Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calenda	er year, or tax year beginning 07/01/2022	and ending	06	/30/2023					
B Check if applicab		oplicable:	C Name of organization		D Emp	loyer identifi	cation number				
	Address change WASHINGTON FUTURE PROBLEM SOLVING					91-17	28780				
	Name change Initial return Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Te 817 W Basalt Ridge Drive						r				
=							509-386-6297				
=	rınaı retur Amended	F Gro	up Exemptio	on							
=		on pending	Nun	nber							
G /	Account	ting Method:	☑ Cash ☐ Accrual Other (specify):		H Check	if the org	anization is not				
		wafps.or				d to attach S					
)(1) or 527	(Form 9	90).					
			✓ Corporation ☐ Trust ☐ Association ☐ Oth			·					
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000		tal assets						
						. \$	115,406				
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bal								
			the organization used Schedule O to respond to any quest	,			,				
_	1		ns, gifts, grants, and similar amounts received			1	414				
	2		ervice revenue including government fees and contracts .			2	114,990				
	3	•	p dues and assessments			3	0				
	4	Investment	•			4	2				
	5a		unt from sale of assets other than inventory	5a		-					
	b		· · · · · · · · · · · · · · · · · · ·	5b	0						
	C										
	6		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)								
	a	-	oss income from gaming (attach Schedule G if greater than								
Revenue	"		5,000)								
ver	b		me from fundraising events (not including \$	of contribut	tions						
Re			aising events reported on line 1) (attach Schedule G if the								
_		sum of suc	h gross income and contributions exceeds \$15,000)	6b	0						
	С	Less: direc	t expenses from gaming and fundraising events	6c	0						
	d	Net incom	subtract								
		line 6c) .		6d	0						
	7a	Gross sale	s of inventory, less returns and allowances	7a	0						
	b	Less: cost	of goods sold	7b	0						
	С	Gross prof	t or (loss) from sales of inventory (subtract line 7b from line 7a	a)		7c	0				
	8	Other reve	nue (describe in Schedule O)			8	0				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	115,406				
	10		similar amounts paid (list in Schedule O)			10	1,700				
	11	Benefits pa	uid to or for members			11	0				
S	12	-	her compensation, and employee benefits			12	0				
Expenses	13		al fees and other payments to independent contractors			13	46,272				
	14		r, rent, utilities, and maintenance			14	0				
Ä	15		iblications, postage, and shipping			15	135				
	16		nses (describe in Schedule O) .See Schedule O, Statement 1			16	52,262				
	17		nses. Add lines 10 through 16			17	100,369				
	18	Excess or	deficit) for the year (subtract line 17 from line 9)		· · ·	18	15,037				
ets	19		or fund balances at beginning of year (from line 27, column				10,037				
SS	-		r figure reported on prior year's return)			19	34,283				
Net Assets	20		ges in net assets or fund balances (explain in Schedule O) .			20	0				
Ž	21		or fund balances at end of year. Combine lines 18 through 20			21	49,320				
	. — -					1	77,020				

Form 990-EZ (2022) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 34,283 22 22 Cash, savings, and investments . . . 49,320 23 0 23 0 Other assets (describe in Schedule O) 24 0 24 0 34,283 25 25 49,320 Total liabilities (describe in Schedule O) . . 26 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 34,283 27 49,320 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. The organization serves approximately 2,000 young people in Washington state by organizing and staffing numerous tournaments where school children are involved in positive, creative, and analytical teamwork (Continued on Schedule O, Statement 3) (Grants \$ 0) If this amount includes foreign grants, check here 28a 52,262 29 29a) If this amount includes foreign grants, check here . 30 30a 0) If this amount includes foreign grants, check here 31a 52,262 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) John Buissink 25.00 13,427 0 0 **Affiliate Director** Ann Foreyt 5.00 12,176 0 n **Evaluation Director** Gay Buissink 15.00 13,427 0 0 Treasurer/Bookkeeper Michelle Gordon 0.02 0 0 0 **Board Vice President** Matthew Bohannan 1.00 689 0 0 **Board President Debby Benzinger** 0.20 0 0 0 **Board Secretary** Kari Beyer 0.00 0 **Board Member**

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		'
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		•
Ū	on organization managers or disqualified persons during the year under sections 4912,			
А	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: WA	100		
	· · · · · · · · · · · · · · · · · · ·	09-38	6-6297	7
	710			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		V
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		'
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	AEL.		. 1

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

2 (2022)						P	age -
						Yes	No
		Part I			. 46		/
		otiona 17 10h an	d EO and a	malata th	a tablaa f	مدائمہ	
` , ` , ` •	s must answer que	Suons 47–490 and	u 52, and co	mpiete in	e tables it	or iiiie	25
	andula O to recomme	to any avection in	thia Dart VI				
Check if the organization used Sci	nedule O to respond	to any question in	this Part VI		<u></u>		
d the averagination are seen in Indebution		ti		مالا بدائد دا	A	Yes	No
· · · · · · · · · · · · · · · · · · ·							<u> </u>
=							<u> </u>
							<u> </u>
							а кеу
iployees) who each received more than	i \$100,000 oi compei	_			e, enter iv	one.	
(-) Name and title of each application	(b) Average				(e) Estimate	d amou	nt of
(a) Name and title of each employee		(Forms W-2/1099-MIS0	C/ benefit plans	, and deferred			
		1099-NEC)	compe	nsation			
			nt contractor	s who each	n received	more	thar
(a) Name and business address of each independ	lent contractor	(h) Type of se	ervice	(c)	Compensatio	าท	
(-,		(-, -,)		()			
tal number of other independent center	ectore each receiving	Over \$100,000					
-	_						
	ile A? Note: All se	ction 501(c)(3) org	ganizations i	nust attact	_		lo
		vine cabadulas and state					
					nowleage and	bellet,	IT IS
	· · · · · · · · · · · · · · · · · · ·		-	-			
Signature of officer				te			
			Du	-			
Type or print name and title							
- 	Preparer's signature		Date		PTIN		
					l if		
			Fire		• •		
ly							
RS discuss this return with the prepare	s about about Coo i	notructions	1 1-11		. Yes		lo
	d the organization engage, directly or in candidates for public office? If "Yes," of Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sold the organization engage in lobbying ar? If "Yes," complete Schedule C, Parhe organization a school as described in the organization make any transfers to Yes," was the related organization a semplete this table for the organization's uployees) who each received more than (a) Name and title of each employee tal number of other employees paid own plete this table for the organization' 200,000 of compensation from the organization' 200,000 of compensation from the organization' 201,000 of compensation from the organization and complete Declaration of preparer (other than 201) and complete. Declaration of preparer (other than 201) signature of officer John Buissink, Director	the organization engage, directly or indirectly, in political candidates for public office? If "Yes," complete Schedule C, Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer que 50 and 51. Check if the organization used Schedule O to respond the organization as chool as described in section 170(b)(1)(A)(ii the organization make any transfers to an exempt non-cha Yes," was the related organization as section 527 organization mplete this table for the organization's five highest compensiployees) who each received more than \$100,000 of comperployees who each employee (b) Average hours per week devoted to position (c) Name and title of each employee paid over \$100,000 of compensation from the organization. If there is no (a) Name and business address of each independent contractor (a) Name and business address of each independent contractor (b) Average hours per week devoted to position (b) Average hours per week devoted to position (c) Name and business address of each independent contractor (c) Name and business address of each independent contractor (c) Note: All sempleted Schedule A (the organization engage, directly or indirectly, in political campaign activities of candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 50 and 51. Check if the organization used Schedule O to respond to any question in the organization engage in lobbying activities or have a section 501(h) election? If "Yes," complete Schedule C, Part II the organization aschool as described in section 170(b)(1)(A)(ii)? If "Yes," complete the organization aschool as described in section 170(b)(1)(A)(ii)? If "Yes," complete the related organization of a section 527 organization? mplete this table for the organization's five highest compensated employees (or ployees) who each received more than \$100,000 of compensation from the organization and title of each employee and title of each employee paid over \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of some part of other independent contractors each receiving over \$100,000. (c) Name and business address of each independent contractor (b) Type of some plete Schedule A? Note: All section 501(c)(3) or mpleted Schedule A. Signature of officer John Buissink, Director Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature	the organization engage, directly or indirectly, in political campaign activities on behalf of candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and co 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI If the organization engage in lobbying activities or have a section 501(h) election in effect ar? If "Yes," complete Schedule C, Part II have organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part II have organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E II the organization make any transfers to an exempt non-charitable related organization? Yes," was the related organization as section 527 organization? Yes," was the related organization as section 527 organization? (a) Name and title of each employee (b) Average house permitted in the properties of the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Type of service (d) Type of service (e) Type of service (e) Type of service (b) Type of service (c) Type of service (d) Type of service (e) Type of service (e) Type of service (f) Type of service (h) Type of service	If the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposite candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI If the organization engage in lobbying activities or have a section 501(h) election in effect during the art of if "Yes," complete Schedule C, Part II If we organization a school as described in section 170(b)(1)(b)(ii)(ii); If "Yes," complete Schedule E If the organization a school as described in section 170(b)(1)(b)(iii); If "Yes," complete Schedule E If the organization a school as described in section 170(b)(1)(b)(iii); If "Yes," complete Schedule E If the organization a school as described in section 170(b)(1)(b)(iii); If "Yes," complete Schedule E If the organization a school as described in section 170(b)(1)(b)(iii); If "Yes," complete Schedule E If the organization a school as described in section 170(b)(1)(b)(iii); If "Yes," complete Schedule E If the organization of the organization is five highest compensated employees (other than officers, direct ployees) who each received more than 1510.00.000 of compensation from the organization. If there is none, enter "None." If the organization from the organization is five highest compensated independent contractors who each open section of other employees are new section 100,000 of compensation from the organization. If there is none, enter "None." If the organization complete Schedule A? Note: All section 501(c)(3) organizations must attact my least of the organization complete schedule A is an additionable of the prepare (other than officer) is based on all information of which preparer has any knowledge. If the organization of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Jo	the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part I	If the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part 1

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Inspection

WASHINGTON FUTURE PROBLEM SOLVING 91-1728780								
Par						<u> </u>	ons.	
The c	organization is not a private founda		,		-	•		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section		•		•			
3	A hospital or a cooperative hospital or a co		<i>!</i>			, , , ,	···	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5	An organization operated for		collogo or university	owned o	r operate	d by a government	al unit described in	
3	section 170(b)(1)(A)(iv). (Com		college of university	Owned 0	Operate	ed by a government	ai unit described in	
6	☐ A federal, state, or local govern	•	mental unit described	l in secti o	on 170(h)	(1)(Δ)(v)		
7	An organization that normally						the general public	
	described in section 170(b)(1)		•	po	. a gove.		e general pasile	
8	☐ A community trust described in		·	Part II.)				
9	☐ An agricultural research organi	` '		•	erated in	conjunction with a la	and-grant college	
	or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
10	An organization that normally reposite from activities related	eceives (1) more	than 33 ¹ /3% of its su	pport fro	m contrib	outions, membership	fees, and gross	
	receipts from activities related support from gross investment	t income and uni	related business taxal	ble incom	epuons, a ne (less se	ection 511 tax) from	businesses	
	acquired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)		
11	An organization organized and	•	•	-				
12	An organization organized and	•		•				
	one or more publicly supported the box on lines 12a through 12							
а	☐ Type I. A supporting organ		• • • • • • • • • • • • • • • • • • • •			•		
a	the supported organization							
	supporting organization. Ye							
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organization	on(s), by having	
	control or management of							
	organization(s). You must	complete Part I	V, Sections A and C	•				
С	Type III functionally integ						ally integrated with,	
	its supported organization(, ,	•		-			
d	☐ Type III non-functionally i							
	that is not functionally integree requirement (see instruction						d an attentiveness	
_	` ` `	•	•		-			
е	☐ Check this box if the organ functionally integrated, or ☐						e II, Type III	
f	Enter the number of supported of			sporting (Jigariizat	1011.		
g	D 11 0 0 0 1 1 0 0	_						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1–10	,	ur governing	support (see	other support (see	
	above (see instructions)) document? instructions) instructions)						instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								
Total						I		

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support				•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	2,584	1,838	3,541	988	414	9,365
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	115,998	38,282	45,477	62,640	114,990	377,387
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	118,582	40,120	49,018	63,628	115,404	386,752
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						386,752
Secti	on B. Total Support	-	-		-		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	118,582	40,120	49,018	63,628	115,404	386,752
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	11	10	2	1	2	26
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	11	10	2	1	2	26
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	118,593	40,130	49,020	63,629	115,406	386,778
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	first, second	, third, fourth,	or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor						<u>_</u>
15	Public support percentage for 2022 (line 8	3, column (f), di	vided by line 1	13, column (f))		15	99.99 %
16	Public support percentage from 2021 Sch			<u> </u>	<u> </u>	16	99.99 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2022 (-		17	0.01 %
18	Investment income percentage from 2021					18	0.01 %
19a	33¹/3% support tests—2022. If the organ						
_	17 is not more than 331/3%, check this box	_	=	-		_	_
b	331/3% support tests – 2021. If the organize line 18 is not more than 331/3%, check this between the state of						
20	Private foundation. If the organization di	d not check a b	oox on line 14	19a or 19b o	heck this box	and see instruc	ctions \square

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C		
Part						
1	Check here if the organization satisfied the Integral Part Test as a qualifying					
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A thr Section A—Adjusted Net Income (A) Prior Year (B) Complete Section A—Adjusted Net Income						
1	Net short-term capital gain	1		(optional)		
_ <u>.</u>	Recoveries of prior-year distributions	2				
_ _ _	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
<u>.</u>	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C-Distributable Amount	•		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization		

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

WASHINGTON FUTURE PROBLEM SOLVING	91-1728780
Form 990-EZ, Part I, Line 10 - Affiliate Fee to FPSPI \$700; Scholarship to Linh Tran \$500; Scholarship to A	nnie Zhao \$500. Total LINE 10:
\$1700.	

Schedule O, Statement 1

WASHINGTON FUTURE PROBLEM SOLVING

Form: **Form 990-EZ (2022)** EIN: **91-1728780**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Part 1 LINE 16	0
Program Services Expense	50,764
Supporting Services Expense	1,498
Total:	52,262

Schedule O, Statement 2

WASHINGTON FUTURE PROBLEM SOLVING

Form: **Form 990-EZ (2022)** EIN: **91-1728780**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Educational. To motivate and assist participants to develop and use creative thinking skills, learn about complex issues which will shape the future, develop an active interest in the future, develop and use written and verbal communication skills, learn and utilize problem solving strategies, develop and use team-work skills, develop and use research skills, and develop and use critical and analytical thinking skills.

Schedule O, Statement 3

WASHINGTON FUTURE PROBLEM SOLVING

Form: Form 990-EZ (2022)

Page: 2

EIN: 91-1728780

Part III, Line 28

First Program Service Accomplishments Description

Description

activities. This activity is made possible by fees paid by the school districts and parents, and many volunteer hours. Ending the year with a State Bowl where approximately 400 students and 50 adults attend this three-day event where students compete.