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Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, and controlling organizations as defined in section 512(b)(13) must file Form 990...

A For the 2009 calendar year, or tax year beginning 2009, and ending 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: MEMORIAL BUILDING CORP. D Employer identification number: 15-0504447. E Telephone number: 315-363-0337. 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: [X] Cash [] Accrual. H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: J Tax-exempt status (check only one): [X] 501(c)(19) (insert no) [] 4947(a)(1) or [] 527. K Check [] if the organization is not a section 509(a)(3) supporting organization...

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 \$ 56621

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 22909. Expenses total: 7916. Net assets at end of year: 62139.

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.

Table with 7 rows for Balance Sheets. Total assets: 62529. Total liabilities: 390. Net assets or fund balances: 62139.

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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		
a	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
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction 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 ▶ <u>37a</u> <u>0</u>		
b	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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <u>38b</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities <u>39b</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	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	40b	
c	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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	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	40e	X
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ DONALD DUNN Telephone no ▶ (315) 363-2722 Located at ▶ 3783 PROSPECT ST Oneida NY ZIP + 4 ▶ 13421		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	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

Table with 3 columns: Question (46-49b), Yes, No. Questions cover political campaign activities, lobbying, school status, and transfers to exempt organizations.

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"

Table with 5 columns: (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.

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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

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

Sign Here section: Declaration of preparer, Signature of officer (Donald J. Dunn), Date (5/7/2010), and Name/Title (DONALD DUNN - TREASURER).

Paid Preparer's Use Only section: Preparer's signature, Date (04/29/10), Check if self-employed (X), Preparer's identifying number (068-44-4240), Firm's name (JL SCHMIDT), and Phone number ((315) 280-4676).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

SUPPORTING STATEMENTS FOR ORGANIZATION
 MEMORIAL BUILDING CORP
 15-0504447
 PO BOX 73 398 N MAIN STREET
 ONEIDA, NY 13421

 **** SCHEDULE of Part I - Grants and Similiar Amounts Paid

<u>Activity</u>	<u>Grantee Name/ Relationship</u>	<u>Grantee Address</u>	<u>Amount</u>
MILITARY COURTESY ROOM	G HARRIS AM LEG POST	SYRACUSE NY 13212	390
COMMUNITY SOFTBALL SPONSOR	CITY CHAMBERLAIN	ONEIDA, NY 13421	160
MEMORIAL FALLEN SOLDIER	CITYWIDE EVENT	ONEIDA, NY 13421	400

 **** SCHEDULE of Part I - Other Expenses

<u>Description</u>	<u>Amount</u>
ADVERTISING AND PROMOTION	
BANK CHARGES	137
	84
<u>Total Part I - Other Expenses:</u>	<u>221</u>

 **** SCHEDULE of Part I - Other Revenue

<u>Description</u>	<u>Amount</u>
SALES TAX REBATE	152
<u>Total Part I - Other Revenue:</u>	<u>152</u>

 **** SCHEDULE of Part II - Other Liabilities

<u>Description</u>	<u>Beginning</u>	<u>Ending</u>
SALES TAX	348	390
<u>Total Part I - Other Liabilities:</u>	<u>348</u>	<u>390</u>