

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

**A** For the 2005 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**UNITED STATES TABLE TENNIS ASSOC., INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1 OLYMPIC PLAZA**  
 City or town, state or country, and ZIP + 4  
**COLORADO SPRINGS, CO 80909**

**D** Employer identification number  
**51-6016365**

**E** Telephone number  
**(719) 866-4583**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: ▶ **WWW.USATT.ORG**

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,274,644.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b>		Contributions, gifts, grants, and similar amounts received:			
<b>Revenue</b>	<b>a</b>	Direct public support	<b>1a</b>	<b>31,772.</b>	
	<b>b</b>	Indirect public support	<b>1b</b>	<b>359,028.</b>	
	<b>c</b>	Government contributions (grants)	<b>1c</b>		
	<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>385,055.</b> noncash \$ <b>5,745.</b> )	<b>1d</b>		<b>390,800.</b>
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>452,672.</b>
	<b>3</b>	Membership dues and assessments	<b>3</b>		<b>326,368.</b>
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>5,860.</b>
	<b>5</b>	Dividends and interest from securities	<b>5</b>		
	<b>6 a</b>	Gross rents	<b>6a</b>		
	<b>b</b>	Less: rental expenses	<b>6b</b>		
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
	<b>7</b>	Other investment income (describe ▶ )	<b>7</b>		
<b>8 a</b>	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<b>191.</b>	
	<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	<b>&lt;191.&gt;</b>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		<b>STMT 1</b>	<b>8d</b>	<b>&lt;191.&gt;</b>
<b>9 a</b>	Gross revenue (not including \$ of contributions reported on line 1a)		<b>9a</b>		
	<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10 a</b>	Gross sales of inventory, less returns and allowances		<b>10a</b>	<b>1,717.</b>	
	<b>b</b>	Less: cost of goods sold	<b>10b</b>	<b>2,349.</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	<b>STMT 2</b>	<b>&lt;632.&gt;</b>
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>97,227.</b>	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>1,272,104.</b>	
<b>Expenses</b>	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>960,984.</b>
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>298,515.</b>
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		<b>1,259,499.</b>
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>12,605.</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>384,425.</b>
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0.</b>
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>397,030.</b>

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> • If this amount includes foreign grants, check here <input type="checkbox"/> 22				
23 Specific assistance to individuals (attach schedule) ..... 23				
24 Benefits paid to or for members (attach schedule) ..... 24				
25 Compensation of officers, directors, etc. ** 25	73,250.	5,003.	68,247.	0.
26 Other salaries and wages ..... 26	152,136.	57,101.	95,035.	
27 Pension plan contributions ..... 27				
28 Other employee benefits ..... 28				
29 Payroll taxes ..... 29				
30 Professional fundraising fees ..... 30				
31 Accounting fees ..... 31				
32 Legal fees ..... 32				
33 Supplies ..... 33	27,077.	18,711.	8,366.	
34 Telephone ..... 34	7,027.	3,540.	3,487.	
35 Postage and shipping ..... 35	29,839.	29,099.	740.	
36 Occupancy ..... 36				
37 Equipment rental and maintenance ..... 37	1,468.		1,468.	
38 Printing and publications ..... 38	59,574.	59,068.	506.	
39 Travel ..... 39	79,447.	71,134.	8,313.	
40 Conferences, conventions, and meetings ... 40				
41 Interest ..... 41				
42 Depreciation, depletion, etc. (attach schedule) 42	5,244.		5,244.	
43 Other expenses not covered above (itemize):				
a ..... 43a				
b ..... 43b				
c ..... 43c				
d ..... 43d				
e ..... 43e				
f ..... 43f				
g SEE STATEMENT 3 ..... 43g	824,437.	717,328.	107,109.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) ..... 44	1,259,499.	960,984.	298,515.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 4

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> ATHLETE DEVELOPMENT - JUNIOR AND ELITE PROGRAMS FOR ATHLETES. ATHLETES COMPETE IN NATIONAL & INTERNATIONAL COMPETITIONS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	214,039.
<b>b</b> TOURNAMENTS - APPROX. 270 SANCTIONED TOURNAMENTS WERE HELD, INCLUDING THE U.S. OPEN & U.S. NATIONALS. MINOR EVENTS RANGE IN SIZE AND PARTICIPANTS & THERE WERE APPROX. 720 PARTICIPANTS FOR THE U.S. OPEN & U.S. NATIONALS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	383,937.
<b>c</b> MEMBERSHIP SERVICES - PROVIDED ITS NATIONAL PUBLICATION TO APPROX 8,000 MEMBERS. PROVIDED A NATIONAL RATING SYSTEM. ADMINISTRATIVE SERVICES WERE PROVIDED TO NEW & RENEWING INDIVIDUALS AND CLUBS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	321,853.
<b>d</b> COACHING SERVICES - PROVIDE ATHLETE SUPPORT AND TECHNICAL EXPERTISE FOR THE ELITE ATHLETE PROGRAM INCLUDING YOUTH DEVELOPMENT AND NATIONAL TEAM ACTIVITIES.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	34,367.
<b>e</b> Other program services (attach schedule) SEE STATEMENT 6	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,788.
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	960,984.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	138,833.	217,720.
	46 Savings and temporary cash investments .....	202,514.	206,663.
	47 a Accounts receivable .....	73,507.	
	b Less: allowance for doubtful accounts .....		
		88,841.	73,507.
	48 a Pledges receivable .....		
	b Less: allowance for doubtful accounts .....		
	49 Grants receivable .....		
	50 Receivables from officers, directors, trustees, and key employees .....		
	51 a Other notes and loans receivable .....		
	b Less: allowance for doubtful accounts .....		
	52 Inventories for sale or use .....	6,022.	4,876.
	53 Prepaid expenses and deferred charges .....	8,930.	1,576.
	54 Investments - securities <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	1,606.	3,666.
<b>Liabilities</b>	55 a Investments - land, buildings, and equipment: basis .....		
	b Less: accumulated depreciation .....		
	56 Investments - other .....	0.	0.
	57 a Land, buildings, and equipment: basis .....	156,392.	
	b Less: accumulated depreciation .....	41,196.	
	58 Other assets (describe <input type="checkbox"/> ) .....	119,068.	115,196.
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	565,814.	623,204.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	66,677.	98,822.
	61 Grants payable .....		
	62 Deferred revenue .....	114,712.	127,352.
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities .....		
	b Mortgages and other notes payable .....		
65 Other liabilities (describe <input type="checkbox"/> ) .....			
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	181,389.	226,174.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines</b> 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	376,625.	384,981.
	68 Temporarily restricted .....	7,800.	12,049.
	69 Permanently restricted .....		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and</b> complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	384,425.	397,030.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	565,814.	623,204.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....		<b>a</b>	1,272,104.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments .....	b1		
2	Donated services and use of facilities .....	b2		
3	Recoveries of prior year grants .....	b3		
4	Other (specify): .....	b4		
	Add lines b1 through b4 .....		<b>b</b>	0.
<b>c</b>	Subtract line b from line a .....		<b>c</b>	1,272,104.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b .....	d1		
2	Other (specify): .....	d2		
	Add lines d1 and d2 .....		<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines c and d .....		<b>e</b>	1,272,104.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements .....		<b>a</b>	1,259,499.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities .....	b1		
2	Prior year adjustments reported on Part I, line 20 .....	b2		
3	Losses reported on Part I, line 20 .....	b3		
4	Other (specify): .....	b4		
	Add lines b1 through b4 .....		<b>b</b>	0.
<b>c</b>	Subtract line b from line a .....		<b>c</b>	1,259,499.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b .....	d1		
2	Other (specify): .....	d2		
	Add lines d1 and d2 .....		<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines c and d .....		<b>e</b>	1,259,499.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 8 -----		73,250.	0.	0.
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**Part V-A** Current Officers, Directors, Trustees, and Key Employees (continued)

		Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... <span style="float:right">13</span>			
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....	<b>75b</b>		X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? .....	<b>75c</b>		X
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
<b>d</b> Does the organization have a written conflict of interest policy? .....	<b>75d</b>	X	

**Part V-B** Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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**Part VI** Other Information (See the instructions.)

		Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .....	<b>76</b>		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. ....	<b>77</b>		X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	<b>78a</b>	X	
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? .....	<b>78b</b>	X	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .....	<b>79</b>		X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	<b>80a</b>	X	
<b>b</b> If "Yes," enter the name of the organization <u>SEE STATEMENT 9</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81 a</b> Enter direct or indirect political expenditures. (See line 81 instructions.) <span style="float:right">81a 0</span>			
<b>b</b> Did the organization file Form 1120-POL for this year? .....	<b>81b</b>		X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed NONE
90b Number of employees employed in the pay period that includes March 12, 2005 6
91 a The books are in care of THE ASSOCIATION Telephone no. (719) 866-4583 Located at 1 OLYMPIC PLAZA, COLORADO SPRINGS, CO ZIP + 4 80909
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with 2 columns: Yes, No. Rows 91b, 91c.

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> TOURNAMENTS/CAMPS/OTHER					392,679.
<b>b</b> SANCTION & EQUIP FEES					59,993.
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					326,368.
<b>95</b> Interest on savings and temporary cash investments			14	5,860.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			01	<191.>	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory			03	<632.>	
<b>103</b> Other revenue:					
<b>a</b> ADVERTISING	541800	97,227.			
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		97,227.		5,037.	779,040.
<b>105 Total</b> (add line 104, columns (B), (D), and (E))					881,304.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: Tong W. Lee Date: 6/26/06 Type or print name and title: TONG W. LEE, TREASURER

**Paid Preparer's Use Only** Preparer's signature: Benneth E. Vaughn CPA Date: 6/22/06 Check if self-employed:  Preparer's SSN or PTIN: P00450833

Firm's name (or yours if self-employed), address, and ZIP + 4: WAUGH & GOODWIN LLP  
1365 GARDEN OF THE GODS, SUITE 105  
COLORADO SPRINGS, CO 80907

EIN: 20-1766527 Phone no.: (719) 590-9777



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information--(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2005**

Name of the organization

UNITED STATES TABLE TENNIS ASSOC., INC.

Employer identification number

51: 6016365

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
POWERS PYLES SUTTER & VERVILLE P.C. 1875 EYE STREET, NW, TWELVE FLOOR, WASHINGTON, DC	LEGAL SERVICES	70,457.
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

<b>Part III</b> Statements About Activities (See page 2 of the instructions.)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? .....	2a	X
b Lending of money or other extension of credit? .....	2b	X
c Furnishing of goods, services, or facilities? .....	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
e Transfer of any part of its income or assets? .....	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....	3a	X
b Do you have a section 403(b) annuity plan for your employees? .....	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	418,165.	395,994.	508,797.	453,247.	1,776,203.
18 Membership fees received	310,279.	252,217.	227,756.	207,069.	997,321.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	431,832.	298,150.	392,292.	298,435.	1,420,709.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,631.	3,042.	490.	4,450.	12,613.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	79,556.	88,853.	73,978.	64,343.	306,730.
23 Total of lines 15 through 22	1,244,463.	1,038,256.	1,203,313.	1,027,544.	4,513,576.
24 Line 23 minus line 17	812,631.	740,106.	811,021.	729,109.	3,092,867.
25 Enter 1% of line 23	12,445.	10,383.	12,033.	10,275.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 1,776,203. 16 997,321. 17 1,420,709. 20 _____ 21 _____					27c 4,194,233.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 4,194,233.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 4,513,576.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 92.9248%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .2794%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	NONE				

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34	a Does the organization receive any financial aid or assistance from a governmental agency? .....		
	b Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....		
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
<b>51a(i)</b> (i) Cash		X
<b>a(ii)</b> (ii) Other assets		X
<b>b(i)</b> (i) Sales or exchanges of assets with a noncharitable exempt organization		X
<b>b(ii)</b> (ii) Purchases of assets from a noncharitable exempt organization		X
<b>b(iii)</b> (iii) Rental of facilities, equipment, or other assets		X
<b>b(iv)</b> (iv) Reimbursement arrangements		X
<b>b(v)</b> (v) Loans or loan guarantees		X
<b>b(vi)</b> (vi) Performance of services or membership or fundraising solicitations		X
<b>c</b> (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

(i) Cash  
(ii) Other assets

**b** Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization  
(ii) Purchases of assets from a noncharitable exempt organization  
(iii) Rental of facilities, equipment, or other assets  
(iv) Reimbursement arrangements  
(v) Loans or loan guarantees  
(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
OKIDATA MICROLINE 321 TURBO PRINTER	02/22/02	12/31/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	818.	0.	627.	<191.>
TO FM 990, PART I, LN 8		818.	0.	627.	<191.>

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	1,717	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		1,717
4. COST OF GOODS SOLD (LINE 13) . . . . .	2,349	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		<632>

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	6,022	
7. MERCHANDISE PURCHASED . . . . .	1,203	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		7,225
12. INVENTORY AT END OF YEAR . . . . .	4,876	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		2,349



FORM 990

## OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADMINISTRATION	86.	86.		
CONTRACT LABOR	46,267.	46,064.	203.	
DUES & FEES	100.		100.	
FACILITY FEES	16,120.	16,120.		
FOOD & LODGING	5,555.		5,555.	
INSURANCE	38,714.	30,168.	8,546.	
PROGRAM FEES	4,256.	4,256.		
PRIZE MONEY	140,620.	140,620.		
COMPUTER COSTS	1,501.		1,501.	
ENTRY FORMS & PROCESSING	6,186.	6,186.		
COACHING FEES	20,700.	20,700.		
CAMPS & COMPETITIONS	161,850.	161,850.		
HALL OF FAME	1,114.	1,114.		
CLUB MEMBERSHIP				
DISCOUNTS	14,991.	14,991.		
COMMITTEES	4,472.	4,472.		
COMMISSIONS	11,443.	11,443.		
DEVELOPMENT	9,974.	9,974.		
RATINGS	44,745.	44,745.		
BANK CHARGES	60.		60.	
BUILDING MAINTENANCE	4,731.		4,731.	
SECURITY SERVICES	6,947.	6,947.		
SEMINARS	5,787.	5,787.		
WEBSITE MAGAZINE	4,500.	4,500.		
JANITORIAL	7,620.	7,620.		
MERCHANT FEES	12,109.	12,109.		
SPONSORS ROOM	3,851.	3,851.		
TROPHIES	7,067.	7,067.		
T-SHIRTS	8,530.	8,530.		
AUTO EXPENSE	30.		30.	
PAYROLL SERVICE	1,481.		1,481.	
BAD DEBT	275.	275.		
BOARD OF DIRECTORS	1,929.	1,929.		
CLUB PROGRAMS	201.	201.		
EQUIPMENT	2,415.	2,415.		
FINANCIAL INCENTIVES	17,187.	17,187.		
HEALTH INSURANCE	27,081.	11,649.	15,432.	
MEDICAL CHECK-UP	480.	480.		
PROMOTIONAL MERCHANDISE	669.	669.		
NEWSSTAND	2,104.	2,104.		
STIPENDS	22,250.	22,250.		
TABLES, PIPE & DRAPE	4,804.	4,804.		
TELEVISION	49,472.	49,472.		

TOURNAMENT			
CONTRACTOR	18,940.	18,940.	
TRANSPORTATION	9,271.	9,271.	
U.S. PARALYMPICS	283.	283.	
USOC REPRESENTATION	3,114.	3,114.	
WRITER PAYMENTS	2,705.	2,705.	
WEBSITE	380.	380.	
ACCOUNTING & BOOKKEEPING	3,150.		3,150.
AUDIT & TAX PREPARATION	4,655.		4,655.
BUSINESS FEES	79.		79.
LEGAL & ARBITRATION	56,838.		56,838.
REPRESENTATION	4,748.		4,748.
TOTAL TO FM 990, LN 43	<u>824,437.</u>	<u>717,328.</u>	<u>107,109.</u>

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
TEODOR GHEORGHE	73,250.			
A. PROGRAM SERVICES	5,003.			5,003.
B. MANAGEMENT AND GENERAL	68,247.			68,247.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				5,003.
TOTAL MANAGEMENT AND GENERAL				68,247.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON LINE 25				73,250.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

USTTA IS THE NATIONAL GOVERNING BODY FOR THE SPORT OF TABLE TENNIS, MAKING IT RESPONSIBLE FOR THE CONDUCT & ADMINISTRATION OF AMATEUR & PRO ATHLETES.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
COMMITTEE SUPPORT SERVICES		6,788.
TOTAL TO FORM 990, PART III, LINE E		6,788.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SHORT-TERM INVESTMENTS	FMV	3,666.			3,666.
TO FORM 990, LINE 54, COL B		3,666.			3,666.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SHERI SODERBERG PITTMAN 1520 DALE LANE DELRAY BEACH, FL 33444	PRESIDENT 5.00	0.	0.	0.
JIING T. WANG, M.D. 1224 ARNO DR. SIERRA MADRE, CA 91024	EXECUTIVE VICE PRESIDENT 5.00	0.	0.	0.
BARNEY REED 1462 OLD JANAL RANCH RD. CHULA VISTA, CA 91915	VICE PRESIDENT 5.00	0.	0.	0.
GEORGE BRAITHWAITE 580 MAIN ST. APT 756 ROOSEVELT ISLAND, NY 10044	VICE PRESIDENT 5.00	0.	0.	0.
TONG LEE 1295 QUANDT CT LAFAYETTE, CA 94549-2624	TREASURER 5.00	0.	0.	0.
TIM BOGGAN 12 LAKE AVENUE MERRICK, NY 11566	SECRETARY 5.00	0.	0.	0.
WILLY LEPARULO 4169 MICCOSUKEE RD TALLAHASSEE, FL 32308	REPRESENTATIVE 5.00	0.	0.	0.

TEODOR GHEORGHE 711 N. TEJON COLORADO SPRINGS, CO 80903	EXECUTIVE DIRECTOR 40.00	73,250.	0.	0.
LILLY YIP 14 DOCK WATCH HOLLOW RD. WARREN, NJ 07059	VICE PRESIDENT 5.00	0.	0.	0.
ROBERT BLACKWELL 100 SO. WACKER DRIVE STE 200 CHICAGO, IL 60606	VICE PRESIDENT 5.00	0.	0.	0.
DELL SWEERIS 6617 CROSSING DRIVE GRAND RAPIDS, MI 49508	VICE PRESIDENT 5.00	0.	0.	0.
ASHU JAIN 38 COLERIDDGE DRIVE MARLBORO, NJ 07746	REPRESENTATIVE 5.00	0.	0.	0.
WHITNEY PING 16635 NW YORKTOWN DRIVE BEAVERTON, OR 97006	REPRESENTATIVE 5.00	0.	0.	0.
KHOA NGUYEN 3286 PAPPANI WAY SAN JOSE, CA 95148	REPRESENTATIVE 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		73,250.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 9  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
UNITED STATES OLYMPIC COMMITTEE	X	
UNITED STATES TABLE TENNIS ASSOCIATION FOUNDATION	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10  
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	TOURNAMENTS/CAMPS/OTHER - ENABLES THE ORGANIZATION TO CONDUCT COMPETITIONS AND TRAINING CAMPS FOR ITS ATHLETES.
93B	SANCTION & EQUIPMENT APPROVAL FEES RELATE DIRECTLY TO THE ORGANIZATION EXEMPT PURPOSE OF FURTHERING COMPETITIONS.
94	MEMBERSHIP DUES - ENABLES THE ORGANIZATION TO PROVIDE MEMBER SERVICES AND A SUBSCRIPTION TO A BY-MONTHLY MAGAZINE.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
ADVERTISING	79,556.	88,853.	73,978.	64,343.
TOTAL TO SCHEDULE A, LINE 22	79,556.	88,853.	73,978.	64,343.