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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

**A For the 2010 calendar year, or tax year beginning** , 2010, 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  
 Number and street (or P O box, if mail is not delivered to street address): PO BOX 73 398 N MAIN STREET  
 Room/suite:  
 City or town, state or county, and ZIP + 4: ONEIDA, NY 13421

**D** Employer identification number: 15-0504447

**E** Telephone number: 315-363-0337

**F** Group Exemption Number . . . ▶

**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: ▶

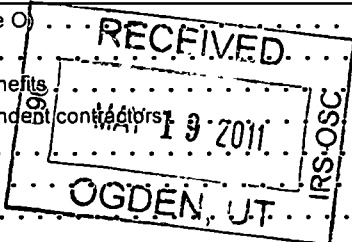
**J** Tax-exempt status (check only one):  501(c)(3)  501(c)(19) ◀ (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) 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 gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶\$ 53251

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	8662
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	5b	Less cost or other basis and sales expenses . . . . .	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events		
	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	6b	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1)(attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .	6b	44412
	6c	c Less direct expenses other than fundraising events . . . . .	6c	32639
	6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	11773
	7a	7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	7b	b Less cost of goods sold . . . . .	7b	
	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8	8 Other revenue (describe in Schedule O) . . . . .	8	177
	9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	9	20612
	10	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	15842
	11	11 Benefits paid to or for members . . . . .	11	
	12	12 Salaries, other compensation, and employee benefits . . . . .	12	
	13	13 Professional fees and other payments to independent contractors . . . . .	13	90
14	14 Occupancy, rent, utilities, and maintenance . . . . .	14	4181	
15	15 Printing, publications, postage, and shipping . . . . .	15	46	
16	16 Other expenses (describe in Schedule O) . . . . .	16	174	
17	17 Total expenses. Add lines 10 through 16 . . . . . ▶	17	20333	
18	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	279	
19	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	62139	
20	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20		
21	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ▶	21	62418	



SCANNED JUN 17 2011 Expenses

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End year
22 Cash, savings, and investments . . . . .	8731	22
23 Land and buildings . . . . .	53798	23 63503
24 Other assets (describe in Schedule O) . . . . .		24
25 Total assets . . . . .	62529	25 63503
26 Total liabilities (describe in Schedule O) . . . . .	390	26 1085
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	62139	27 62418

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**

What is the organization's primary exempt purpose? <u>VETERANS ORGANIZATION</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	PROVIDE SOCIAL QUARTERS FOR MEMBERS AND GUESTS OF AMERICAN LEGION ONEIDA POST 169  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	SPONSOR A VARIETY OF COMMUNITY ACTIVITIES CONSISTENT WITH THE OBJECTIVES AND MISSION OF THE ORGANIZATION  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. (add lines 28a through 31a) . . . . .	32

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

Check if the organization used Schedule O to respond to any question in this 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
DONALD DUNN 3783 PROSPECT ST ONEIDA, NY 13421	TREASURER 1	0		
LARRY A BAVO 316 GRAND ST ONEIDA, NY 13421	VICE PRESIDENT 1	0		
RODNEY WILLIAMS 249 E WALNUT ST ONEIDA, NY 13421	BOARD MEMBER 1	0		
RICHARD P WHITE 250 N MAIN ST ONEIDA, NY 13421	BOARD MEMBER 1	0		
CHARMAINE BAKER 241 N COURT CANASTOTA, NY 13032	BOARD MEMBER 1	0		
BERNARD MATTHEWS 231 CHAPEL ST ONEIDA, NY 13421	SECRETARY 1	0		
TIM STEVENS E MAIN ST VERONA, NY 13478	PRESIDENT 1	0		
ALYSSE STEVENS E MAIN ST VERONA, NY 13478	BOARD MEMBER 1	0		
LEO BITZ PO BOX 105 VERONA BEACH, NY 13462	BOARD MEMBER 1	0		
NANCY BITZ PO BOX 105 VERONA BEACH, NY 13462	BOARD MEMBER 1	0		

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V questions 33-44d with Yes/No columns and input fields for amounts and descriptions.

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990EZ . . . . .		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

		Yes	No
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 . . . . .		
49a	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"		

(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
NONE				

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
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

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**  
 Signature of officer: *Donald J. Dunn* Date: 5/16/11  
 DONALD DUNN - TREASURER  
 Type or print name and title

**Paid Preparer's Use Only**  
 Pnn/Type preparer's name: JANET SCHMIDT Preparer's signature: *[Signature]* Date: 05/13/11 Check if self-employed:  PTIN: P01200132  
 Firm's name: JL SCHMIDT Firm's EIN: Phone no: (315) 280-4676  
 Firm's address: 8730 LAKE ROAD CANASTOTA, NY 13032

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		OPERATION OF KITCH (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	44412		44412
	2	Less Charitable contributions . . . . .			
	3	Gross revenue (line 1 minus line 2) . . . . .	44412		44412
Direct Expenses	4	Cash prizes . . . . .			
	5	Non-cash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .	28569		28569
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	4070		4070
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			32639
	11	Net income summary Combine line 3, column(d), and line 10 . . . . .			11773

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .			( )
	8	Net gaming income summary Combine line 1, column d, and line 7 . . . . .			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," Explain.

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10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," Explain

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Employer identification number

MEMORIAL BUILDING CORP

15-0504447

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE:

DESCRIPTION	AMOUNT
SALES TAX REBATE	177
TOTAL:	177

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES:

DESCRIPTION	AMOUNT
BANK CHARGES	174
TOTAL:	174

FORM 990-EZ, PART I, LINE 10

SPONSORSHIP OF COMMUNITY EVENTS INCLUDING MEMORIAL DAY, LABOR DAY,  
FLAG DAY, VETERANS DAY, 4TH OF JULY AND ARMED FORCES DAY 15842

FORM 990-EZ, PART II, LINE 26

SALES TAX PAYABLE BEGINNING 390 ENDING 298  
OVERDRAWN CHECKING BEGINNING 0 ENDING 787