal II and Termine of the organization of mot, seeding, thind, realth, or man tax year as a seedien o	0 . (0)(0)	
	organization, check this box and stop here		
Sed	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	9
15	Public support percentage from 2021 Schedule A, Part II, line 14	15	9
16a	33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, ch	eck this box and
	stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or mor	e, check this box
	and stop here. The organization qualifies as a publicly supported organization		
17a	10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, a	nd line	14 is 10% or more,
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part	VI how	the organization
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b	10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 1	7a, and	d line 15 is 10% or
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in	n Part \	/I how the
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	ation	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see	instructions

Schedule A (Form 990) 2022

(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	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	,	,	
	include any "unusual grants.")	430,116.	758,704.	673,982.	827,046.	579,882.	3269730.
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	3063725.	1798491.	476,509.	1019711.	1546950.	7905386.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3493841.	2557195.	1150491.	1846757.	2126832.	11175116.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						11175116.
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	3493841.	2557195.	1150491.	1846757.	2126832.	11175116.
	Gross income from interest, dividends, payments received on						2,858.
	securities loans, rents, royalties, and income from similar sources	2,858.					2,050.
b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						2,0301
С	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	2,858.					2,858.
c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,	2,858.			12,075.		2,858.
11 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	2,858.	2557195.	1150491.	1858832.		2,858. 12,075. 11190049.
11 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	2,858. 3496699. e organization's fire	st, second, third, t	ourth, or fifth tax y	1858832. rear as a section 50	01(c)(3) organization	2,858. 12,075. 11190049.
11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	2,858. 3496699. e organization's fire	rst, second, third, 1	ourth, or fifth tax y	1858832. rear as a section 50	01(c)(3) organization	2,858. 12,075. 11190049.
12 13 14 Sec	und income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	2,858. 3496699. e organization's fire	est, second, third, t	ourth, or fifth tax y	1858832. rear as a section 50	01(c)(3) organizatio	2,858. 12,075. 11190049.
12 13 14 Sec 15	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Publi Public support percentage for 2022 (li	2,858. 3496699. The organization's first concerning the second of the	centage	courth, or fifth tax y	1858832 • rear as a section 50	01(c)(3) organizatio	2,858. 12,075. 11190049. on, 99.87 %
12 13 14 Sec 15 16	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publi Public support percentage from 2021	2,858. 3496699. The organization's firm of the second of	st, second, third, for the second state of the	ourth, or fifth tax y	1858832 • rear as a section 50	01(c)(3) organizatio	2,858. 12,075. 11190049.
12 13 14 Sec 15 16 Sec	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021 cition D. Computation of Inves	2,858. 3496699. ae organization's fir c Support Perine 8, column (f), di Schedule A, Part	centage ivided by line 13, colll, line 15 Percentage	ourth, or fifth tax y	1858832 • rear as a section 50	01(c)(3) organizatio	2,858. 12,075. 11190049. on, 99.87 % 99.97 %
12 13 14 Sec 15 16 Sec 17	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage for 2021 (in D. Computation of Investion D. Computation of Investinest acquired to the section D. Computation D. Computation of Investinest Acquired to the section D. Computation D. Computa	2,858. 3496699. e organization's fir c Support Per ine 8, column (f), d Schedule A, Part itment Income	centage ivided by line 13, cell, line 15 Percentage inn (f), divided by line	column (f))	1858832 • rear as a section 50	15 16	2,858. 12,075. 11190049. on, 99.87 % 99.97 % .03 %
11 12 13 14 Sec 15 16 Sec 17 18	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021	2,858. 3496699. The organization's firmer as, column (f), do Schedule A, Part of the street income 122 (line 10c, column 2021 Schedule A,	centage ivided by line 13, cell, line 15 Percentage inn (f), divided by line 17	column (f))	1858832.	15 16 17	2,858. 12,075. 11190049. on, 99.87 % 99.97 % .03 % .03 %
11 12 13 14 Sec 17 18 19a	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publi Public support percentage for 2022 (li Public support percentage from 2021 ction D. Computation of Investment income percentage from 2031 Investment income percentage from 23 3 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar	2,858. 3496699. The organization's firmed as column (f), do schedule A, Part interest Income and 222 (line 10c, column 2021 Schedule A, organization did not stop here. The	centage ivided by line 13, colli, line 15 Percentage In (f), divided by line 17 ot check the box corganization quality	courth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su	1858832. Year as a section 50 The section 50	15 16 17 18 3 1/3%, and line 17	2,858. 12,075. 11190049. on, 99.87 % 99.97 % .03 % .03 % 7 is not X
11 12 13 14 Sec 17 18 19a	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage from 2021 Ction D. Computation of Inves Investment income percentage from 20 Investment income percentage from 3 3 1/3% support tests - 2022. If the	2,858. 3496699. a organization's fire the street of the	centage ivided by line 13, of Percentage on (f), divided by line 17 ot check the box of organization quality of check a box on	column (f)) ne 13, column (f)) on line 14, and line ries as a publicly so	1858832. Pear as a section 50 15 is more than 33 Lipported organization, and line 16 is more	15 16 17 18 3 1/3%, and line 17 ion	2,858. 12,075. 11190049. on, 99.87 % 99.97 % .03 % .03 % 7 is not X

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified 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.)

		Yes	No
	1		
	2		
	3a		
	Sa		
	3b		
	3c		
	4a		
	та		
	4b		
	i		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
dule	A (Forn	n 990)	2022

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Par	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		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
202	<u>detail in</u> Part VI. etion B. Type I Supporting Organizations	11c		
Sec	Lion B. Type I Supporting Organizations		.,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	C13,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor			
	organization, describe how the powers to appoint and/or remove officers, 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,	2		
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	nion of Type in supporting organizations		Vaa	Na
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1				
	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	1		
Sec	the supported organization(s). stion 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		163	NO
•	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 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 year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
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	(see instruction	s).	
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.	2 a		
b	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.

Sect	ion A - Adjusted Net Income	'	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which to			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2022 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

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

UNITED STATES TABLE TENNIS ASSOCIATION

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

51-6016365

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X 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 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. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

UNITED STATES TABLE TENNIS ASSOCIATION 51-6016365

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bonor advised failes	(b) I unus and other accounts
1	Total number at end of year	<u> </u>	
2			
3	Aggregate value of grants from (during year)	+	
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	writing that the appets hold in depar advise	d fundo
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati		·
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			_
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of overage incorrect in manifesting inspecting base	dling of violetions, and enforcing concernati	
7	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservati		
Ū	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		
Par		f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	i.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u>_</u>
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

2.917

e Other

23,855.

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

d Equipment

20,938.

Schedule D (Form 990) 2022 UNITED STATE	ES TABLE TENN]	IS ASSOCIATION	51-6016365 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 D+ B/ E 1	Idal Osa Farra 200 Bart V Bas d	-
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 1	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			-
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	Ide or 11f See Form 990 Port V	line 25
(15 14 44 144		TIC OF THE OCCUMENTALLY	(b) Book value
"			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(6) (7) (8)

Schedule D (Form 990) 2022 UNITED STATES TABLE TENNIS ASSOCIATION 51-6016365 Page 5 Part XIII Supplemental Information (continued)
Part XIII Supplemental Information (continued)
IN INCOME TAX EXPENSE. NO INTEREST AND PENALTIES WERE RECORDED DURING THE
YEAR ENDED DECEMBER 31, 2022. AT DECEMBER 31, 2022, THERE ARE NO
SIGNIFICANT INCOME TAX UNCERTAINTIES.

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Inspection

Name of the organization **Employer identification number**

UNITED STATES TABLE TENNIS ASSOCIATION 51-6016365 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, (by type) (such as, fundraising, proexpenditures offices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA 0 0 PROGRAM TRAVEL ROGRAM TRAVEL 46,587. CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA ARUBA, BAHAMAS 0 0 PROGRAM TRAVEL PROGRAM TRAVEL 62,271. EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 0 PROGRAM TRAVEL PROGRAM TRAVEL 75,064. SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR 0 0 PROGRAM TRAVEL PROGRAM TRAVEL 100,288. MIDDLE EAST AND NORTH AFRICA 0 0 PROGRAM TRAVEL PROGRAM TRAVEL 32,982. NORTH AMERICA 0 0 PROGRAM TRAVEL PROGRAM TRAVEL 35,289. 0 0 352,481. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I c Totals (add lines 3a

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Schedule F (Form 990) 2022

352,481.

and 3b)

recipient who rec	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
			recognized as charities by the or counsel has provided a sect		Secretaria de Labora.	>						
				exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities								

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED STATES TABLE TENNIS ASSOCIATION

Employer identification number

51-6016365 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESOURCES THAT ENABLE ATHLETES TO ACHIEVE SUSTAINED COMPETITIVE EXCELLENCE AND PURSUE OLYMPIC AND PARALYMPIC SUCCESS. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS FORM 990, PART VI, SECTION A, LINE 7A: "AT LARGE DIRECTOR" POSITIONS ARE ELECTED BY THE MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PREPARED BY A PROFESSIONAL CPA FIRM. THE 990 IS FIRST REVIEWED BY THE STAFF AND THE AUDIT COMMITTEE. THEN IT IS REVIEWED BY THE ENTIRE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST STATEMENT IS REVIEWED BY THE CHAIRMAN OF THE BOARD AND IS DISCUSSED BY THE BOARD AND MANAGEMENT. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE REVIEWS AND DETERMINES COMPENSATION FOR THE CEO. THE COMPENSATION COMMITTEE REVIEWS AND DETERMINES COMPENSATION FOR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 18:

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page
Name of the organization UNITED STATES TABLE TENNIS ASSOCIATION	Employer identification number 51-6016365
THE FORM 990 AND 990T IS AVAILABLE ON USATT'S WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCU	MENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON USATT	'S WEBSITE.
CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
RATINGS SYSTEM:	
PROGRAM SERVICE EXPENSES	42,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	42,000.
COACH CONTRACTORS:	
PROGRAM SERVICE EXPENSES	107,658.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	107,658.
EVENT CONTRACTORS:	
PROGRAM SERVICE EXPENSES	136,841.
MANAGEMENT AND GENERAL EXPENSES	16,344.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	153,185.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	302,843.
FORM 990, PART XII, LINE 2C.	
232212 10-28-22	Schedule O (Form 990) 202

Schedule O (Form 990) 20	122							Page 2
Name of the organization	UNITED	STATES	TABLE TEN	NIS A	SSOC:	IATION		Employer identification number 51-6016365
THE OVERSIGHT	PROCESS	HAS NO	r CHANGED	FROM	THE	PRIOR	YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

UNITED STATES	S TABLE TENNIS ASSO	OCIATION				51-60163		umber
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-year	assets	assets Direct cor enti		g
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34, I	Decause it had one o	or mor	e related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	cont	g) 512(b)(13) rolled tity?
		, , ,		501(c)(3))			Yes	No
UNITED STATES TABLE TENNIS FOUNDATION -								
31-1137464, 6617 CROSSING DRIVE, GRAND				LINE 12D,				
RAPIDS, MI 49508	FUNDRAISING FOR USTTA	INDIANA	501(C)(3)	III-O				Х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

	11 mm m (D1) 10 1 m T 11 D1 11	0 - - - - - - - -	IIX/II F 000	D - + N / P 0 4	to a contract the first of the contract of the
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or more related
	organizations treated as a partnership during the tax year.				

(p)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	I	tions?	ionate Code V-UBI amount in box 20 of Schedule		Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
		Primary activity Legal domicile (state or foreign	Primary activity Legal Direct controlling	Primary activity Legal Direct controlling Predominant income	Primary activity Legal domicile (state or foreign foreign foreign	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnitionals	Primary activity Legal domicile state or stat	Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnections Code VIIII General

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		<u> X</u>
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related or	()			11		X
m Performance of services or membership or fundraising solicitations by related org	ganization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
Sharing of paid employees with related organization(s)				10		X
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered relat	ionships and transaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved		
	type (a-s)					
		F0 000 G3				
(1) UNITED STATES TABLE TENNIS FOUNDATION	С	52,000.CA	<u>ısh</u>			
(2)						
(3)						
(4)						
(F)						
(5)						
(6)			Schedule	D (Farr	~ 000\	2022
232163 09-14-22			Schedule	n (rorn	11 99U)	2022

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

	e and E	ntity: ADVI	ERTISING IN PUR	BLICA POST-201 Section 382 Carryover	.7 NO	DETAIL CA	ARRYOVER SCH	EDULE				
Yea Orig	r i- C	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for							
A 20:	. 9	3,618.	3,618.	3,618.								
E												
A 20: B C C C C C C C C C C C C C C C C C C C												
J (
a Q												
R S												
T J												
V W												
Deta Typ	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
4												
A B C C C C C C C C C C C C C C C C C C	П											
Ē	н											
G H	Н											
J												
K -												
M N												
X M N O O O O O O O O O O O O O O O O O O												
R R												
T												
V W					_							

Form **990-W** (Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

► Keep for your records. Do not send to the Internal Revenue Service.

(and on Investment Income for Private Foundations) FORM 990-T

2023

1	Unrelated business taxable income expected in the tax ye	ear				1	
2	Tax on the amount on line 1					2	
3	Alternative minimum tax for trusts		3				
4	Total. Add lines 2 and 3		4				
5	Estimated tax credits		5				
6	Subtract line 5 from line 4		6				
7	Other taxes					7	
8	Total. Add lines 6 and 7	8					
9	Credit for federal tax paid on fuels					9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the o	organiza	ation does not need to ma	ke			
b	estimated tax payments Enter the tax shown on the 2022 return. Caution : If			10a			
	zero or the tax year was for less than 12 months, skip th and enter the amount from line 10a on line 10c			10b	2,017.		
C	2023 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c	e 10b. l	f the organization is requi	red to skip line 10b, ente	r the amount	10c	2,040.
	Trom line to a off line too		(a)	(b)	(c)	100	(d)
11	Installment due dates	11	04/18/23	06/15/23	09/15/2	3	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	510.	510.	5	10.	510.
13	2022 Overpayment	13	310.	310.			310.
14	Payment due (Subtract line 13 from line 12)	14	510.	510.	5	10.	510.
	· /				·		Form 990-W

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20

OMB No. 1545-0047

F Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer UNITED STATES TABLE TENNIS ASSOCIATION 51-6016365 VIRGINIA SUNG Name and title of officer or person subject to tax CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 22025455902 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 09/13/23 BRIDGET HARTNETT ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

Form 990-T	E	Exempt Organization Business Income Tax Returnation (and proxy tax under section 6033(e))	rn	OMB No. 1545-0047
	For ca	lendar year 2022 or other tax year beginning , and ending		2022
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		
Internal Revenue Service	I	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address change	d.	Name of organization (Check box if name changed and see instructions.)	DEmpl	oyer identification number
B Exempt under section	n Print	UNITED STATES TABLE TENNIS ASSOCIATION	5	1-6016365
X 501(c)(3) 408(e) 220(e) or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1 OLYMPIC PLAZA	EGroup (see i	exemption number nstructions)
408A 530(529(a) 529A	′ I	City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80909	F	Check box if
	С Во	ok value of all assets at end of year		an amended return.
G Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H Check if filing only	y to	Claim credit from Form 8941 Claim a refund shown on Form 2439		
Check if a 501(c)(3) organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J Enter the number	of attach	ed Schedules A (Form 990-T)		1
K During the tax yea	ar, was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
If "Yes," enter the	name an	d identifying number of the parent corporation.		
L The books are in	care of	THE ORGANIZATION Telephone number	719-	866-4583
Part I Total U	nrelate	d Business Taxable Income		
1 Total of unrelate	ed busine:	ss taxable income computed from all unrelated trades or businesses (see		
instructions)			. 1	10,603.
2 Reserved			. 2	
3 Add lines 1 and	2		. 3	10,603.
4 Charitable cont	ributions ((see instructions for limitation rules)	. 4	0.
5 Total unrelated	business	taxable income before net operating losses. Subtract line 4 from line 3	. 5	10,603.
6 Deduction for n	et operati	ng loss. See instructions	. 6	
7 Total of unrelate	ed busine:	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6	from line 5	5	. 7	10,603.
8 Specific deduct	ion (gene	rally \$1,000, but see instructions for exceptions)		1,000.
		duction. See instructions		
10 Total deductio	ns. Add li			1,000.
11 Unrelated busi	ness taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero			. 11	9,603.
Part II Tax Co	mputat	ion		
1 Organizations	taxable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,017.
		ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 fr		Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See	instructio			
4 Other tax amou	nts. See i	nstructions	4	
5 Alternative mini	mum tax			
6 Tax on noncon	npliant fa	cility income. See instructions		
7 Total Add lines	3 throug	h 6 to line 1 or 2 whichever applies	7	2.017.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part		Tax and Payments					r age <u>z</u>
1a		n tax credit (corporations attach Form 1	118: trusts attach Form 1116)	1a			
b			Tro, trusts attack rollin 1110/			-	
c		ral business credit. Attach Form 3800 (se				-	
d		for prior year minimum tax (attach Form				-	
e		credits. Add lines 1a through 1d				1e	
2		act line 1e from Part II, line 7				2	2,017.
3			4255 Form 8611		Form 8866		
	O 11.10.		/ II			3	
4	Total	tax. Add lines 2 and 3 (see instructions)	· /				
•				•		4	2,017.
5		nt net 965 tax liability paid from Form 96				5	0.
6a		ents: A 2021 overpayment credited to 2					
b		estimated tax payments. Check if section				1	
С							
d	Foreig	gn organizations: Tax paid or withheld at					
е		up withholding (see instructions)					
f		t for small employer health insurance pre					
g	Other	credits, adjustments, and payments:	Form 2439				
		Form 4136	Other				
7		payments. Add lines 6a through 6g				7	
8	Estim	ated tax penalty (see instructions). Chec	k if Form 2220 is attached			8	10.
9	Tax c	ue. If line 7 is smaller than the total of lir	nes 4, 5, and 8, enter amount ow	ed		9	2,027.
10	Over	payment. If line 7 is larger than the total	of lines 4, 5, and 8, enter amount	t overpaid		10	
11		the amount of line 10 you want: Credite			Refunded	11	
Part	IV :	Statements Regarding Certain	Activities and Other Info	rmation (see instr	uctions)		
1	At an	y time during the 2022 calendar year, did	d the organization have an interes	st in or a signature or	other authority		Yes No
		a financial account (bank, securities, or o	, ,		•		
	FinCE	N Form 114, Report of Foreign Bank an	d Financial Accounts. If "Yes," er	nter the name of the fo	oreign country		
	here						<u>X</u>
2		g the tax year, did the organization recei		-			37
		n trust?					Х
		s," see instructions for other forms the o	,		Φ.		
3		the amount of tax-exempt interest receive					
4		available pre-2018 NOL carryovers here					
_		on Schedule A (Form 990-T). Don't red	•		•	•	
5		2017 NOL carryovers. Enter the Busines		•			
	tne ar	nounts shown below by any NOL claime					
		Business Activ	ity Code		ost-2017 NOL c	arryover	_
				\$ \$			_
	Did #k	a arganization change its mathed of acc	ocupting? (occ instructions)	Φ			T x
6a b		e organization change its method of acc s "Yes," has the organization described			000 If "No "		
b		a to Doub V		., 990-FF, 01 F01111 112	20? 11 110,		
Part		Supplemental Information					
		cplanation required by Part IV, line 6b. A	so provide any other additional i	information See instr	uctions		
TTOVIGO	, tile c	control required by Fart IV, line ob. A	iso, provide any other additional	information. Occ insti-	detions.		
		nder penalties of perjury, I declare that I have examined				dge and belief, it	is true,
Sign	cc	rrect, and complete. Declaration of preparer (other tha	n taxpayer) is based on all information of whi	ich preparer has any knowled			
Here			CEC)		lay the IRS discu ne preparer show	ss this return with n below (see
	S	gnature of officer	Date Title		in	structions)?	Yes No
		Print/Type preparer's name	Preparer's signature	Date	Checki	if PTIN	
Paid		[self- employed		
Prepa	arer	BRIDGET HARTNETT	BRIDGET HARTNETT	09/13/23		P014	29163
Use C		Firm's name CLIFTONLARSC	NALLEN LLP		Firm's EIN		746749
330 €	- · · · y		OWER PARKWAY, 2N	D FLOOR			
		Firm's address LIVINGSTON	i, NJ 07039		Phone no. 9		
223711 0	1-16-23					For	m 990-T (2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A 1	lame of the organization UNITED STATES TABLE TENNIS ASSOC.	B Employer identi			
<u>c</u> ს	Unrelated business activity code (see instructions) 54180	0		D Sequence:	1 of 1
E [Describe the unrelated trade or business ADVERTISING	IN E	PUBLICATION A	ND WEBSITE	_
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
12	Gross receipts or sales10,603.	Т			
b	Less returns and allowances c Balance	1c	10,603.		
2	Cost of goods sold (Part III, line 8)	2	10,0031		
3	Gross profit. Subtract line 2 from line 1c	3	10,603.		10,603.
	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12	10 602		10.602
13	Total. Combine lines 3 through 12	13	10,603.		10,603.
Pa	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			uctions. Deductio	ns must be
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts				
5	Interest (attach statement). See instructions				_
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·	8b	+
9	Depletion Contributions to deformed componential plans			9	
10 11	Contributions to deferred compensation plans				
12	Employee benefit programs Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)			l	
15					
16	Unrelated business income before net operating loss deduction. S				
-	column (C)		•	·	10,603.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16			I	10,603.
LHA	For Paperwork Reduction Act Notice, see instructions.			Sched	lule A (Form 990-T) 2022

Page	•
raue	-

	ule A (Form 990-T) 2022					Page	2
Part		hod of inventory valuat	ion				_
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor			🗀	3		—
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				3		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	nere and in Part I, line 2	2	{	3		_
9	Do the rules of section 263A (with respect to property				L	Yes N	0
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with Re	eal Property)			_
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ıctions.			
	A						
	В 🔛						
	c						
	D						
		Α	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						_
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
С	Total rents received or accrued by property.						_
	Add lines 2a and 2b, columns A through D						
3 4	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	_	and on Part I, line 6, co	olumn (A)		0	<u>. </u>
_ 5	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)			0) .
Part	V Unrelated Debt-Financed Income (se	ee instructions)					
1	Description of debt-financed property (street address, o	city, state, ZIP code). C	heck if a dual-use. See	instructions.			
	A						
	В						
	c						
	D						
		A	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
С	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5	%	%		%		%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)			0	<u>.</u>
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	d on Part I, line 7, colun	nn (B)			<u>.</u>
11	Total dividends-received deductions included in line	10				0) .

1 Page **3**

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganization	s (see instru	uctions)	Page 3
		-					Exempt Contro			
	Name of controlle organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	4. Tota	al of specified ments made	5. Part of co that is include controlling or tion's gross	lumn 4 ed in the rganiza-	5. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
<u>(4)</u>										
		1 .		1	Controlled O	-			·	
	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 cluded in the organization's income		Deductions directly connected with ome in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals								0		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instructions	s)	
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (attach	et-asides statemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					Add amou	ınte in				Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Part		xempt A	Activity Income	Other 1	Than Adve		g Income	see instruction	ns)	
1	Description of exploite		-	•					1 1	
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from									
	lines 5 through 7								4	
5	Gross income from ac	tivity that i	is not unrelated busi	iness incor	me					
6	Expenses attributable	to income	entered on line 5						6	
7	Excess exempt expen			6, but do no	ot enter mor	e than th	he amount on I	ine		
	4. Enter here and on F	Part II, line	12						7	

Schedule A (Form 990-T) 2022

Part	IX	Advertising Income				
1	Na	me(s) of periodical(s). Check box if reporting two	or more periodicals on a c	consolidated basis.		
	Α					
	В					
	С					
	D					
Enter a	amou	unts for each periodical listed above in the corres	sponding column.			
		·	Α	В	С	D
2	Gr	oss advertising income				
	Ad	ld columns A through D. Enter here and on Part I				0.
а		-				
3	Dir	rect advertising costs by periodical				
а	Ad	ld columns A through D. Enter here and on Part I	I, line 11, column (B)			0.
4	Ad	lvertising gain (loss). Subtract line 3 from line				
	2.	For any column in line 4 showing a gain,				
	СО	mplete lines 5 through 8. For any column in				
	line	e 4 showing a loss or zero, do not complete				
	line	es 5 through 7, and enter zero on line 8				
5	Re	adership costs				
6		culation income				
7		cess readership costs. If line 6 is less than				
	line	e 5, subtract line 6 from line 5. If line 5 is less				
	tha	an line 6, enter zero				
8	Ex	cess readership costs allowed as a				
		duction. For each column showing a gain on				
		e 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а		ld line 8, columns A through D. Enter the greater	of the line 8a, columns tot	al or zero here and	on	•
	\neg	ırt II, line 13				0.
Dort		Componentian of Officers Directs	ro and Tructors			
Part		Compensation of Officers, Directo	ors, and Trustees (se	ee instructions)		
Part		Compensation of Officers, Directo		ee instructions)	3. Percentage	4. Compensation
Part		Compensation of Officers, Directors. 1. Name	ors, and Trustees (se	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business	4. Compensation
1)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
1)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
1)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X 	1. Name		ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
1) 2) 3) 4)	X . Ent	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form2220 for instructions and the latest information.

2022

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Employer identification number 51-6016365

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

F	Part I Required Annual Payment								
1	Total tax (see instructions)							1	2,017.
0.4	Developed helding company toy (Cohedula DII /Form 1100) lin	- OC\	included on line 1	1	0.	l			
	n Personal holding company tax (Schedule PH (Form 1120), line b Look-back interest included on line 1 under section 460(b)(2)			·····	2a			-	
	contracts or section 167(g) for depreciation under the income				2b				
	contracts of section 107(g) for depreciation under the income	1016	casi ilietillou	·····	20			-	
(Credit for federal tax paid on fuels (see instructions)				2c				
	i Total. Add lines 2a through 2c							2d	
	Subtract line 2d from line 1. If the result is less than \$500, do								
	does not owe the penalty							3	2,017.
4	Enter the tax shown on the corporation's 2021 income tax retu								
	or the tax year was for less than 12 months, skip this line and	ente	r the amount from line 3 o	n line 5				4	235.
5	Required annual payment. Enter the smaller of line 3 or line	4. If	the corporation is require	d to skip line	ė 4 ,				
_	enter the amount from line 3							5	235.
ŀ	Part II Reasons for Filing - Check the boxes belo even if it does not owe a penalty. See instructions.	w tha	at apply. If any boxes are o	checked, the	corpo	oration	must file Form 22	220	
	The corporation is using the adjusted seasonal installr	nent	mathod						
7	The corporation is using the adjusted seasonal install								
8	The corporation is a "large corporation" figuring its first			n the nrior v	ear's i	ax			
Ť	Part III Figuring the Underpayment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an ou motumnent buood of	T the prior y	our o	iu/ii			
	<u> </u>		(a)	(1	b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the		, ,	•					• ,
	15th day of the 4th (Form 990-PF filers: Use 5th month),								
	6th, 9th, and 12th months of the corporation's tax year	9	04/15/22	06/1	5/	22	09/15/	22	12/15/22
10	Required installments. If the box on line 6 and/or line 7								
	above is checked, enter the amounts from Sch A, line 38. If								
	the box on line 8 (but not 6 or 7) is checked, see instructions								
	for the amounts to enter. If none of these boxes are checked,								
	enter 25% (0.25) of line 5 above in each column	10	59.			59.		58.	59.
11	Estimated tax paid or credited for each period. For								
	column (a) only, enter the amount from line 11 on line 15.								
	See instructions	11							
	Complete lines 12 through 18 of one column								
	before going to the next column.								
	Enter amount, if any, from line 18 of the preceding column	12							
	Add lines 11 and 12	13				<u> </u>	1	10	176
	Add amounts on lines 16 and 17 of the preceding column	14	0.			59. 0.		18.	176.
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.			٠.		0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line	16				59.	1	18.	
17	14. Otherwise, enter -0- Underpayment. If line 15 is less than or equal to line 10,	10				59.		10.	
17	subtract line 15 from line 10. Then go to line 12 of the next								
	column. Otherwise, go to line 18	17	59.			59.		58.	59.
18	Overpayment. If line 10 is less than line 15, subtract line 10		"						
	from line 15. Then go to line 12 of the next column	18							
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV		nere are no entries on line	e 17 - no pe	nalty	is owed	l.		

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)

Form 2220 (2022)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
36	Underpayment on line 17 x Number of days on line 35 x *% 366	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, lin	e 34; or the comparable	38	\$ 10.

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

UNITED STATE (A) *Date	ES TABLE TEN (B) Amount	NIS ASSOCIATI (C) Adjusted	ON (D)	51-60	16365
		Adjusted	(D)		
*Date	Amount	Adjusted		(E)	(F)
		Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/22	59.	59.	61	.000109589	
06/15/22	59.	118.	15	.000109589	
06/30/22	0.	118.	77	.000136986	1.
09/15/22	58.	176.	15	.000136986	
09/30/22	0.	176.	76	.000164384	2.
12/15/22	59.	235.	16	.000164384	1.
12/31/22	0.	235.	135	.000191781	6.
Penalty Due (Sum of Colum	n F).			<u>'</u>	10.

^{*} Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 09/13/2023 12:18:22	EXPORTED ON 09/13/2023 12:17:59
FORM 990	FORM 990-T