

**Return of Organization Exempt From Income Tax**

**2002**

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)

Open to Public Inspection

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

**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

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

Please use IRS label or print or type. See Specific Instructions

**C** Name of organization: **FUTURE PROBLEM SOLVING PROGRAM**

Number and street (or P O box if mail is not delivered to street address): **2028 REGENCY ROAD, FIRST FLOOR**

Room/suite: \_\_\_\_\_

City or town, state or country, and ZIP + 4: **LEXINGTON, KY 40503-2309**

**D** Employer identification number: **42-1234706**

**E** Telephone number: **859-276-4336**

**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)

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: \_\_\_\_\_

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

**G** Web site: **N/A**

**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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**I** Enter 4-digit GEN: \_\_\_\_\_

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **943,346.**

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

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a			
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)			1d	0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	914,885.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	6,492.
5	Dividends and interest from securities			5	
6a	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			
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a	8b		
c	Gain or (loss) (attach schedule)	8b	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	8d		<2,090.>
9	Special events and activities (attach schedule)				
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			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			919,287.
13	Program services (from line 44, column (B))	13			750,705.
14	Management and general (from line 44, column (C))	14			261,340.
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 14, column (A))	17			1,012,045.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			<92,758.>
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			522,022.
20	Other changes in net assets or fund balances (attach explanation)	20			4,352.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			433,616.

RECEIVED  
DEC 09 2003  
OGLDEN

SCANNED DEC 30 2003

**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 \$ _____ noncash \$ _____	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	67,074.	50,306.	16,768.
26	Other salaries and wages	26	99,486.	64,666.	34,820.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	13,709.	8,911.	4,798.
30	Professional fundraising fees	30	24,712.	16,063.	8,649.
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	11,406.	7,414.	3,992.
34	Telephone	34	6,653.	4,324.	2,329.
35	Postage and shipping	35			
36	Occupancy	36	22,950.	11,475.	11,475.
37	Equipment rental and maintenance	37	3,248.	1,949.	1,299.
38	Printing and publications	38	206.	185.	21.
39	Travel	39	4,588.	2,294.	2,294.
40	Conferences, conventions, and meetings	40	606,125.	454,594.	151,531.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	9,447.	7,558.	1,889.
43	Other expenses not covered above (itemize)				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e SEE STATEMENT 3	43e	142,441.	120,966.	21,475.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to line 13-15	44	1,012,045.	750,705.	261,340.

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 \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)

a	INTERNATIONAL CONFERENCE - PROVIDES A FORUM IN WHICH WINNERS OF COUNTRY, STATE AND LOCAL COMPETITIONS COMPETE IN PROBLEM SOLVING ACTIVITIES.	(Grants and allocations \$ _____)	454,594.
b	CATALOG SALES - PROVIDES EDUCATORS WITH THE MATERIALS NEEDED TO TEACH THINKING SKILLS.	(Grants and allocations \$ _____)	58,837.
c	SEE STATEMENT 5	(Grants and allocations \$ _____)	237,274.
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		750,705.

**Part IV Balance Sheets**

**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	734,971.	45	635,430.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	107,795.		
	47 b Less allowance for doubtful accounts	3,000.	91,130.	47c 104,795.
	48 a Pledges receivable			
	48 b Less allowance for doubtful accounts			48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable			
	51 b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use	42,375.	52	34,556.
	53 Prepaid expenses and deferred charges	4,382.	53	4,382.
	54 Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	115,223.	54	124,700.
	55 a Investments - land, buildings, and equipment basis			
	55 b Less accumulated depreciation			55c
56 Investments - other			56	
57 a Land, buildings, and equipment basis	103,946.			
57 b Less accumulated depreciation STMT 7	52,152.	59,206.	57c 51,794.	
58 Other assets (describe <input type="checkbox"/> )			58	
59 <b>Total assets</b> (add lines 45 through 53) (must equal line 74)	1,047,287.	59	955,657.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	517,672.	60	507,587.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 8 )	7,593.	65	14,454.
66 <b>Total liabilities</b> (add lines 60 through 65)	525,265.	66	522,041.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	522,022.	67	433,616.
	68 Temporarily restricted		68	
	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 <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)	522,022.	73	433,616.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,047,287.	74	955,657.	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	▶ a	919,287.	▶ a
b Amounts included on line a but not on line 12, Form 990			
(1) Net unrealized gains on investments \$			
(2) Donated services and use of facilities \$			
(3) Recoveries of prior year grants \$			
(4) Other (specify) \$			
Add amounts on lines (1) through (4)	▶ b	0.	▶ b
c Line a minus line b	▶ c	919,287.	▶ c
d Amounts included on line 12, Form 990 but not on line a			
(1) Investment expenses not included on line 6b, Form 990 \$			
(2) Other (specify) \$			
Add amounts on lines (1) and (2)	▶ d	0.	▶ d
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e	919,287.	▶ e
a Total expenses and losses per audited financial statements	▶ a	1,012,045.	▶ a
b Amounts included on line a but not on line 17 Form 990			
(1) Donated services and use of facilities \$			
(2) Prior year adjustments reported on line 20, Form 990 \$			
(3) Losses reported on line 20, Form 990 \$			
(4) Other (specify) \$			
Add amounts on lines (1) through (4)	▶ b	0.	▶ b
c Line a minus line b	▶ c	1,012,045.	▶ c
d Amounts included on line 17, Form 990 but not on line a			
(1) Investment expenses not included on line 6b, Form 990 \$			
(2) Other (specify) \$			
Add amounts on lines (1) and (2)	▶ d	0.	▶ d
e Total expenses per line 17, Form 990 (line c plus line d)	▶ e	1,012,045.	▶ e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(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	(E) Expense account and other allowances
KATHERINE HUME ----- LEXINGTON, KENTUCKY 40503	EXECUTIVE DIRECTOR 40	0.	0.	0.
GRETCHEN HUNDERTMARK ----- SOLDOTNA, ARKANSAS 99569	DIRECTOR 0	0.	0.	0.
PHYLLIS MACDONALD ----- TUCSON, AZ	DIRECTOR 0	0.	0.	0.
BARBARA ROMNEY ----- COLUMBUS, GA	DIRECTOR 0	0.	0.	0.
BARBARA SAILORS ----- COUPEVILLE, WA	DIRECTOR 0	0.	0.	0.
MARIANNE SOLOMON ----- INDIAN HARBOR BEACH, FL	DIRECTOR 0	0.	0.	0.
FARIMAE TATE ----- VIRGINIA BEACH, VA	DIRECTOR 0	0.	0.	0.
JEANNA WESTMORELAND ----- ARKADELPHIA, AR	DIRECTOR 0	0.	0.	0.
NANCY WOGMAN ----- CROMWELL, CT	DIRECTOR 0	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No Form 990 (2002)

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990 T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a 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?
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
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?
82 b 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 (See instructions in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contribution or gifts that were not tax deductible?
84 b 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?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h 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 a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations a Gross income from members or shareholders
87 b 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? If "Yes," complete Part IX
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89 b 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? If "Yes," attach a statement explaining each transaction
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d 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
90 b Number of employees employed in the pay period that includes March 12, 2002
91 The books are in care of
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

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	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>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <u>INTERNATIONAL CONF.</u>					914,885.
b <u>AND PROGRAM SERVICES</u>					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14		6,492.
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			14	<2,090.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		<2,090.>	921,377.
105 Total (add line 104, columns (B), (D), and (E))					919,287.

**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 page 32 of 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 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of 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**

(a) Did the organization, during the year, receive any funds, directly or indirectly,

(b) Did the organization, during the year, pay premiums, directly or indirectly, on

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

Please Sign Here 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 furnished to him.

Signature of officer: *[Signature]* Date: 12/1

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed) address and ZIP + 4: STIVERS & ASSOCIATES PS 190 MARKET STREET, SUITE LEXINGTON, KY 40507

**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 Section 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

**2002**

Name of the organization: **FUTURE PROBLEM SOLVING PROGRAM** Employer identification number: **42 1234706**

**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 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
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part III Statements About Activities** (See page 2 of the instructions )

- 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 ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 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.
- 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?
  - b Lending of money or other extension of credit?
  - c Furnishing of goods, services, or facilities?
  - d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
  - e Transfer of any part of its income or assets?
- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below )
- 4 Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4		X

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	100.	44,147.			44,247.
16 Membership fees received	13,100.	12,652.	15,375.	16,721.	57,848.
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	949,197.	764,112.	805,365.	858,659.	3,377,333.
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	6,436.	21,349.	7,148.	5,792.	40,725.
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.			SEE STATEMENT 10	3,846.	3,846.
23 Total of lines 15 through 22	968,833.	842,260.	827,888.	885,018.	3,523,999.
24 Line 23 minus line 17	19,636.	78,148.	22,523.	26,359.	146,666.
25 Enter 1% of line 23	9,688.	8,423.	8,279.	8,850.	

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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum 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 _____		26d	N/A
22 _____ 26b _____		26e	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.	(2001)	0.	(2000)	0.	(1999)	0.	(1998)	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 11, 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.		(2001)	0.	(2000)	0.	(1999)	0.	(1998)	0.
c Add Amounts from column (e) for lines 15 _____ 16 _____		17	3,377,333.	20	57,848.	21		27c	3,479,428.
d Add Line 27a total _____ 0. and line 27b total _____ 0.		27d		27e	3,479,428.				
e Public support (line 27c total minus line 27d total)		27e		27f	3,523,999.				
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).		27f		27g	98.7352%				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g		27h	1.1556%				
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h							

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.

**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 )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

**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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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 (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i 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



**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return <b>FUTURE PROBLEM SOLVING PROGRAM</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>42-1234706</b>
--	---	---

**Part I Election To Expense Certain Tangible Property Under Section 179** Note If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0- If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property Enter amount from line 23	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	7,447.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7-year property						
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year	/		40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr	22	7,447.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less, in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year					
43 Amortization of costs that began before your 2002 tax year				43	2,000.
44 Total Add amounts in column (f) See instructions for where to report				44	2,000.

2002 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	DESK	050695	SL	7.00	16	795.			795.	795.		0.
2	CREDENZA	011095	SL	5.00	16	848.			848.	848.		0.
3				.000	16							0.
4	DESK	103195	SL	5.00	16	724.			724.	724.		0.
5	COMPUTER	111595	SL	5.00	16	2,200.			2,200.	2,200.		0.
6	LASER PRINTER	093095	SL	5.00	16	1,723.			1,723.	1,723.		0.
7	COMPUTER	092195	SL	5.00	16	1,598.			1,598.	1,598.		0.
8	MAC COMPUTER	063096	SL	5.00	16	2,800.			2,800.	2,800.		0.
9	LAPTOP COMPUTER 1400	072296	SL	5.00	16	1,846.			1,846.	1,846.		0.
10	LASER PRINTER	080596	SL	5.00	16	3,058.			3,058.	3,058.		0.
11	POWER MAC	030497	SL	5.00	16	2,085.			2,085.	2,085.		0.
13	COMPUTER	033197	SL	5.00	16	2,269.			2,269.	2,269.		0.
14	TABLES	041597	SL	5.00	16	535.			535.	535.		0.
15	SERVER	071296	SL	7.00	16	3,420.			3,420.	2,933.		487.
16	DESK	031297	SL	5.00	16	636.			636.	636.		0.
17	DESK	040897	SL	5.00	16	673.			673.	673.		0.
18	LASER PRINTER	083197	SL	7.00	16	3,464.			3,464.	2,392.		495.
19	MAC LAPTOP 1400	112398	SL	5.00	16	1,801.			1,801.	1,290.		360.

## 2002 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
20	MAC COMPUTER	020899	SL	5.00	16	3,694.			3,694.	2,525.		739.
21	MAC COMPUTER	041499	SL	5.00	16	2,701.			2,701.	1,755.		540.
22	POSTAGE MACHINE	021800	SL	5.00	16	3,665.			3,665.	1,710.		733.
23	LAPTOP COMPUTER	012600	SL	5.00	16	2,251.			2,251.	1,088.		450.
24	RADIOS	061500	SL	5.00	16	2,908.			2,908.	1,212.		582.
25	DIGITAL CAMERA	050100	SL	5.00	16	870.			870.	377.		174.
26	DELL COMPUTER	093099	SL	5.00	16	1,519.			1,519.	836.		304.
27	FURNITURE	071299	SL	7.00	16	1,687.			1,687.	723.		241.
28	OFFICE FURNITURE	012301	SL	7.00	16	535.			535.	108.		76.
29	COMPUTER	110800	SL	5.00	16	730.			730.	243.		146.
30	COMPUTER EQUIPMENT	040801	SL	5.00	16	2,020.			2,020.	505.		404.
31	MAC COMPUTER	040901	SL	5.00	16	750.			750.	188.		150.
32	STORAGE BUILDING	080100	SL	7.00	16	1,561.			1,561.	427.		223.
33	ABLE COPYRIGHT	060701		240M	42	40,000.			40,000.	2,167.		2,000.
34	COMPUTER	030102	SL	5.00	16	1,350.			1,350.	90.		270.
35	COMPUTER	030102	SL	5.00	16	1,700.			1,700.	113.		340.
36	COMPUTER PROJECTOR	030102	SL	5.00	16	3,495.			3,495.	233.		699.
37	(7) 2-WAY RADIOS	052003	SL	5.00	16	2,035.			2,035.			34.

228102  
10-24-02

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	* TOTAL 990 PAGE 2 DEPR & AMORT					103,946.		0.	103,946.	42,705.	0.	9,447.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SECURITIES	21,969.	24,059.	0.	<2,090.>	
TO FORM 990, PART I, LINE 8	21,969.	24,059.	0.	<2,090.>	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED GAIN ON INVESTMENTS				4,352.
TOTAL TO FORM 990, PART I, LINE 20				4,352.

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BOARD OF TRUSTEES	7,226.	3,613.	3,613.		
PROGRAM MATERIALS	58,837.	58,837.			
CONTRACT LABOR	4,110.	4,110.			
COPIER LEASE	5,289.	4,231.	1,058.		
EVALUATIONS	4,128.	4,128.			
PROMOTION	8,155.	6,282.	1,873.		
INSURANCE	4,775.	3,104.	1,671.		
OFFICE EXPENSES	12,131.	7,884.	4,247.		
RESEARCH AND DEVELOPMENT	3,700.	3,700.			
SUBSCRIPTIONS AND DUES	1,630.	1,141.	489.		
INVESTMENT FEES	4,080.	2,448.	1,632.		
TRAINING	12,323.	9,242.	3,081.		
PROFESSIONAL FEES	6,336.	3,168.	3,168.		
PROFESSIONAL DEVELOPMENT	2,571.	1,928.	643.		
MENTORING	7,150.	7,150.			
TOTAL TO FM 990, LN 43	142,441.	120,966.	21,475.		

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

TO TEACH STUDENTS CREATIVE SOLVING PROCESSES THROUGH COMPETITIVE AND NON-COMPETITIVE INSTRUCTIONAL PROGRAMS FOR FUTURE PROBLEM SOLVING.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE THREE

DEVELOPMENT AND EVALUATIONS - SERVES EDUCATIONAL NEEDS OF MINORITY STUDENTS, DEVELOPS FUTURE PROBLEM SOLVING PROGRAMS AND PROVIDES ONGOING EVALUATIONS TO STUDENTS TO IMPROVE PROBLEM SOLVING ABILITIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		237,274.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES	124,700.				124,700.
TO 990, LN 54 COL B	124,700.				124,700.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DESK	795.	795.	0.
CREDENZA	848.	848.	0.
DESK	724.	724.	0.
COMPUTER	2,200.	2,200.	0.
LASER PRINTER	1,723.	1,723.	0.
COMPUTER	1,598.	1,598.	0.

MAC COMPUTER	2,800.	2,800.	0.
LAPTOP COMPUTER 1400	1,846.	1,846.	0.
LASER PRINTER	3,058.	3,058.	0.
POWER MAC	2,085.	2,085.	0.
COMPUTER	2,269.	2,269.	0.
TABLES	535.	535.	0.
SERVER	3,420.	3,420.	0.
DESK	636.	636.	0.
DESK	673.	673.	0.
LASER PRINTER	3,464.	2,887.	577.
MAC LAPTOP 1400	1,801.	1,650.	151.
MAC COMPUTER	3,694.	3,264.	430.
MAC COMPUTER	2,701.	2,295.	406.
POSTAGE MACHINE	3,665.	2,443.	1,222.
LAPTOP COMPUTER	2,251.	1,538.	713.
RADIOS	2,908.	1,794.	1,114.
DIGITAL CAMERA	870.	551.	319.
DELL COMPUTER	1,519.	1,140.	379.
FURNITURE	1,687.	964.	723.
OFFICE FURNITURE	535.	184.	351.
COMPUTER	730.	389.	341.
COMPUTER EQUIPMENT	2,020.	909.	1,111.
MAC COMPUTER	750.	338.	412.
STORAGE BUILDING	1,561.	650.	911.
ABLE COPYRIGHT	40,000.	4,167.	35,833.
COMPUTER	1,350.	360.	990.
COMPUTER	1,700.	453.	1,247.
COMPUTER PROJECTOR	3,495.	932.	2,563.
(7) 2-WAY RADIOS	2,035.	34.	2,001.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>103,946.</b>	<b>52,152.</b>	<b>51,794.</b>

FORM 990	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		AMOUNT	
ACCRUED PAYROLL TAXES		8,136.	
ACCRUED PAYROLL		3,909.	
OTHER ACCRUED LIABILITIES		2,409.	
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>		<b>14,454.</b>	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93AB	INTERNATIONAL CONFERENCE PROVIDES A POSITIVE LEARNING EXPERIENCE THROUGH COMPETITION BETWEEN WINNERS OF STATE EVENTS AND PROVIDING EDUCATIONAL MATERIALS NEEDED BY EDUCATORS TO TEACH PROBLEM SOLVING SKILLS.
94	MEMBERS HAVE A GREATER COMMITMENT TO HELP INSURE THE ORGANIZATION IS PROVIDING FOR MEMBER AND COMMUNITY NEEDS BY CHARGING DUES.
95	INCOME FROM INVESTMENTS FUNDS FOR EDUCATIONAL PROGRAMS AND SERVICES.

SCHEDULE A OTHER INCOME STATEMENT 10

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	0.	0.	0.	3,846.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	3,846.

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

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note.** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note.** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>FUTURE PROBLEM SOLVING PROGRAM</b>	Employer identification number <b>42-1234706</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>2028 REGENCY ROAD, FIRST FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LEXINGTON, KY 40503-2309</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- 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 EINs of all members the extension will cover

1 I request an automatic 3 month (6-month for 990-T corporation) extension of time until **FEBRUARY 17, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2002**, and ending **JUN 30, 2003**

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Stephen Snyder* Title ▶ CPA Date ▶ 11/3/03  
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)