Form	9	9	0	
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## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990



AF	or the	2013 calendar year, or tax year beginning $JUN 1$ , $2013$ and	ending M	AY 31, 2014			
<b>B</b> (	heck if pplicable	C Name of organization	cation number				
	Addres change	FIRST STATE ROBOTICS, INC.					
	Name change			**-***3902			
	Initial		Room/suite	E Telephone number	r		
	Termin- ated			3025	210112		
	Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	190,083.		
	Applica	HOCKESSIN, DE 19707		H(a) Is this a group re			
	pendin	F Name and address of principal officer: MARQUERTTE VAVALLA		for subordinates	? <b>Yes</b> X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	Included? Yes No		
		mpt status: $X = 501(c)(3) = 501(c) ( ) $ (insert no.) $4947(a)(1) c$	or 🛄 527	If "No," attach a	list. (see instructions)		
		e: ► WWW.FSROBOTICS.ORG		H(c) Group exemption			
		organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year (	of formation: $2001 _{N}$	State of legal domicile: DE		
Pá		Summary			<u> </u>		
e	1 6	Briefly describe the organization's mission or most significant activities: <b>PROM</b>	DTE IN	TEREST IN S	CIENCE AND		
ano		TECHNOLOGY THROUGH PARTICIPATION IN ROBO					
Governance		Check this box			sets.		
ğ		Number of voting members of the governing body (Part VI, line 1a)			 		
ø		Number of independent voting members of the governing body (Part VI, line 1b)			2		
ties		Total number of individuals employed in calendar year 2013 (Part V, line 2a)					
Activities &		Total number of volunteers (estimate if necessary)			400		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.			
	br	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>				
				Prior Year 114,928.	Current Year 93,333.		
Revenue		Contributions and grants (Part VIII, line 1h)		80,850.	78,648		
ven		Program service revenue (Part VIII, line 2g)		1,282.	1,644		
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		8,595.	14,778		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		205,655.	188,403		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,000.	<u> </u>		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		13,359.	2,543		
Ise		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses		Fotal fundraising expenses (Part IX, column (D), line 25)	0.				
Щ		Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		176,648.	166,117.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		210,007.	168,660.		
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		-4,352.			
or			Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20 1	Fotal assets (Part X, line 16)		171,056.	190,799.		
Ass d Ba	21	Fotal liabilities (Part X, line 26)		0.	0.		
_ Net	22	Net assets or fund balances. Subtract line 21 from line 20		171,056.	190,799.		
	art II	Signature Block		·	·		
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	/ knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date			
Here	MARQUERITE VAVALLA, PE Type or print name and title	RESIDENT				
	Print/Type preparer's name	Preparer's signature Date	Check PTIN			
Paid	EDWARD R. SWIFT, CPA	EDWARD R. SWIFT, CPA	if self-employed P00836975			
Preparer	Firm's name 🕨 ROBERT J. KRATZ	& COMPANY	Firm's EIN <b>** - * * * 5868</b>			
Use Only	Firm's address 🖌 145 WEST LANCAST	TER AVENUE				
	PAOLI, PA 19301		Phone no.610.296.2500			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)					
332001 10-2	32001 10-29-13LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)					

Form	n 990 (2013) FIRST STATE ROBOTICS, INC.	**-***3902	Page <b>2</b>
Pa	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission: PROMOTE INTEREST IN SCIENCE AND TECHNOLOGY TO PRE-CO		
	THROUGH PARTICIPATION IN US FIRST ROBOTIC COMPETITIO		
	ACTIVITIES.	SNO AND RELATED	
2	Did the organization undertake any significant program services during the year which were not listed o	n	
-	the prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se		XNo
Ŭ	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	vices, as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.		
4a		) (Revenue \$ 78,0	<b>648.</b> )
	THE ORGANIZATION HELD 18 EVENTS THIS YEAR THAT DREW		
	STUDENTS AT EACH EVENT. THE LARGEST EVENT WAS HELD	AT SALEM COMMUNI	TY
	COLLEGE IN SALEM, NJ, WHICH DREW MORE THAN 600 STUD	ENTS, 100 PARENT:	S,
	AND 130 MENTORS. IN ADDITION THE ORGANIZATION'S TEAM		-
	EVENTS AND EACH EVENT HAD ABOUT 35 STUDENTS AND 10		
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
			/
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 163,677.		
		Form <b>9</b> 9	<b>90</b> (2013)

	990 (2013) FIRST STATE ROBOTICS, INC. **-***
Pa	rt IV Checklist of Required Schedules
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors?
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>
6 7	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>
	Schedule D, Part III
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>
11 a	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i>
	Part VI
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
14a	Did the organization maintain an office, employees, or agents outside of the United States?
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Yes

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Form 990 (2013)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

complete Schedule G, Part III

<sup>-</sup> orm 990 (	2013)
Part IV	Che

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FIRST STATE ROBOTICS, INC. Form 990 (2013) FIRST STATE ROBOTI Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a		35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		100	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		able gaming	1		
	(gambling) winnings to prize winners?					
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
				3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	еО		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ints.			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					х
	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribu		-	ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		х
				7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10		
Ũ	to file Form 8282?					х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	1	7c		
				7e		
f						
g				7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	)id the s	supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any tir	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b	1			
~	Enter the amount of reserves on hand	13D				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		<u> </u>

Form **990** (2013)

	(_0,0)
art V	Statemen

FIRST	STATE	ROBOTICS,	INC.
nts Regarding	Other IR	S Filings and 1	Fax Compliance

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Sec	tion A. Governing Body and Management
1a	Enter the number of voting members of the governing body at the end of the tax year       1a         If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1a
b	Enter the number of voting members included in line 1a, above, who are independent 1b
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision
	of officers, directors, or trustees, or key employees to a management company or other person?
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
5	Did the organization become aware during the year of a significant diversion of the organization's assets?
6	Did the organization have members or stockholders?
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or
	more members of the governing body?
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or
~	persons other than the governing body?
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
a	The governing body?
b	Each committee with authority to act on behalf of the governing body?
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)
000	
102	Did the organization have local chapters, branches, or affiliates?
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.
b 12a	Did the event institute have a written and list of internet satisfy () if "No " go to line 12
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>
С	
10	
13 14	Did the organization have a written whistleblower policy?
14 15	Did the organization have a written document retention and destruction policy?
15	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
	The organization's CEO, Executive Director, or top management official
b	Other officers or key employees of the organization
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
loa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a
ь	taxable entity during the year?
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's
800	exempt status with respect to such arrangements?
-	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE
17	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website I Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a
	statements available to the public during the tax year.

_	exempt status with respect to such analyements?	100	
	Section C. Disclosure		

D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	ction C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availabl	е						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd finan	cial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation: 🕨							
	KAREN O'BRIEN - 6103312368								
	871 SAGINAW ROAD, OXFORD, PA 19363								
33200	D6 10-29-13	Form	<b>990</b> (2	2013)					

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#### FIRST STATE ROBOTICS, INC.

 Form 990 (2013)
 FIRST STATE ROBOTICS, INC.
 TATE STOL Page

 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

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7a

7b

8a

8b

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10a

10b

11a

12a

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax y	year

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(0)

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. 

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	ia a a	recto	or/trus	stee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	ordi	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e.	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) ANNE MICHELINI	5.00		-			6 ±	L.			
DIRECTOR		x						0.	0.	0.
(2) JOHN LAROCK	5.00									
DIRECTOR		Х						0.	0.	0.
(3) LINDA GRUSENMEYER	5.00									
DIRECTOR		Х						0.	0.	0.
(4) CAROL KAUFFMAN	5.00									-
DIRECTOR		Х						0.	0.	0.
(5) RASHMI KUMAR	5.00								0	0
DIRECTOR	E 00	Х						0.	0.	0.
(6) CAROL PERROTTO DIRECTOR	5.00	x						0.	0.	0.
(7) MARQUERITE VAVALLA	5.00	^						0.	0.	0.
(7) MARQUERITE VAVALLA PRESIDENT	5.00			x				0.	0.	0.
(8) PRISCILLA ZAWISLAK	5.00							0.	0.	0.
VICE PRESIDENT	5.00			x				0.	0.	0.
(9) KAREN O'BRIEN	5.00									
TREASURER				x				0.	0.	0.
										- 000 (22.15)

	990 (2013) <b>FIRST ST</b> 2									**_**	*3	902	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C			<u> </u>			
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle cer an	ss pe	itior <sup>more</sup> rson	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related	ı	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga anc	pensation om the anization I relate nization	e on ed
1b	Sub-total Total from continuation sheets to Part VI	Section A	<u> </u>	l 					0.		0.			0.
d	Total number of individuals (including but n								0.	,000 of reportable	0.			0.
	compensation from the organization												Yes	0 No
	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3	Tes	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4		X
	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> <b>ion B. Independent Contractors</b>					-			-		<u></u>	5		X
	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	ation fi	rom	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	ONE	3				<b>(B)</b> Description of s	ervices	C	(C omper		1
								_						

2	Total number of independent contractors (including but not	limited to those listed above) who received more than
	\$100,000 of compensation from the organization	0

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TINDI DIMIL RODOTIED, INC.		FIRST	STATE	ROBOTICS,	INC.
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Other Revenue

f All other program service revenue   g Total. Add lines 2a:2f   3 Investment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax exempt bond proceeds   5 Royaties   6 Gross rents   b Less: rental expenses   c Rental income or (loss)   d Net rental income or (loss)   d Net rental income or (loss)   f Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   c Gain or (loss)   d Net gain or (loss) from fundraising events (not including sequents   j Less: direct expenses   b Less: direct expenses   c Net income or (loss) from fundraising events   j Less: cost of goods sold   j Net income or (loss) from gaming activities   j A cross sales of inventory, less returns and allowances   a Less: cost of goods sold   j Net income or (loss) from sales of inventory   j Net income or (loss) from sales of inventory   j </th <th>е</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	е						
3       Investment income (including dividends, interest, and other similar amounts)       1,644.         4       Income from investment of tax-exempt bond proceeds       1,644.         5       Royatties       (i) Real       (ii) Personal         6 a Gross rents       (iii) Personal       1,644.         b Less: rental expenses       (iii) Personal       1,644.         6 a Gross rents       (ii) Personal       1,644.         b Less: rental expenses       (iii) Personal       1,644.         c Rain of (oss)       (iii) Personal       1,644.         6 a Gross rents       (ii) Other       1,644.         b Less: cost or other basis and sales expenses       (ii) Other       1,644.         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       1,680.         Part IV, line 18       a       15,901.         b Less: direct expenses       b       1,680.         10 a Gross sales of inventory, less returns and allowances       a       b         a Gross from gaming activities. See       Part IV, line 19       a         b Less: clicct expenses       b       b       c         11 a OTHER INCOME       900099       557.       0         b Less: cost of goods sold       b <t< th=""><th>f</th><th>All other program service reve</th><th>nue</th><th></th><th></th><th></th><th></th></t<>	f	All other program service reve	nue				
3       Investment income (including dividends, interest, and other similar amounts)       1,644.         4       Income from investment of tax-exempt bond proceeds          5       Royatiles       (i) Real       (ii) Personal         6       a Gross rents       (ii) Personal          b       Less: rental expenses       (iii) Other         a Gross amount from sales of assets other than inventory       (ii) Securities       (iii) Other         b       Less: cost or other basis and sales expenses       of         c       Grinor (loss)       of       (ii) Other         b       Less: cost or other basis       of       1,5,901.         a       Its; 901.       Its; 901.       Its; 901.         b       Less: direct expenses       b       Its; 901.         b       Less: direct expenses       b       Its; 901.         b       Less: cost of optical nime to; See       Part IV, line 19       a         a       Less: cost of goods sold       b       Its; 901.         b       Less: cost of goods sold       b       Its; 901.         c       Net income or (loss) from gaming activities.       P       Its; 901.         c       Net income or (loss) from gaming activities.       P <th>g</th> <th>Total. Add lines 2a-2f</th> <th></th> <th> ►</th> <th>78,648.</th> <th></th> <th></th>	g	Total. Add lines 2a-2f		►	78,648.		
4       Income from investment of tax exempt bond proceeds         5       Royalties         6 a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         7 a       Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         c       Gain or (loss)         d       Net gain or (loss)         b       Less: clinect expenses         b       I. (. 680.         c       Net income or (loss) from fundraising events         a       I. (. 680.         c       Net income or (loss) from gaming activities.         a       I. (. 680.         c       Net income or (loss) from sales of inventory.         Miscelaneous Revenue       Musiness Code	3	Investment income (including	dividends, intere	est, and			
4       Income from investment of tax-exempt bond proceeds         5       Royatiles         6 a Gross rents       (i) Real         b Less: rental expenses       (ii) Personal         c Rental income or (loss)       (iii) Personal         7 a Gross amount from sales of assets other than inventory       (ii) Securities         b Less: cost or other basis       (ii) Other         a Gross income from fundraising events (not including \$		other similar amounts)		►	1,644.		
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses       (iii) Other         c Rental income or (loss)       (i) Securities       (i) Other         a sets other than inventory       (i) Securities       (i) Other         b Less: cost or other basis       (ii) Securities       (ii) Other         a sets other than inventory       (ii) Securities       (iii) Other         b Less: cost or other basis       (iii) Securities       (iii) Other         a Gross income from fundralsing events (not including \$ of       of       (including \$ of         c Net income or (loss) from fundraising events       1       1       1         9 a Gross income from gaming activities       (iii) See       1       1       1         9 a Gross sales of inventory, less returns and allowances       a       (iii) Securities       (iii) Securities       (iii) Securities         10 a Gross sales of inventory, less returns and allowances       a       (iii) Securities       (iii) Securities       (iii) Securities         11 a OTHER INCOME       900099       557.       (iii) Securities       (iii) Securities       (iii) Securities       (iii) Securities         12 Total revenue. See instructions.       188, 403.       78, 648.       (iii) Securities       (iii) Securities	4						
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses       (iii) Other         c Rental income or (loss)       (i) Securities       (i) Other         a sets other than inventory       (i) Securities       (i) Other         b Less: cost or other basis       (ii) Securities       (ii) Other         a sets other than inventory       (ii) Securities       (iii) Other         b Less: cost or other basis       (iii) Securities       (iii) Other         a Gross income from fundralsing events (not including \$ of       of       (including \$ of         c Net income or (loss) from fundraising events       1       1       1         9 a Gross income from gaming activities       (iii) See       1       1       1         9 a Gross sales of inventory, less returns and allowances       a       (iii) Securities       (iii) Securities       (iii) Securities         10 a Gross sales of inventory, less returns and allowances       a       (iii) Securities       (iii) Securities       (iii) Securities         11 a OTHER INCOME       900099       557.       (iii) Securities       (iii) Securities       (iii) Securities       (iii) Securities         12 Total revenue. See instructions.       188, 403.       78, 648.       (iii) Securities       (iii) Securities	5	Royalties		🕨 [			
b Less: rental expenses							
c Rental income or (loss)   d Net rental income or (loss)   7 a   Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses   c Gain or (loss)   a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 of contributions reported on line 1c). See Part IV, line 19 b   9 a Gross income from gaming activities. See Part IV, line 19 a   9 a Gross sincome from gaming activities. See Part IV, line 19 a   9 a Gross sincome from gaming activities. See Part IV, line 19 a   9 a Gross sincome from gaming activities. See Part IV, line 19 a   9 a Gross since from gaming activities. See Part IV, line 19 a   9 a Gross since from gaming activities determine the set of goods sold	6 a	Gross rents					
c Rental income or (loss)   d Net rental income or (loss)   7 a   Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses   c Gain or (loss)   a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 of contributions reported on line 1c). See Part IV, line 19 b   9 a Gross income from gaming activities. See Part IV, line 19 a   9 a Gross sincome from gaming activities. See Part IV, line 19 a   9 a Gross sincome from gaming activities. See Part IV, line 19 a   9 a Gross sincome from gaming activities. See Part IV, line 19 a   9 a Gross since from gaming activities. See Part IV, line 19 a   9 a Gross since from gaming activities determine the set of goods sold	b						
7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses   c Gain or (loss)   d Net gain or (loss)   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   b Less: core or (loss) from gaming activities   c Net income or (loss) from gaming activities   b Less: core or (loss) from gaming activities   c Net income or (loss) from gaming activities   b Less: core or (loss) from gaming activities   c Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   b Less: core of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a OTHER INCOME   900099   557.   b Less total. Add lines 11a-11d   total revenue. See instructions.   total revenue. See instructions.	с						
7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses   c Gain or (loss)   d Net gain or (loss)   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   b Less: core or (loss) from gaming activities   c Net income or (loss) from gaming activities   b Less: core or (loss) from gaming activities   c Net income or (loss) from gaming activities   b Less: core or (loss) from gaming activities   c Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   b Less: core of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a OTHER INCOME   900099   557.   b Less total. Add lines 11a-11d   total revenue. See instructions.   total revenue. See instructions.	d	Net rental income or (loss)					
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 15,901. 1,680. c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 557. b c d All other revenue e Total. Add lines 11a.11d 557. 12 Total revenue. See instructions 188, 403. 78, 648. CC							
and sales expenses   c   Gain or (loss)   d   Net gain or (loss)   8 a   Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18   b   Less: direct expenses   b   c   Net income or (loss) from fundraising events   9 a   Gross income from gaming activities. See   Part IV, line 19   a   b   Less: direct expenses   b   c   net an allowances   a   b   Less: cost of goods sold   b   Less: cost of goods sold   c   Miscellaneous Revenue   Business Code   11 a   OTHER INCOME   900099   557.   a   12   Total revenue. See instructions.		assets other than inventory					
c Gain or (loss)   d Net gain or (loss)   8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   b Less: direct expenses   c Net income or (loss) from fundraising events   9 Gross income from gaming activities. See Part IV, line 19   a b   b Less: direct expenses   c Net income or (loss) from gaming activities. See Part IV, line 19   a b   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a   a d   b Less: cost of goods sold   b Less: cost of goods sold   b Less: cost of goods sold   c Miscellaneous Revenue   Business Code   11 a   c Miscellaneous Revenue   b S577   c All other revenue   e Total revenue. See instructions.	b	Less: cost or other basis					
c Gain or (loss)   d Net gain or (loss)   8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   b Less: direct expenses   c Net income or (loss) from fundraising events   9 Gross income from gaming activities. See Part IV, line 19   a b   b Less: direct expenses   c Net income or (loss) from gaming activities. See Part IV, line 19   a b   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a   a d   b Less: cost of goods sold   b Less: cost of goods sold   b Less: cost of goods sold   c Miscellaneous Revenue   Business Code   11 a   c Miscellaneous Revenue   b S577   c All other revenue   e Total revenue. See instructions.		and sales expenses					
d Net gain or (loss)   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   miscellaneous Revenue   Business Code   11 a OTHER INCOME   9 00099   557.   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.	с						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a       15,901.         b Less: direct expenses b       1,680.         c Net income or (loss) from fundraising events       14,221.         9 a Gross income from gaming activities. See Part IV, line 19 a       14,221.         9 a Gross income from gaming activities. See Part IV, line 19 a       b         10 a Gross sales of inventory, less returns and allowances a							
including \$of contributions reported on line 1c). See Part IV, line 18b Less: direct expensesb 15,901. 1,680. c Net income or (loss) from fundraising eventsb 14,221. 9 a Gross income from gaming activities. See Part IV, line 19ab Less: direct expensesb c Net income or (loss) from gaming activitiesb 10 a Gross sales of inventory, less returnsa and allowancesa b Less: cost of goods soldb c Net income or (loss) from sales of inventoryb Miscellaneous Revenue Business Code 11 a OTHER INCOME900099 557. b cd All other revenue e Total. Add lines 11a:11db 557. 12 Total revenue. See instructionsb 188,403. 78,648. CO		• • •					
contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   11 a OTHER INCOME   900099   557.   12 Total revenue. See instructions.							
Part IV, line 18   b   Less: direct expenses   c   Net income or (loss) from fundraising events   9 a   Gross income from gaming activities. See   Part IV, line 19   b   Less: direct expenses   b   c   Net income or (loss) from gaming activities   b   c   Net income or (loss) from gaming activities   a   b   Less: direct expenses   b   c   Net income or (loss) from gaming activities   and allowances   a   b   Less: cost of goods sold   b   Miscellaneous Revenue   Business Code   or Hitrer revenue   e   All other revenue   e   Total revenue. See instructions.     188,403.							
b Less: direct expenses b 1,680. c Net income or (loss) from fundraising events 14,221. 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expenses bb c Net income or (loss) from gaming activitiesb 10 a Gross sales of inventory, less returns and allowancesa b Less: cost of goods soldb c Net income or (loss) from sales of inventoryb Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 557 b Grost 11a 11d 557 12 Total revenue. See instructions 188,403. 78,648. O			,	15,901.			
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   b b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a OTHER INCOME   b 900099   557.   c   d All other revenue   e Total revenue. See instructions.	b			1,680.			
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   a b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a OTHER INCOME   900099   557.   b   c   d All other revenue   e Total. Add lines 11a-11d   557.   12 Total revenue. See instructions.					14,221.		
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a dallowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a OTHER INCOME   b 900099   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.		· · · ·	•				
b Less: direct expenses b b b b b b b b b b b b b b b b b b							
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a OTHER INCOME   b 900099   c 4   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.	b						
10 a Gross sales of inventory, less returns and allowances   and allowances   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a OTHER INCOME   900099   557.   b C   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.				►			
and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a OTHER INCOME   900099 557.   b							
b Less: cost of goods sold b c Net income or (loss) from sales of inventory							
Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a       OTHER INCOME       900099       557.         b	b						
Miscellaneous Revenue       Business Code         11 a       OTHER INCOME       900099       557.         b				►			
11 a       OTHER INCOME       900099       557.         b	_						
b	11 a				557.		
d All other revenue       ■       557.         e Total. Add lines 11a-11d       ■       557.         12 Total revenue. See instructions.       ■       188,403.       78,648.       0							
d All other revenue       ■       557.         e Total. Add lines 11a-11d       ■       557.         12 Total revenue. See instructions.       ■       188,403.       78,648.       0							
e Total. Add lines 11a-11d       ►       557.         12 Total revenue. See instructions.       ►       188,403.       78,648.       0		All other revenue					
12         Total revenue. See instructions.         188,403.         78,648.         0				· · · · · · · · · · · · · · · · · · ·	557.		
						78,648.	0
	)				-	· · · ·	

FIRST STATE ROBOTICS, INC. Statement of Revenue

c Fundraising events

d Related organizations

Government grants (contributions)

All other contributions, gifts, grants, and

similar amounts not included above

g Noncash contributions included in lines 1a-1f: \$

**b** REGISTRATION FEES

**1 a** Federated campaigns

h Total. Add lines 1a-1f

2 a PROGRAM FEES

**b** Membership dues

Check if Schedule O contains a response or note to any line in this Part VIII

1a

1b

1c 1d

1e

1f

93,333.

Business Code

900099

900099

►

(C)

Unrelated

business

revenue

(B)

Related or

exempt function

revenue

71,003.

7,645.

(A)

Total revenue

93,333.

71,003.

7,645.

(D) Revenue excluded from tax under sections 512 - 514

1,644.

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557.

14,221.

Form 990 (2013) Part VIII

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

е

f

с d FIRST STATE ROBOTICS, INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 055	1 055		
7	Other salaries and wages	1,955.	1,955.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	FOO	E00		
10	Payroll taxes	588.	588.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	1 010		1 010	
С	Accounting	1,910.		1,910.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2,120.	1,904.	216.	
40	column (A) amount, list line 11g expenses on Sch 0.)	2,120.	1,904.	210.	
12	Advertising and promotion	929.	929.		
13	Office expenses	2,734.	2,734.		
14 15	Information technology	2,154.	2,754.		
15 16	Royalties				
17	Occupancy	50,395.	50,395.		
	Travel Payments of travel or entertainment expenses		5075551		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,150.	1,150.		
20	Interest	_,,	_,,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,857.		2,857.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
а	amount, list line 24e expenses on Schedule 0.) ROBOT COMPETITION EXPEN	104,022.	104,022.		
-		104,022.	104,022.		
b					
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	168,660.	163,677.	4,983.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
ets	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	171,056.	16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
jit		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	0.	26	
		Organizations that follow SFAS 117 (ASC 958), check here ►  and			
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
0 0 0	20	and complete lines 30 through 34.	0.	20	
set	30 21	Capital stock or trust principal, or current funds	0.	30	
₹¥	31 22	Paid-in or capital surplus, or land, building, or equipment fund	171,056.	31 32	
Net	32	Retained earnings, endowment, accumulated income, or other funds	171 056	32	

#### FIRST STATE ROBOTICS, INC.

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from current and former officers, directors,

\*\*-\*\*\*3902 Page 11

(B)

End of year

76,381.

114,418.

190,799

(A)

Beginning of year

88,050.

83,006.

1

2

3

4

190,799. Form 990 (2013)

190,799. 190,799.

171,056.

171,056.

33

34

0.

0.

0.

Form 990 (2013) Part X

1

2

3 4

5

Belence Ch	
	-
Balance She	e

		-	1
ance	Sheet		

FIRST	STATE	ROBOTICS,	INC.
	-		

Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			L	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,403</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,660	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,743	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	171	L,056	•
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
-	column (B))	10	190	),799	•
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes No	D
1	Accounting method used to prepare the Form 990: 🔀 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

		•••		•••	•
:	3.3	20	)2	1	
		-2			2
	Ja	-2	0	- 1	З

			FIRST S	TATE ROBOTIC	S, IN	C.				*	*_*	***3	902	
Par	tl	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this part	.) See inst	ructions.					
The o	rgan	ization is not a	a private foundation	because it is: (For lines 1	1 through <sup>-</sup>	11, check	only one b	ox.)						
<b>1</b>		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)						
2		A school des	cribed in <b>section 17</b>	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3 L		A hospital or	a cooperative hospi	tal service organization of	described	in <b>section</b>	170(b)(1)	A)(iii).						
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the h	iospital'	s nam	ne,
Г		city, and stat												
5 L		Ũ		benefit of a college or ur	niversity o	wned or op	perated by	a governr	nental uni	t describ	oed in	l		
Г	_		(b)(1)(A)(iv). (Comple											
6 L				ent or governmental unit										
7 L	X	•		eives a substantial part of	of its supp	ort from a	governme	ental unit o	r from the	general	publi	ic desci	ribed i	n
<b>•</b> [	_	•	b)(1)(A)(vi). (Comple		(a	<b>_</b>								
8 L 9 [	=			ection 170(b)(1)(A)(vi).	· ·	,		<b>.</b>						
9 [		-	-	eives: (1) more than 33 1							-		-	
				nctions - subject to certa axable income (less sect										
			509(a)(2). (Complete		lion of ria		511165565 2	acquired b	y the orga	mzation	anei	June J	0, 197	J.
<b>10</b> [				perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	3					
11 L		•		perated exclusively for th	· · ·				•	v out the	e ourr	ooses o	fone	or
		•		ations described in section						•				
				organization and comple				/	•	~ /				
		а 🗌 Туре I		·	ype III - Fu			d	🗌 Тур	e III - No	n-fun	ctionall	y integ	grated
е		By checking	this box, I certify tha	at the organization is not	controlled	l directly o	r indirectly	by one or	more disc	qualified	pers	ons oth	er tha	in
		foundation m	anagers and other t	han one or more publicly	, supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	secti	ion 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS that	at it is a Ty	ре I, Туре	II, or Type	e					
		supporting or	rganization, check th	nis box										
g		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing pers	sons?		,		
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (i	ii) below	· -		Yes	No
		•	<b>e</b> ,	upported organization?								11g(i)		
				n described in (i) above?								11g(ii)		
				person described in (i) o							Ľ	11g(iii)		
h		Provide the f	ollowing information	about the supported org	ganization	(s).								
		<i>.</i>	(1) = 11	/////	(iv) le the c	rganization		ı notify the	(vi)  s	the	<i>.</i>	• .		
(I) N		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis		organizat		organizátio	on in col.	(11)	Amount supp		netary
	Ulya	amzation		above or IRC section	governing		u v		(i) organize U.S.	?		Suh	011	
				(see instructions))	Yes	No	Yes	No	Yes	No				
												_	_	_
											├──			
			1	1	1	1	1				1			

# Public Charity Status and Public Support 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. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

Employer identification number

SCHEDULE A	
(Form 990 or 990-EZ)	

Department of the Treasury

Name of the organization

Internal Revenue Service

	a 📖 Type I	b 📖 Type II	c 🔄 Type III - F	unctionally integrated	d 🛄 Type III - Non-functionally	integrated
e 📖	By checking this bo	ox, I certify that the organ	nization is not controlle	ed directly or indirectly by	y one or more disqualified persons othe	er than
	foundation manage	rs and other than one or	more publicly support	ed organizations descril	bed in section 509(a)(1) or section 509(	a)(2).
f	If the organization r	eceived a written determ	nination from the IRS th	nat it is a Type I, Type II,	or Type III	

LHA For Paperwork Re Form 990 or 990-EZ.	duction Act Notice	, see the Instructions for	or		Schedul	e A (For	m 990 or 990-EZ) 2013
Total							

OMB No. 1545-0047 2012

Inspection

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Onon to	р.	hlid

#### Schedule A (Form 990 or 990-EZ) 2013 FIRST STATE ROBOTICS, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.)

Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	96,972.	161,813.	136,422.	127,272.	93,333.	615,812.
2	Tax revenues levied for the organ-	-	-				<u> </u>
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	96,972.	161,813.	136,422.	127,272.	93,333.	615,812.
	The portion of total contributions				/		
Ŭ	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)						367,792.
e							248,020.
	Public support. Subtract line 5 from line 4.				-		240,020.
	ndar year (or fiscal year beginning in)	(-) 0000	(1-) 0010	(-) 0011	(-1) 0010	(-) 0010	
		(a)2009 96,972.	(b)2010 161,813.	(c) 2011 136,422.	(d) 2012 127,272.	(e) 2013 93,333.	(f) Total 615,812.
	Amounts from line 4	50,572.	101,013.	130,422.	121,212.	55,555.	015,012.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1,311.	163.	1,639.	1,282.	1,644.	6,039.
-	and income from similar sources	1,311.	105.	1,059.	1,202.	1,044.	0,039.
9	Net income from unrelated business						
	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 IV.)						621,851.
	Total support. Add lines 7 through 10		-				$\frac{621,851}{280,034}$
	Gross receipts from related activities,	·	,			12	280,034.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
800	organization, check this box and stop	here	rooptogo				▶∟⊥
	tion C. Computation of Publ						39.88 %
	Public support percentage for 2013 (I		•			14	<u> </u>
	Public support percentage from 2012					15	51.73 %
16a	33 1/3% support test - 2013. If the c	•					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"	-		• • • •			
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2013

-

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
~	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		-				
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(u) 2000	(6) 2010	(0) 2011	(4) 2012		(1) 10101
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		$\bigcirc$				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization	's first, second, th	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here	- 	<u></u>	<u></u>	<u></u>	-	<b>)</b>
Sec	ction C. Computation of Publi						
15	Public support percentage for 2013 (li	ine 8, column (f) (	divided by line 13,	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Par	t III, line 15			16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20	13 (line 10c, colu	ımn (f) divided by l	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2013. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2012. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-13			,, ee., eeon			0 or 990-EZ) 2013

	Also complete this part for any additional information. (See instructions).
_	

Schedule A

#### Identification of Excess Contributions Included on Part II, Line 5

#### 2013

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
DUPONT	369,166.	356,729
BOEING	23,500.	11,063
otal Excess Contributions to Schedule A, Part II, Line 5	1	367,792

323171 05-01-13

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

### **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

INC.

OMB No. 1545-0047

2013

Employer identification number

Name	of the	organization
------	--------	--------------

\*\*-\*\*\*3902

Organization	type	(check	one):
	-71	(000	····/·

Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

FIRST STATE ROBOTICS,

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

**X** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

\*\*-\*\*\*3902

FIRST STATE ROBOTICS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	NEXT GENERATION GRANT P.O. BOX 1636 WILMINGTON, DE 19899	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DUPONT ENGINEERING 974 CENTRE ROAD WILMINGTON, DE 19805	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DUPONT CENTER OF PHILANTHROPY & EDUCATION P.O. BOX 8352 WILMINGTON, DE 19803	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

\*\*-\*\*\*3902

#### FIRST STATE ROBOTICS, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(-)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. ·om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	 
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of org	janization		Employer identification number		
<b>FTDO</b> M			**-***3902		
Part III	Exclusively religious, charitable, etc., indir year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition	vidual contributions to section 501(c)(7), (& he following line entry. For organizations cor c., contributions of <b>\$1,000 or less</b> for the ye al space is needed	** - *** 3902 3), or (10) organizations that total more than \$1,000 for the npleting Part III, enter ar. (Enter this information once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the o	ntal Information Regarding organization answered "Yes" to l organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 99 5,000 o ) or Fori	90, P on Foi m 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047 <b>2013</b> Open To Public Inspection
Name of the organization	I				0		Employer in	dentification number
	FIRST S	TATE ROBOTICS, INC	•				**_**	3902
Part I Fundraisi required to c	ing Activities. complete this part	Complete if the organization answe t.	ered "Ye	es" to	Form 990, Part IV, li	ine 1	7. Form 990-I	EZ filers are not
<ul> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organization key employees lister</li> </ul>	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indi	<b>f</b> Solicita <b>g</b> Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of n tion of g fundrais	non-gi gover ising o ing o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	<b>Y</b>	es 🗌 No to be
(i) Name and address or entity (fund		(ii) Activity	(iii) L fundrai have cus or contr contribut	iser stody rol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	( <b>vi)</b> Amount paid to (or retained by) organization
			Yes	No				
								-
			+					
			+					
			+					
Total								
3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit	contribu	utions	s or has been notified	d it is	exempt from	registration

Schedule G (Form 990 or 990-EZ) 2013

#### Schedule G (Form 990 or 990-EZ) 2013 FIRST STATE ROBOTICS, INC.

Pa			v			
		of fundraising event contributions and gr	(a) Event #1 VARIOUS FUNDRAISERS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
е			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
Revenue	1	Gross receipts	15,901.	,		15,901.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	15,901.			15,901.
	-					
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
Ö	8	Entertainment				
	9	Other direct expenses	1 2 2 2 2			1,680.
	10	1 5 5				1,680. 14,221.
Pa		Net income summary. Subtract line 10 from I <b>Gaming.</b> Complete if the organization	ine 3, column (d)	000 Dart IV line 10 or i		14,221.
FC		\$15,000 on Form 990-EZ, line 6a.	answered res to rom	1990, Part IV, illie 19, 011	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	-	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			1 1	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
	_					
9		ter the state(s) in which the organization opera the organization licensed to operate gaming ac		statos?		Yes No
		No," explain:		States:		
10a	We	ere any of the organization's gaming licenses r	evoked, suspended or t	erminated during the tax	year?	Yes No
		Yes," explain:	, ,	J		

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 FIRST STATE ROBOTICS, INC. **-	***390	2 Page <b>3</b>
	Does the organization operate gaming activities with nonmembers?		No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		No No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
<b>1</b> 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
k	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🔛 Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year ► \$ <b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,		
Га	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	lines 9, 90,	100, 150,

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 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 990-EZ.	ZU IS Open to Public
Internal Revenue Service Name of the organization	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/	Employer identification number
	FIRST STATE ROBOTICS, INC.	**-***3902
FORM 990, PA	RT VI, SECTION A, LINE 8B:	
EXPLANATION:	THERE IS NO COMMITTEE WITH AUTHORIZATION TO	ACT ON BEHALF OF
THE BOARD.		
FORM 990, PA	RT VI, SECTION B, LINE 11:	
EXPLANATION:	AT ONE OF ITS REGULARLY SCHEDULED MEETINGS,	THE BOARD REVIEWS
AND APPROVES	THE 990 BEFORE FILING.	
FORM 990, PA	RT VI, SECTION C, LINE 19:	
	ORGANIZATION DOCUMENTS ARE AVAILABLE UPON RE	۲ חוד ב
	ORGANIZATION DOCOMENTS ARE AVAILABLE OF ON RE	
LHA For Paperwork Re 332211 09-04-13	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	dule O (Form 990 or 990-EZ) (2013)