

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, and ending _____

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: **750 WEST ROBB CORPORATION**
 Number and street (or P O box, if mail is not delivered to street address): **750 WEST ROBB, P O BOX 533**
 Room/suite: _____
 City, town, or country: **LIMA** State: **OH** ZIP + 4: **45802**

D Employer identification number: **34-1733267**

E Telephone number: _____

F Group Exemption Number: ▶ _____

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

G Accounting Method: Cash Accrual
 Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **NA**

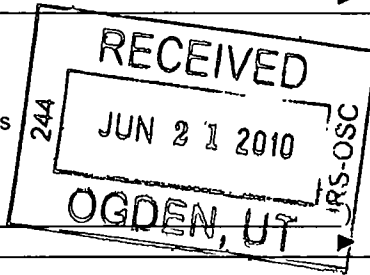
J Tax-exempt status (check only one)— 501(c) (2) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **79,669**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		16,021	
2	Program service revenue including government fees and contracts	2			
3	Membership dues and assessments	3			
4	Investment income	4		63,648	
5a	Gross amount from sale of assets other than inventory	5a	0		
5b	Less cost or other basis and sales expenses	5b	0		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		0	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>				
6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0		
6b	Less direct expenses other than fundraising expenses	6b	0		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		0	
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		0	
8	Other revenue (describe ▶ _____)	8		0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9		79,669	
10	Grants and similar amounts paid (attach schedule)	10		2,143	
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12		23,900	
13	Professional fees and other payments to independent contractors	13		1,090	
14	Occupancy, rent, utilities, and maintenance	14		8,400	
15	Printing, publications, postage, and shipping	15		156	
16	Other expenses (describe ▶ See Attached Statement	16		46,193	
17	Total expenses. Add lines 10 through 16	17		81,882	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		-2,213	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		80,682	
20	Other changes in net assets or fund balances (attach explanation)	20		0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		78,469	



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

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	5,853	5,532
23	Land and buildings	113,225	109,537
24	Other assets (describe ▶ _____)	0	0
25	Total assets	119,078	115,069
26	Total liabilities (describe ▶ MORTGAGE PAYABLE)	38,396	36,600
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,682	78,469

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUL 22 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses
What is the organization's primary exempt purpose? <u>HOLDING OF REAL ESTATE</u>	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 THIS CORPORATION'S SOLE FUNCTION IS THE HOLDING OF REAL ESTATE FOR THE USE OF A TAX EXEMPT ORGANIZATION	
(Grants \$ <u>2,143</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 0
29 _____	
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 0
30 _____	
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
31 Other program services (attach schedule)	
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32 Total program service expenses. (add lines 28a through 31a)	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BOB HAMMELL 3274 BONNIEVIEW LIMA OH 45801	Title PRESIDENT Hr/WK 2 00	0	0	0
MIKE WATKINS 5431 RIVER RIDGE ELIDA OH 45807	Title VICE PRESIDENT Hr/WK 2 00	0	0	0
ALAN MEFFERED 1517 ELLISON DR LIMA OH 45805	Title SECRETARY Hr/WK 4 00	0	0	0
BERLIN CARROLL 563 HEFNER DR LIMA OH 45801	Title TREASURER Hr/WK 4 00	250	0	0
JOHN S. CORKEN 1924 ARLINGTON DR LIMA OH 45804	Title TRUSTEE Hr/WK 2 00	0	0	0
N. NEAL PANGLE 290 S. CONANT RD SPENCERVILLE OH 45887	Title TRUSTEE Hr/WK 2 00	0	0	0
JACK SOMERVILLE 4215 POINSETTIA DR LIMA OH 45806	Title TRUSTEE Hr/WK 2 00	0	0	0
JOE E. LOSH 2395 BATY RD ELIDA OH 45806	Title TRUSTEE Hr/WK 2 00	0	0	0
RANDY KOHLI 1866 DILLER ROD LIMA OH 45807	Title BUILDING MANAGER Hr/WK 10 00	23,650	0	0
_____	Title _____ Hr/WK .00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		0
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of SIELSCHOTT & WALSH CPA'S, INC Telephone no (419) 222-2001 Located at 711 DEAN AVENUE City LIMA ST OH ZIP + 4 45804		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/> 43 N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0

f Total number of other employees paid over \$100,000 ▶ _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here 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.

Signature of officer Date 5/26/10

Type or print name and title Bertha Arnold, Treasurer

Paid Preparer's Use Only

Preparer's signature: Robert Sielschott
 Date: 5/26/2010
 Check if self-employed:
 Preparer's identifying number (See instructions): 279-66-7139
 Firm's name (or yours if self-employed), address, and ZIP + 4: Sielschott and Walsh CPAs, Inc, 711 Dean Avenue, Lima, OH 45804
 EIN: 34-1641531
 Phone no: (419) 222-2001

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part I, Line 16 (990-EZ) - Other Expenses

46,193

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	3,688
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	INVESTMENT RENTAL EXPENSES	13	42,082
14	BANK SERVICE CHARGES	14	423
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

Part II, Line 26 (990-EZ) - Liabilities

38,396

36,600

	Description	Beginning	End
1	MORTGAGE PAYABLE	38,396	36,600
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	16,021
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	16,021

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	
2	Dividends and interest from securities	2	
3	Gross rents	3	63,648
4	Other investment income	4	
5	Total	5	63,648

Assets by Classification - 990EZ

12/31/2009 750 WEST ROBB CORPORATION 34-1733267

Item No	Description of Property ***** indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec. 179 Bonus	2009 Deprec	2009 Accum Deprec
15-yr Land improvements															
	FENCE	9/22/2004	R-2	100 00%	1,518	0	0	0	1,518	15	150DB	HY	572	95	667
	FENCE	7/28/2006	R-2	100 00%	6,327	0	0	0	6,327	15	150DB	HY	1,458	487	1,945
	Total 15-yr Land improvements				7,845	0	0	0	7,845				2,030	582	2,612
39-yr Nonresidential real estate															
	SCOUT HOUSE	8/15/2003	R-5	100 00%	61,749	0	0	0	61,749	39	SL/GDS	MM	8,510	1,583	10,093
	PARKING LOT	8/18/2004	R-5	100 00%	20,000	0	0	0	20,000	39	SL/GDS	MM	2,245	513	2,758
	ROOF	5/11/2005	R-5	100 00%	14,975	0	0	0	14,975	39	SL/GDS	MM	1,392	384	1,776
	PAVING PARKING LC	6/30/2005	R-5	100 00%	7,833	0	0	0	7,833	39	SL/GDS	MM	712	201	913
	2 AIR FILTERS(SMOK	2/28/2006	R-5	100 00%	5,097	0	0	0	5,097	39	SL/GDS	MM	377	131	508
	2 HAND DRYERS	8/16/2006	R-5	100 00%	1,624	0	0	0	1,624	39	SL/GDS	MM	100	42	142
	FURNACE	5/23/2007	R-5	100 00%	2,723	0	0	0	2,723	39	SL/GDS	MM	114	70	184
	FLOORING	10/23/2007	R-5	100 00%	7,079	0	0	0	7,079	39	SL/GDS	MM	220	182	402
	Total 39-yr Nonresidential and commercial real estate				121,080	0	0	0	121,080				13,670	3,106	16,776
SubTotals															
	Less Assets Sold				128,925	0	0	0	128,925				15,700	3,688	19,388
	Ending Totals				(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
					128,925	0	0	0	128,925				15,700	3,688	19,388