

Short Form

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. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

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

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

C Name of organization
FIRST STATE ROBOTICS, INC
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
33 LONGSPUR DRIVE
 City or town, state or country, and ZIP + 4
WILMINGTON, DE 19808-1972

D Employer identification number
20-0613902

E Telephone number
302-235-0432

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify)

I Website: WWW.FSROBOTICS.ORG
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(3) (insert no.) 4947(a)(1) or 527
 K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 163,115.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																								96,972.		
	2	Program service revenue including government fees and contracts																								58,336.		
	3	Membership dues and assessments																										
	4	Investment income																								1,311.		
	5a	Gross amount from sale of assets other than inventory Stmt 2																		1,092.								
	b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																		1,092.								
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	a	Gross revenue (not including \$ of contributions reported on line 1)																		5,039.								
	b	Less: direct expenses other than fundraising expenses																		993.								
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																		4,046.									
7a	Gross sales of inventory, less returns and allowances																											
b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe MISC)																								365.			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																								162,122.			
Expenses	10	Grants and similar amounts paid (attach schedule)																								15,100.		
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe See Statement 1)																								109,684.		
	17	Total expenses. Add lines 10 through 16																								124,784.		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								37,338.		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																								32,598.		
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								69,936.		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	32,598.	114,030.
23	Land and buildings		
24	Other assets (describe)		
25	Total assets	32,598.	114,030.
26	Total liabilities (describe)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,598.	114,030.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>See Statement 5</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
28	<u>See Statement 4</u>	
(Grants \$ _____)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	_____	
(Grants \$ _____)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	_____	
(Grants \$ _____)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) _____	
(Grants \$ _____)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) _____	32 <u>0.</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(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
<u>JOHN A LAROCK</u> <u>33 LONGSPUR DR, WILMINGTON, DE 19808</u>	PRESIDENT 20.00	0.	0.	0.
<u>JOSEPH A PEROTTO, 136 PINE HILL RD, LANDENBERG, PA 19350</u>	VICE PRESIDENT 20.00	0.	0.	0.
<u>PAUL WARREN</u> <u>4 DEW RD, LANDENBERG, PA 19350</u>	TREASURER 5.00	0.	0.	0.
<u>KAREN O'BRIEN</u> <u>871 SAGINAW RD, OXFORD, PA 19363</u>	SECRETARY 20.00	0.	0.	0.
<u>PRISCILLA A ZAWISLAK, 120 GREAT CIRCLE RD, LANDENBERG, PA 19350</u>	ASSISTANT TREASURER 20.00	0.	0.	0.
<u>LOUIS G ROSARIO</u> <u>2712 LANDON DR, WILMINGTON, DE 19810</u>	DIRECTOR 20.00	0.	0.	0.
<u>CAROL R PEROTTO, 136 PINE HILL RD, LANDENBERG, PA 19350</u>	DIRECTOR 20.00	0.	0.	0.
<u>MARGURITE VAVALLA</u> <u>20 W REDMONT DR, WILMINGTON, DE 19804</u>	DIRECTOR 1.00	0.	0.	0.
<u>ROBERT F DUDEK, 2705 PICKERING RD, WILMINGTON, DE 19808</u>	DIRECTOR 20.00	0.	0.	0.