

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

## 2003

Open to Public Inspection

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

**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>FUTURE PROBLEM SOLVING PROGRAM</b>		<b>D</b> Employer identification number <b>42-1234706</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>2028 REGENCY ROAD, FIRST FLOOR</b>		<b>E</b> Telephone number <b>(859) 276-4336</b>
		City or town, state or country, and ZIP + 4 <b>LEXINGTON, KY 40503-2309</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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** Website: **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** Group Exemption Number: \_\_\_\_\_

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **1,087,785.**

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>			
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>			<b>0.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>940,864.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>4,488.</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>142,433.</b>	<b>8a</b>			
	<b>132,467.</b>	<b>8b</b>			
	<b>9,966.</b>	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 1</b>	<b>8d</b>			<b>9,966.</b>	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including 6 reported on line 1a) _____ of contributions	<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</b> Gross sales of inventory, less returns and allowances	<b>a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>955,318.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>610,324.</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>221,435.</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> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>831,759.</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>123,559.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>433,616.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	<b>20</b>			<b>7,201.</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>564,376.</b>

SCANNED JAN 28 2005 Revenue

RECEIVED  
 JAN 24 2005  
 175  
 1305

FUTURE PROBLEM SOLVING PROGRAM

42-1234706

**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	68,793.	51,595.	17,198.
26	Other salaries and wages	26	117,363.	76,286.	41,077.
27	Pension plan contributions	27			
28	Other employee benefits	28	26,477.	17,210.	9,267.
29	Payroll taxes	29	13,540.	8,801.	4,739.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	6,543.	4,253.	2,290.
34	Telephone	34	6,731.	4,375.	2,356.
35	Postage and shipping	35			
36	Occupancy	36	22,950.	11,475.	11,475.
37	Equipment rental and maintenance	37	2,159.	1,295.	864.
38	Printing and publications	38	318.	286.	32.
39	Travel	39	5,114.	2,557.	2,557.
40	Conferences, conventions, and meetings	40	408,451.	306,338.	102,113.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	8,681.	6,945.	1,736.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 3	43e	144,639.	118,908.	25,731.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	831,759.	610,324.	221,435.

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 \$ _____)	306,338.
b	CATALOG SALES - PROVIDES EDUCATORS WITH THE MATERIALS NEEDED TO TEACH THINKING SKILLS.	(Grants and allocations \$ _____)	56,197.
c	SEE STATEMENT 5	(Grants and allocations \$ _____)	247,789.
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)		610,324.

**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	635,430.	45	291,528.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	98,800.		
	47 b Less allowance for doubtful accounts	3,000.		
		104,795.	47c	95,800.
	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	34,556.	52	32,703.
	53 Prepaid expenses and deferred charges	4,382.	53	5,228.
54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	124,700.	54	145,818.	
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	60,833.			
	51,794.	57c	43,113.	
58 Other assets (describe )			58	
59 Total assets (add lines 45 through 58) (must equal line 74)	955,657.	59	614,190.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	507,587.	60	22,236.
	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 SEE STATEMENT 8 )	14,454.	65	27,578.
66 Total liabilities (add lines 60 through 65)	522,041.	66	49,814.	
<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	433,616.	67	564,376.
	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 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)	433,616.	73	564,376.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	955,657.	74	614,190.	

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**

a	Total revenue, gains, and other support per audited financial statements	a	955,318.
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.
c	Line a minus line b	c	955,318.
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.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	955,318.

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

a	Total expenses and losses per audited financial statements	a	831,759.
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.
c	Line a minus line b	c	831,759.
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.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	831,759.

**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
SEE STATEMENT 9		68,793.	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

Part VI Other Information

Form with rows 76-92 containing questions and answers. Includes fields for 'Yes' and 'No' columns, and various input fields for amounts and text.

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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>INTERNATIONAL CONF.</u>					940,864.
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		4,488.
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	9,966.	
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.		9,966.	945,352.
105 Total (add line 104, columns (B), (D), and (E))					955,318.

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 34 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)
1	SEE STATEMENT 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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).

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 preparer.

Please Sign Here: *Katherine C. Stivers* Signature of officer Date: \_\_\_\_\_

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

**2003**

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	

<b>Part III Statements About Activities</b> (See page 2 of the instructions )		Yes	No
<b>1</b>	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 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		X
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?	2a	X
<b>b</b>	Lending of money or other extension of credit?	2b	X
<b>c</b>	Furnishing of goods, services, or facilities?	2c	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b>	Transfer of any part of its income or assets?	2e	X
<b>3 a</b>	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>b</b>	Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	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) 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(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	13,875.	13,100.	12,652.	15,375.	55,002.
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	900,815.	949,197.	764,112.	805,365.	3,419,489.
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	6,492.	6,436.	21,349.	7,148.	41,425.
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.	195.		SEE STATEMENT 11		195.
23 Total of lines 15 through 22	921,377.	968,833.	842,260.	827,888.	3,560,358.
24 Line 23 minus line 17	20,562.	19,636.	78,148.	22,523.	140,869.
25 Enter 1% of line 23	9,214.	9,688.	8,423.	8,279.	

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 1999 through 2002 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 (a) 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

(2002)	0.	(2001)	0.	(2000)	0.	(1999)	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

(2002)	0.	(2001)	0.	(2000)	0.	(1999)	0.
--------	----	--------	----	--------	----	--------	----

c Add: Amounts from column (e) for lines: 15 \_\_\_\_\_ 16 \_\_\_\_\_  
17 3,419,489. 20 \_\_\_\_\_ 21 \_\_\_\_\_

27c	3,518,738.	
d Add: Line 27a total _____ 0. and line 27b total _____ 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	3,518,738.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f	3,560,358.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	98.8310%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.1635%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 )		
	_____		
	_____		
	_____		
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	
	_____		
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	
	_____		
	_____		
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

<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 -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 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
  - (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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

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

323151  
12-05-03

## 2003 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	CREENZA	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.	3,420.		0.
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.	2,887.		495.
19	MAC LAPTOP 1400	112398	SL	5.00	16	1,801.			1,801.	1,650.		151.

328102  
05-01-03

(D) - Asset disposed

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

2003 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.	3,264.		430.
21	MAC COMPUTER	041499	SL	5.00	16	2,701.			2,701.	2,295.		406.
22	POSTAGE MACHINE	021800	SL	5.00	16	3,665.			3,665.	2,443.		733.
23	LAPTOP COMPUTER	012600	SL	5.00	16	2,251.			2,251.	1,538.		450.
24	RADIOS	061500	SL	5.00	16	2,908.			2,908.	1,794.		582.
25	DIGITAL CAMERA	050100	SL	5.00	16	870.			870.	551.		174.
26	DELL COMPUTER	093099	SL	5.00	16	1,519.			1,519.	1,140.		304.
27	FURNITURE	071299	SL	7.00	16	1,687.			1,687.	964.		241.
28	OFFICE FURNITURE	012301	SL	7.00	16	535.			535.	184.		76.
29	COMPUTER	110800	SL	5.00	16	730.			730.	389.		146.
30	COMPUTER EQUIPMENT	040801	SL	5.00	16	2,020.			2,020.	909.		404.
31	MAC COMPUTER	040901	SL	5.00	16	750.			750.	338.		150.
32	STORAGE BUILDING	080100	SL	7.00	16	1,561.			1,561.	650.		223.
33	ABLE COPYRIGHT	060701		240M	43	40,000.			40,000.	4,167.		2,000.
34	COMPUTER	030102	SL	5.00	16	1,350.			1,350.	360.		270.
35	COMPUTER	030102	SL	5.00	16	1,700.			1,700.	453.		340.
36	COMPUTER PROJECTOR	030102	SL	5.00	16	3,495.			3,495.	932.		699.
37	(7) 2-WAY RADIOS	052003	SL	5.00	16	2,035.			2,035.	34.		407.

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					103,946.		0.	0. 103,946.	52,152.	0.	8,681.
	DEPR & AMORT											

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	142,433.	132,467.	0.	9,966.	
TOTAL TO FORM 990, PART I, LINE 8	142,433.	132,467.	0.	9,966.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED GAIN ON INVESTMENTS				7,201.
TOTAL TO FORM 990, PART I, LINE 20				7,201.

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
BOARD OF TRUSTEES	5,206.	2,603.	2,603.			
PROGRAM MATERIALS	56,197.	56,197.				
CONTRACT SERVICES	196.	196.				
COPIER LEASE	5,195.	4,156.	1,039.			
PROMOTION	28,550.	21,494.	7,056.			
INSURANCE	3,831.	2,490.	1,341.			
OFFICE EXPENSES	11,411.	7,417.	3,994.			
RESEARCH AND DEVELOPMENT	2,000.	2,000.				
SUBSCRIPTIONS AND DUES	1,916.	1,341.	575.			
INVESTMENT FEES	4,584.	2,750.	1,834.			
TRAINING	6,579.	4,934.	1,645.			
PROFESSIONAL FEES	10,570.	5,285.	5,285.			
PROFESSIONAL DEVELOPMENT	139.	104.	35.			
MENTORING	5,107.	5,107.				
MISCELLANEOUS	1,634.	1,310.	324.			
BAD DEBTS	1,524.	1,524.				
TOTAL TO FM 990, LN 43	144,639.	118,908.	25,731.			



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		247,789.

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	145,818.				145,818.
TO 990, LN 54 COL B	145,818.				145,818.

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.	3,382.	82.
MAC LAPTOP 1400	1,801.	1,801.	0.
MAC COMPUTER	3,694.	3,694.	0.
MAC COMPUTER	2,701.	2,701.	0.
POSTAGE MACHINE	3,665.	3,176.	489.
LAPTOP COMPUTER	2,251.	1,988.	263.
RADIOS	2,908.	2,376.	532.
DIGITAL CAMERA	870.	725.	145.
DELL COMPUTER	1,519.	1,444.	75.
FURNITURE	1,687.	1,205.	482.
OFFICE FURNITURE	535.	260.	275.
COMPUTER	730.	535.	195.
COMPUTER EQUIPMENT	2,020.	1,313.	707.
MAC COMPUTER	750.	488.	262.
STORAGE BUILDING	1,561.	873.	688.
ABLE COPYRIGHT	40,000.	6,167.	33,833.
COMPUTER	1,350.	630.	720.
COMPUTER	1,700.	793.	907.
COMPUTER PROJECTOR	3,495.	1,631.	1,864.
(7) 2-WAY RADIOS	2,035.	441.	1,594.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>103,946.</b>	<b>60,833.</b>	<b>43,113.</b>

FORM 990	OTHER LIABILITIES	STATEMENT	8
<u>DESCRIPTION</u>			<u>AMOUNT</u>
ACCRUED PAYROLL TAXES			0.
ACCRUED PAYROLL			5,132.
OTHER ACCRUED LIABILITIES			9,584.
ACCRUED VACATION			12,862.
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>			<b>27,578.</b>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATHERINE HUME LEXINGTON, KENTUCKY 40503	EXECUTIVE DIRECTOR 40	68,793.	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.
NANCY WOGMAN CROMWELL, CT	DIRECTOR 0	0.	0.	0.
MELISSA GRANTHAM MADISON, MS	DIRECTOR 0	0.	0.	0.
BRENT PORTER FRANKFORT, KY	DIRECTOR 0	0.	0.	0.
MARTHA BARLOW WAUNAKEE, WI	DIRECTOR 0	0.	0.	0.
LINDA LEMMON DILLSBURG, PA	DIRECTOR 0	0.	0.	0.
DEB WOYTHAL CLEAR LAKE, IA	DIRECTOR 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		68,793.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10  
 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 11

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	195.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	195.	0.	0.	0.

Depreciation and Amortization (Including Information on Listed Property) 990

See separate instructions. Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FUTURE PROBLEM SOLVING PROGRAM

FORM 990 PAGE 2

42-1234706

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

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

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.)

Table with 2 columns: Line number and Amount. Includes lines 14-16 for special depreciation allowance.

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

Section A

Table with 2 columns: Line number and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes lines 19a-i.

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Class life, Month and year placed in service, Recovery period, Convention, and Method. Includes lines 20a-c.

Part IV Summary (See instructions.)

Table with 2 columns: Line number and Amount. Includes lines 21-23 for summary totals.

**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
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**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
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> 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
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> 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
<b>42</b> Amortization of costs that begins during your 2003 tax year:					
<b>43</b> Amortization of costs that began before your 2003 tax year				<b>43</b>	2,000.
<b>44</b> Total. Add amounts in column (f). See instructions for where to report				<b>44</b>	2,000.

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

▶ 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  **X**
- 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.

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

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 15, 2005 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, 2003, and ending JUN 30, 2004.

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 ▶ Katherine C. Home Title ▶ Executive Director Date ▶ 1/18/05

LHA For Paperwork Reduction Act Notice, see instruction

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

Department of the Treasury  
Internal Revenue Service

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
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**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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**Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only**

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

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
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calendar year \_\_\_\_\_ or

tax year beginning JUL 1, 2003, and ending JUN 30, 2004.

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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 P. V. Hinder Title CPA Date 11/9/04

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)