

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

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

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 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a 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 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.
c 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.
d 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.
e Other program services (attach schedule) SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,788.
f 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	
Assets	45	Cash - non-interest-bearing	138,833.	45	217,720.
	46	Savings and temporary cash investments	202,514.	46	206,663.
	47 a	Accounts receivable	73,507.		
		47a			
	b	Less: allowance for doubtful accounts		47c	73,507.
		47b			
	48 a	Pledges receivable			
		48a			
	b	Less: allowance for doubtful accounts		48c	
		48b			
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		51a			
	b	Less: allowance for doubtful accounts		51c	
	51b				
52	Inventories for sale or use	6,022.	52	4,876.	
53	Prepaid expenses and deferred charges	8,930.	53	1,576.	
54	Investments - securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,606.	54	3,666.	
55 a	Investments - land, buildings, and equipment: basis				
	55a				
b	Less: accumulated depreciation		55c		
	55b				
56	Investments - other	0.	56	0.	
57 a	Land, buildings, and equipment: basis	156,392.			
	57a				
b	Less: accumulated depreciation	41,196.	57c	115,196.	
	57b				
58	Other assets (describe <input type="checkbox"/>)		58		
59	Total assets (must equal line 74). Add lines 45 through 58	565,814.	59	623,204.	
Liabilities	60	Accounts payable and accrued expenses	66,677.	60	98,822.
	61	Grants payable		61	
	62	Deferred revenue	114,712.	62	127,352.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities. Add lines 60 through 65	181,389.	66	226,174.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	376,625.	67	384,981.
	68	Temporarily restricted	7,800.	68	12,049.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	384,425.	73	397,030.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	565,814.	74	623,204.

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	
93 Program service revenue:					
a <u>TOURNAMENTS/CAMPS/OTHER</u>					392,679.
b <u>SANCTION & EQUIP FEES</u>					59,993.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					326,368.
95 Interest on savings and temporary cash investments			14	5,860.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	<191.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	<632.>	
103 Other revenue:					
a <u>ADVERTISING</u>	541800	97,227.			
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		97,227.		5,037.	779,040.
105 Total (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: [Signature] Date: 6/26/06 Type or print name and title: TONG W. LEE, TREASURER

Paid Preparer's Use Only Preparer's signature: [Signature] 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)

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

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

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**

