Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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 COMMUNITY ACTION AGENCY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) POBOX 877 | Room/suite

City or town, state or country, and ZIP + 4
GEORGETOWN, DE 19947

D Employer identification number
51-0104704

E Telephone number
(302) 856-7761

G Gross receipts $ 14,033,269

F Name and address of principal officer
BERNICE EDWARDS
PO BOX 877
GEORGETOWN, DE 19947

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** firststatecaa org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1965 | M State of legal domicile DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO LESSEN THE EFFECTS OF THE CONDITIONS OF POVERTY ON LOW-INCOME RESIDENTS OF DELAWARE AND TO WORK TOWARD ELIMINATING THE CAUSES OF POVERTY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of employees (Part V, line 2a)	5	225
6	Total number of volunteers (estimate if necessary)	6	83
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,795,212	13,151,708
	9	Program service revenue (Part VIII, line 2g)	577,282	879,024
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,323	2,537
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,380,817	14,033,269
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	749,449	2,953,785
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,850,127	3,340,116
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,726,116	7,635,437
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,325,692	13,929,338
	19	Revenue less expenses Subtract line 18 from line 12	55,125	103,931
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,347,138	3,360,717
	21	Total liabilities (Part X, line 26)	587,184	1,521,679
	22	Net assets or fund balances Subtract line 21 from line 20	1,759,954	1,839,038

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2011-02-09
Signature of officer | Date

bernice edwards EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	TGM GROUP LLC 955 MT HERMON RD SALISBURY, MD 218045105		EIN ▶ Phone no ▶ (410) 742-1328

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

TO LESSEN THE EFFECTS OF THE CONDITIONS OF POVERTY ON LOW-INCOME RESIDENTS OF DELAWARE AND TO WORK TOWARD ELIMINATING THE CAUSES OF POVERTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

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 services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 12,798,413 including grants of $) (Revenue $ 881,561)

TO PROVIDE COMMUNITY AND ECONOMIC DEVELOPMENT, HOUSING AND FAMILY RESOURCE DEVELOPMENT, EMPLOYMENT AND RELATED TRAINING, HEALTH ASSISTANCE, AND NUTRITION EDUCATION

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** ▶$ 12,798,413

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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? *If "Yes," complete Schedule D, Part VII.*			
	• 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? *If "Yes," complete Schedule D, Part VIII.*			
	• 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? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes [ ] No: No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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? *If "Yes," complete Schedule G, Part I*	17		No
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*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and 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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	1a	71			
b	Enter the number of Forms W-2G included in line 1a *Enter -0- if not applicable*	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	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	225			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b		No
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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					
a	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					
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 amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body . . 1a 22				
b	Enter the number of voting members that are independent . . 1b 22				
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?		2		No
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?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶DE

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

LEON MORRIS
PO BOX 877
GEORGETOWN, DE 19947
(302) 856-7761

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See add'l data										

1b	Total . . . . ▶	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JR BLEVINS INC 139 MAIN STREET SMYRNA, DE 19977	TO IMPROVE ENERGY EFFICIENCY FOR LOW-INC	1,144,099
R S Bauer LLC 17568 S Dupont Highway Harrington, DE 19952	Hydronics Heating Contractor	637,293
Energy Service Group INc 300 Cornell Dr Suie A2 Wilmington, DE 19801	Weatherization	548,834
Accurate Insulation LLC 15121 Marlboro Pike Upper Marlboro, MD 20772	installer of insulation, garage doors, g	283,355
Community services Corp Inc 116 Haines Street Newark, DE 19711	Human Resource consultants	221,356

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶5

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 13,151,708				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		13,151,708			
Program Service Revenue			Business Code				
	2a	OTHER REVENUE	624,200	764,029	764,029		
	b	VARIOUS PROGRAMS	624,200	114,995	114,995		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		879,024			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,537	2,537		
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	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) . . . . ▶					
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	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				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶					
	12	**Total revenue.** See Instructions . . . ▶		14,033,269	881,561	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,953,785	2,953,785		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S 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)				
7 Other salaries and wages	2,691,324	2,255,590	435,734	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	648,792	514,589	134,203	
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees				
g Other				
12 Advertising and promotion	2,164	1,137	1,027	
13 Office expenses	14,215	13,074	1,141	
14 Information technology				
15 Royalties . .				
16 Occupancy	155,783	152,616	3,167	
17 Travel	157,404	143,068	14,336	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,304	20,970	12,334	
20 Interest	2,001		2,001	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	94,169	78,781	15,388	
23 Insurance	66,069	66,069		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CONTRACTUAL	5,894,804	5,440,415	454,389	
b STIPENDS	217,242	217,242		
c EMERGENCY ASSISTANCE	198,888	197,649	1,239	
d PROFESSIONAL FEES	163,918	159,678	4,240	
e VEHICLE AND EQUIPMENT E	151,212	143,800	7,412	
f All other expenses	484,264	439,950	44,314	
25 **Total functional expenses.** Add lines 1 through 24f	13,929,338	12,798,413	1,130,925	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		985,892	1	1,227,028
	2	Savings and temporary cash investments		60,068	2	60,607
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		320,650	4	1,100,010
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		32,505	9	11,216
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,195,034			
	b	Less accumulated depreciation	10b 1,246,202	933,599	10c	948,832
	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		14,424	15	13,024
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,347,138	16	3,360,717
Liabilities	17	Accounts payable and accrued expenses		382,910	17	1,178,629
	18	Grants payable			18	
	19	Deferred revenue		193,854	19	315,473
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		9,420	23	26,577
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		1,000	25	1,000
	26	**Total liabilities.** Add lines 17 through 25		587,184	26	1,521,679
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,759,954	27	1,839,038
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,759,954	33	1,839,038
	34	Total liabilities and net assets/fund balances		2,347,138	34	3,360,717

Part XI Financial Statements and Reporting

			Yes	No
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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FIRST STATE COMMUNITY ACTION AGENCY INC

Employer identification number
51-0104704

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,060,777	5,448,210	5,551,095	5,795,212	13,151,708	35,007,002
2 Tax revenues levied for the organization'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	5,060,777	5,448,210	5,551,095	5,795,212	13,151,708	35,007,002
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						35,007,002

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,060,777	14,538	5,551,095	5,795,212	13,151,708	35,007,002
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,584	14,538	19,477	8,323	2,537	56,459
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						35,063,461

12 Gross receipts from related activities, etc (See instructions)	12	3,170,963

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 840 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	96 920 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2008 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2008** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 51-0104704
Name: FIRST STATE COMMUNITY ACTION AGENCY INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
peggy strine president	2 00	X		X				0	0	0
EVELYN WILSON SECRETARY/TREASURER	2 00	X		X				0	0	0
harold stafford VICE PRESIDENT	2 00	X		X				0	0	0
PATRICIA BATCHELOR DIRECTOR	1 00	X						0	0	0
GAIL LAUNAY DIRECTOR	1 00	X						0	0	0
REV JONATHAN BAKER DIRECTOR	1 00	X						0	0	0
BERYL BARMORE DIRECTOR	1 00	X						0	0	0
LINDA CHICK DIRECTOR	1 00	X						0	0	0
WILLIAM LECATES DIRECTOR	1 00	X						0	0	0
EUGENE DVORNICK JR DIRECTOR	1 00	X						0	0	0
ANNE FARLEY DIRECTOR	1 00	X						0	0	0
ALBERT BIDDLE DIRECTOR	1 00	X						0	0	0
MINNIE SMITH-BURTON DIRECTOR	1 00	X						0	0	0
H RANFORD ALLEN DIRECTOR	1 00	X						0	0	0
HATTIE RUCKER DIRECTOR	1 00	X						0	0	0
NELSON DRIGGUS DIRECTOR	1 00	X						0	0	0
ROOSEVELT NICHOLS DIRECTOR	1 00	X						0	0	0
Gwendoline B Angalet P DIRECTOR	1 00	X						0	0	0
TIMOTHY CRAWL-BEY DIRECTOR	1 00	X						0	0	0
MARLENE SAUNDERS PHD DIRECTOR	1 00	X						0	0	0
REV WINTON HILL DIRECTOR	1 00	X						0	0	0
BERNICE EDWARDS EXECUTIVE DIRECTOR	40 00				X			94,888	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACTUAL	5,894,804	5,440,415	454,389	
STIPENDS	217,242	217,242		
EMERGENCY ASSISTANCE	198,888	197,649	1,239	
PROFESSIONAL FEES	163,918	159,678	4,240	
VEHICLE AND EQUIPMENT E	151,212	143,800	7,412	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
FIRST STATE COMMUNITY ACTION AGENCY INC

Employer identification number
51-0104704

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶______________

4 Number of states where property subject to conservation easement is located ▶______________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶______________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

(ii) Assets included in Form 990, Part X ▶ $ ______________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI **Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	270,065			270,065
b Buildings	1,378,107		799,577	578,530
c Leasehold improvements				
d Equipment	368,182		301,651	66,531
e Other	178,680		144,974	33,706
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				948,832

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SECURITY DEPOSITS	1,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,000

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,033,269
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,929,338
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	103,931
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-24,847
9	Total adjustments (net) Add lines 4 - 8	9	-24,847
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	79,084

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	14,120,977
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	87,708		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	87,708
3	Subtract line **2e** from line **1**			3	14,033,269
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	14,033,269

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	14,017,046
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	87,708		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	87,708
3	Subtract line **2e** from line **1**			3	13,929,338
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	13,929,338

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		PROCEEDS FROM NOTE PAYABLE -24847

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FIRST STATE COMMUNITY ACTION AGENCY INC

Employer identification number
51-0104704

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 40

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	**Return Reference**	**Explanation**
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE GRANTEES MUST SUBMIT REGULAR REPORTS STATING THE SERVICES PROVIDED AS WELL AS THE OUTCOMES OF THE PROGRAMS THE CONTRACT ADMINISTRATOR FOR FIRST STATE COMMUNITY ACTION AGENCY EVLAUATES AND COMMUNICATES WITH THE ENTITIES REGARDING THEIR PERFORMANCE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 51-0104704
Name: FIRST STATE COMMUNITY ACTION AGENCY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arc of Delaware The2 South Augustine St Ste B Wilmington, DE 19804	51-0072149	501(c)(3)	4,322				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Beautiful Gate Outreach Center604 N Walnut St Wilmington, DE 19801	51-0407231	501(c)(3)	51,549				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Boys & Girls ClubMerit310 Virginia Avenue Seaford, DE 19973	51-0068712	501(c)(3)	65,140				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Brandywine Counseling Inc 2713 Lancaster Ave Wilmington, DE 19805	51-0278050	501(c)(3)	43,411				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Catholic Charities Inc2601 W 4th St Wilmington, DE 19805	51-0065685	501(c)(3)	196,640				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
CHEER Inc546 S Bedford St Georgetown, DE 19947	51-0112599	501(c)(3)	54,392				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Children and Families First 2005 Baynard Boulevard Wilmington, DE 19802	51-0065731	501(c)(3)	23,039				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Community Legal Aid Society (CLASI)100 West 10th St Ste 801 Wilmington, DE 19801	51-6000158	501(c)(3)	66,912				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Connecting Generations Inc 100 W 10th St Ste 1115 Wilmington, DE 19801	51-0326869	501(c)(3)	30,430				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Connections Comm Support Pgms500 W 10th St Wilmington, DE 19801	51-0333030	501(c)(3)	54,760				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Delaware Center for Horticulture1810 N DuPont St Wilmington, DE 19806	51-0252857	501(c)(3)	25,798				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Delaware Futures Inc903 Barley Mills Rd Wilmington, DE 19807	51-0378738	501(c)(3)	16,667				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Delaware Helpline The900 N King St Ste 330 Wilmington, DE 19801	51-0376406	501(c)(3)	257,349				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Dover Interfaith Mission for Housing Inc70 Vining Run Camden, DE 19934	41-2280212	501(c)(3)	22,125				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Food Bank of Delaware14 Garfield Way Newark, DE 19713	51-0258984	501(c)(3)	117,495				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Gateway House Inc121 N Poplar St Wilmington, DE 19801	51-0374347	501(c)(3)	97,866				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Goodwill of DE and DE County300 E Lea Blvd Wilmington, DE 19802	51-0064311	501(c)(3)	74,797				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Hogar Crea International of DE1128 Brandywine Street Wilmington, DE 19802	51-0344665	501(c)(3)	34,086				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Latin American Community Center403 N Van Buren St Wilmington, DE 19805	23-7047048	501(c)(3)	134,334				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Limen House IncPO Box 1306 Wilmington, DE 19899	23-7029073	501(c)(3)	50,500				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Literacy Volunteers Serving Adults11th Market St Wilmington, DE 19899	51-0410054	501(c)(3)	29,238				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Lutheran Community Services1304 N Rodney St Wilmington, DE 19806	51-0102403	501(c)(3)	46,427				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Ministry of Caring506 N Church St Wilmington, DE 19801	51-0209843	501(c)(3)	327,171				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Nanticoke Senior Center Inc 310 Virginia Avenue Seaford, DE 19973	23-7202136	501(c)(3)	19,948				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Neighborhood House Inc 1218 B St Wilmington, DE 19801	51-0065747	501(c)(3)	123,340				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
New Castle County Pride- Rewired to Rehired5515 E Timberview Ct Wilmington, DE 19808	26-1891405	501(c)(3)	92,996				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
New Castle County Pride - Youth77 Reads Way New Castle, DE 19720	26-1891405	501(c)(3)	130,244				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Newark Senior Center200 White Chapel Dr Newark, DE 19713	51-0104695	501(c)(3)	33,333				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Rose Hill Community Center Inc19 Lambson Lane New Castle, DE 19720	51-0247156	501(c)(3)					COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Serviam Girls Academy14 Halcyon Drive New Castle, DE 19720	26-0792594	501(c)(3)	14,970				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sussex Child Health Promotion548 N Shipley St Ste D Seaford, DE 19973	26-4768742	501(c)(3)	44,134				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
U of D Cooperative Extension 104 A Hullihen Hall Newark, DE 19711	51-6000297	501(c)(3)	49,951				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Way Home Inc ThePO Box 1103 Georgetown, DE 19947	13-4264074	501(c)(3)	40,944				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
West End Neighborhood House Inc - Microsoft710 N Lincoln St Wilmington, DE 19805	51-0064301	501(c)(3)	77,707				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
West End Neighborhood House Inc- Self-Suff710 N Lincoln St Wilmington, DE 19805	51-0064301	501(c)(3)	91,987				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
West End Neighborhood House Inc- Learning Club 710 N Lincoln St Wilmington, DE 19805	51-0064301	501(c)(3)	103,084				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
West Rehoboth Land Trust 103 S Newport Way Dagsboro, DE 19939	20-2477568	501(c)(3)	109,852				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
Wilmington Hope Commission625 N Orange St -3rd Fl Wilmington, DE 19802	26-2280375	501(c)(3)	146,693				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES
La Esperanza216 N Race Street Georgetown, DE 19947	31-6069590	501(c)(3)	50,154				COMPREHENSIVE CASE MANAGEMENT TO WORK WITH RECIPIENTS TO ATTAIN SELF SUFFICIENCY INCLUDING EDUCATION, EMPLOYMENT, HOUSING, TRANSPORTATION, INCREASING CURRENT WAGES, AND REDUCING GOVERNMENT SUBSIDIES

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FIRST STATE COMMUNITY ACTION AGENCY INC

Employer identification number
51-0104704

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A COPY OF THE DRAFT RETURN IS PROVIDED TO THE FINANCIAL DIRECTOR FOR REVIEW AND APPROVAL, PRIOR TO FILING THE RETURN
Form 990, Part VI, Section C, line 18		TAX INFORMATION IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
		THE AUDIT COMMITTEE REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR