## Form **990**

## 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)

20**05** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

А	ror t	ne 2005 calendar year, or tax year beginning 07/0/, 2005, an	d ending		0,2006		
В	Check if	applicable: Please C Name of organization			er identification number		
_		s change label or sprint or Number and street (or P.O. box if mail is not delibered to the street of P.O. box if mail is not delibered to the street of P.O. box if mail is not delibered to the street of P.O. box if mail is not delibered to the street of P.O. box if mail is not delibered to the street of the s	NC.		06/3902		
	Name o	change type.	E Telephone number				
$\equiv$	Initial re	Specific	(302) 235-0432.				
=	Final re	tions. 10/1/100000 + 10/10/10/10/10/10/10/10/10/10/10/10/10/1	F Accounting method:				
_		od lotalii			er (specify) ►		
Ш	Applicat	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>	H and I are no	t applicable	to section 527 organizations.		
G	Websit				for affiliates? ☐ Yes 风 N · r of affiliates ►		
			H(c) Are all af				
J	Organi	zation type (check only one) ► 🔀 501(c) (3) < (insert no.) 🗌 4947(a)(1) or 📗 527	(If "No," a	attach a list.	See instructions.)		
K	Check	here ▶ if the organization's gross receipts are normally not more than \$25,000. The	H(d) Is this a se	eparate return	filed by an		
	organiz	ation need not file a return with the IRS; but if the organization chooses to file a return, be file a complete return. Some states require a complete return.			a group ruling? Yes X N		
		tio a complete return. Some states require a complete return.	I Group Exemption Number ►				
L	Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 81,214	M Check ▶	► if th	e organization is <b>not</b> require I rm 990, 990-EZ, or 990-PF).		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balar	nces (See th	e instruc	tions )		
	1	Contributions gifts grants and similar amounts asserted		ic instruct			
	a	Direct public support	31,214				
	b	Indirect public support 1b	<i></i>				
	С	Government contributions (grants)			01714		
	d	Total (add lines 1a through 1c) (cash \$ 31,214 noncash \$	,	1d	81,214		
	2	Program service revenue including government fees and contracts (from Par		2			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4				
	5	Dividends and interest from securities	5				
	6a	Gross rents6a					
	b	Less: rental expenses					
	С	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
ne	7	Other investment income (describe ▶	)	7			
Revenue	8a	and a mount from sales of assets office	B) Other				
æ		than inventory 8a					
		Less: cost or other basis and sales expenses. 8b		1712			
		Gain or (loss) (attach schedule)					
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check	ck here 🕨 🗌				
	а	Gross revenue (not including \$ of					
	L	contributions reported on line 1a)		1834			
	1	Less: direct expenses other than fundraising expenses . 9b		1500			
	100	Net income or (loss) from special events (subtract line 9b from line 9a)		9c			
	10a b	Gross sales of inventory, less returns and allowances					
	C	Less: cost of goods sold		40-			
	11	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b f Other revenue (from Part VII, line 103)		10c			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	• (6( +) -6) -4)	11	81,214		
	13	Due sure service of the service of t		13	31,214		
ses	14	Management and general (from line 44, column (B))  Management and general (from line 44, column (C))		14	3,022		
Expenses	15	Fundraising (from line 44, column (D))	15	2374			
Ä	16	Payments to affiliates (attach schedule)		16	100		
	17	Total expenses (add lines 16 and 44, column (A))		17	78389		
ets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	2.825		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (	19	17:115			
et /	20	Other changes in not constant and but the first the second	· · · · · ·	20			
Z	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		01	19 938		

	Do not include amounts reported on line			/D) December	IC) Management	
	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 \$	22	6,720	6,120		
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				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes .	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	5214	2879		2335
34	Telephone	34				
35	Postage and shipping	35	46		7	39
36	Occupancy .	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	40,101	40,101		
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):		7 701	1401		
а	Team T-ShirTs	43a	2,796	2,196		
b	INVITATIONAL Robotics TourNaver	/43b	6.751	6,751		
C	food - Dinners During Meetings Competition Expenses FIRST VEX Challenge Townwant	43c	4,292	4.292		
d	Competition Expenses	43d	2,943	7,943		
е	FIRST VEX Challenge Townsant	43e	6,512	6,512		
f	INSUTANCE	43f	3,015		3,015	
g		43g	-2			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	78,379	72,994	3,022	2,374

If "Yes," enter (i) the aggregate amount of these joint costs \$

(iii) the amount allocated to Management and general \$

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

; and (iv) the amount allocated to Fundraising \$

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

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

	hat is the organization's primary exempt purpose? ► 3 e e e beLow	Program Service
ונ	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) ar (4) orgs., and 4347(a)(1) trusts; but optional for
a	To promote interest in science and Technology To pre-college students through participation IN U.S. FIRST (www.usfust.org) Robotice Competitions and Related Activities	12,79;
	(Grants and allocations \$ 6720 ) If this amount includes foreign grants, check here ▶ □	
b		
	(Grants and allocations \$ ) If this amount includes foreign greats, check here > \	
	, it also difficult includes following grants, check here	
С		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d	, and the second of the second	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
4	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
T	Total of Program Service Expenses (should equal line 44, column (B), Program services)	72,994
		Form <b>990</b> (200!)

Pa	art IV	Balance Sheets (See the instructions.)			T ago
	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
	45	Cash—non-interest-bearing	17.115	45	19.938
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
	1	Less: allowance for doubtful accounts . 47b		47c	
	-		HT CO.	7,0	
	48a	Pledges receivable		PE	
	1	Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employ (attach schedule)	ees	50	
ts	51a	Other notes and loans receivable (attach schedule)			
Assets	b	Less: allowance for doubtful accounts 51b		51c	
Ř		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule)	FMV	54	
	55a	Investments—land, buildings, and equipment: basis	All Control of the Co		
	h	Less: accumulated depreciation (attach		1-1-0	
		schedule)		55c	
	56	Investments—other (attach schedule)		56	
		Land, buildings, and equipment: basis . 57a			-
		Less: accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets (describe ►	)	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	17,115	59	19.938
	60	Accounts payable and accrued expenses		60	
	61	Grants payable	61		
	62	Deferred revenue	62		
ties	63	Loans from officers, directors, trustees, and key employees (atta			
abilities		schedule)	•	63	
Lia	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	65	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶	. ,	64b	
	00	Other liabilities (describe ►	-)	65	
		Total liabilities. Add lines 60 through 65		66	- 0 -
	Orga	inizations that follow SFAS 117, check here > 🕮 and complete lin	nes		
es	1 .	67 through 69 and lines 73 and 74.	17,115		19 938
nc	67	Unrestricted	1	67	1/100
3ak	68 69	Temporarily restricted	•	68	
D			•	69	
Fund Balances	Orga	nizations that do not follow SFAS 117, check here ► and complete lines 70 through 74.			
ō		Capital stock, trust principal, or current funds	70		
ts	71	Paid-in or capital surplus, or land, building, and equipment fund	71		
sse	72	Retained earnings, endowment, accumulated income, or other fur	nds	72	
Net Assets	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;	nes		10070
ž		column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .	17,115	70	17,750
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	3. <b>7.</b> /15	73 74	19.938

Pa	rt IV-A Reconciliation of Revenue per Audited Financial State instructions.)	ments With Rev	enue per Return	(See the
a b	Total revenue, gains, and other support per audited financial statement Amounts included on line <b>a</b> but not on Part I, line 12:		a	81,219
1	Net unrealized gains on investments	b1		
2 3	Donated services and use of facilities	b2		
4	Recoveries of prior year grants	b3	- Fig.	
•	Other (specify):			
	Add lines <b>b1</b> through <b>b4</b>		b	-0-
С	Subtract line <b>b</b> from line <b>a</b>			81,214
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):			
	Add lines d1 and d2	d2		~0 -
е	Total revenue (Part I, line 12). Add lines c and d			01014
Pai	t IV-B Reconciliation of Expenses per Audited Financial State	ments With Ex	▶   e   penses per Retur	81,219
а	Total avanage and by the state of the state			78,389
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3	ANC.	
4	Other (specify):			
	Add lines <b>b1</b> through <b>b4</b>	_b4		_ co :-
С	Subtract line <b>b</b> from line <b>a</b>		b   c   7	8,389
d	Amounts included on Part I, line 17, but not on line a:			<u></u>
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):			
	Add Parada 1 10	d2		_0 _
е	Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d		<u>d</u>	0 700
Par	t V-A Current Officers, Directors, Trustees, and Key Employee	• / int and nava	▶ e 7	8,389
	or key employee at any time during the year even if they were not	compensated.) (S	ee the instructions.)	· · · · · · · · · · · · · · · · · · ·
	(A) Name and address  Title and average hours per week devoted to position  TO SICK T	r   (If not paid, enter	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense accour and other allowance;
٠٧	3 Longs pur Ir W/MmyTow DE 19808 20 hours	-0-	-0-	p0-
J	oseph A Percetto Vice President	+		
130	Fine HILL Rd. Landenberg PA 19350 20 hours	-0-	_0-	-0
	VILLIAM E ENSLEY Treasurer		20	
8	Grockridge IN. Newark DE 19711 20 hours	0-	-0-	-0-
87	1 Saginan Rd. Oxford PA 19363 15 hours	-0-	-0-	-0-
27	2 Landon Dr. WilmingToN DF 19810 15 hours arch R. Perrotto Director	-0-	-0-	-0-
136	PINE HILL Rd. Landenberg PA 19350 15 hours	-0-	-0-	-0-
2	Darguerite Vavalla Director O W. Redmont Dr Wilmington DE 18804 / hour	-0-	-0-	-0-
120	Great Circle Rd Landenberg PA19350 15 hours	-0-	-0-	
27	05 Pickering Rd Wilmington DE 19808 15 hours	-0 -	-0-	- 0-

Pa	art V-A Current Officers, Directors, Trustees, and Key Employees	s (continued)			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings					
b	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).					- EI
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?  Note. Related organizations include section 509(a)(3) supporting organizations.						**************************************
<b>م</b>	If "Yes," attach a statement that identifies the individuals, explains organization and the other organization(s), and describes the including amounts paid to each individual by each related organized by the approximation is the control of the co	e compensatio ation.	n arrangements,			
a	d Does the organization have a written conflict of interest policy?			75d		×
Pa	Former Officers, Directors, Trustees, and Key Employees That Recofficer, director, trustee, or key employee received compensation or of person below and enter the amount of compensation or other benefits	ther benefits (des	scribed below) during	the W	aar lie	ormen t that
_	(A) Name and address (B) Loans and Advances (C)	C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension and owance	othe
	***************************************					
	***************************************					
	***************************************				<del></del>	
-						
tette						
-						
0-						
rai	Other Information (See the instructions.)				Yes	No
76	Did the organization engage in any activity not previously reported to the description of each activity			76	100	×
77	Were any changes made in the organizing or governing documents but no If "Yes," attach a conformed copy of the changes.			77		×
	Did the organization have unrelated business gross income of \$1,000 or this return?			78a		×
р 79	If "Yes," has it filed a tax return on Form 990-T for this year?.  Was there a liquidation, dissolution, termination, or substantial contraction a statement		r? If "Yes," attach	78b	70	7
80a	Is the organization related (other than by association with a statewide or common membership, governing bodies, trustees, officers, etc., to ar organization?		anization) through	79 80a		×
b	o If "Yes," enter the name of the organization ▶	· · · · · · ·		oua	ĪH	
81a b	and check whether it is Enter direct and indirect political expenditures. (See line 81 instructions.)  Did the organization file Form 1120-POL for this year?	812		81h		

Pa	Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)			18
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	×	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		-
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.		B. F	
С	Dues, assessments, and similar amounts from members		N. J.	
d				
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		1	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities	li d		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88 89a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		×
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	89b		$\times$
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d 90a	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
b	Number of employees employed in the pay period that includes March 12, 2005 (See	(	<b>&gt;</b> -	
91a	The books are in care of $\triangleright$ Wiffiam F. EnslEN, Treas Telephone no. $\triangleright$ (302) Section Located at $\triangleright$ Brockridge LN, Newtyk DE 18711 -2			14
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	Yes	Nc ×
с 92	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here	91c		<u>×</u>
	and enter the amount of tax-exempt interest received or accrued during the tax year   92		. •	• <u>[</u> ]

Part	Analysis of income-Producing Ad	ctivities (See th	ne instructions	s.)		
Note: E	Enter gross amounts unless otherwise	25.0	isiness income	580	tion 512, 513, or 514	(E) Related or
	Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
а						/
b						
C						
d		-				
e .						<u> </u>
	Medicare/Medicaid payments					
	Fees and contracts from government agencies					
	Membership dues and assessments Interest on savings and temporary cash investments					
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:					
	debt-financed property					
	not debt-financed property					
	Net rental income or (loss) from personal property					
99	Other investment income					
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events .					
	Gross profit or (loss) from sales of inventory		/			
	Other revenue: a		e.			
b.						
d .						
e e		/				-
Part V	ASSESSMENT OF THE PARTY OF THE	complishment o	f Exempt Purp	/II contributed in	e instructions.) mportantly to the	accomplishment
						-
Part I	X Information Regarding Taxable Subs		regarded Enti	ties (See the i	instructions.)	
l	Name, address, and EIN of corporation.	Percentage of nership interest	(C) Nature of a	ctivities	(D) Total income	<b>(E)</b> End-of-year assets
<del></del>		96				
		%				
		% %				
Part >	Information Regarding Transfers Associ	ciated with Perso	onal Benefit Co	intracts (See t	he instructions )	
(a) [	Did the organization, during the year, receive any funds, dir Did the organization, during the year, pay prem If "Yes" to (b), file Form 8870 and Form 472	rectly or indirectly, to	pay premiums on a	a personal benefit	contract?	☐ Yes ⊁ No ☐ Yes ★ No
Please Sign Here	Under penalties of penalty I declare that I have examine and belief it is true correct, and complete Declaration  Signature of officer  WILLIAM E. ENSLEW	id this return, includin	g accompanying so nan officer) is based	d on all informatio	ements, and to the b n of which preparer O2-10 ate	has any knowledge.
Paid	Type or print name and title.  Preparer's signature		Date	Check if self-	Preparer's SSN or	PTIN (See Gen. Inst. V ;
Preparer'	Firm's name (or yours			employed ▶	]	
Use Only	if self-employed), address, and ZIP + 4			EIN	<u> </u>	
	assisse, und En TT /			Phone	no. ► ( )	

Line 75b

Joseph A. Perrotto, Vice President, and Carol R. Perrotto, Director, are married to each other.