

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2017

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

Do not enter social security numbers on this form as it may be made public

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2017 calendar year, or tax year beginning 2017, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, 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: 19.

G Accounting Method: [X] Cash [] Accrual [] Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

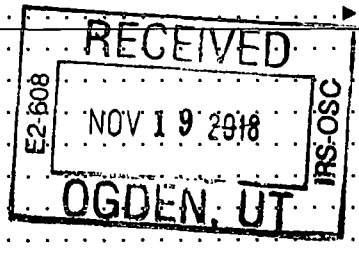
I Website: . J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(19) (insert no) [] 4947(a)(1) or [] 527.

K Form of organization: [X] Corporation [] Trust [] Association [] Other.

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 92,252

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 [X]

Table with 3 columns: Description, Amount, and Total. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 10,408 and total expenses is 3,455, resulting in a net asset of 6,953.



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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 of year
22 Cash, savings, and investments	4,979	22	3,027
23 Land and buildings	63,553	23	63,553
24 Other assets (describe in Schedule O)	0	24	6,152
25 Total assets	68,532	25	72,732
26 Total liabilities (describe in Schedule O)	3,293	26	540
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,239	27	72,192

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

What is the organization's primary exempt purpose? **VETERANS ORGANIZATION**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 PROVIDE SOCIAL QUARTERS FOR MEMBERS AND GUESTS OF AMERICAN LEGION POST 169.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
29			
(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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARTY WINCHELL PRESIDENT	2.00	0	0	0
BRIAN BORTREE VICE PRESIDENT	2.00	0	0	0
CHARMIE BAKER BOARD MEMBER	2.00	0	0	0
BERNIE MATTHEWS BOARD MEMBER	2.00	0	0	0
DEB COSTON BOARD MEMBER	2.00	0	0	0
JOHN WALTS BOARD MEMBER	2.00	0	0	0
JENNIE PEXTON BOARD MEMBER	2.00	0	0	0
BILL MCNICHOL BOARD MEMBER	2.00	0	0	0
TOM FIDLER BOARD MEMBER	2.00	0	0	0

40

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? ... 34 Were any significant changes made to the organizing or governing documents? ... 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities ... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? ... 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ... 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee ... 39 Section 501(c)(7) organizations Enter ... 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ... 41 List the states with which a copy of this return is filed ... 42 a The organization's books are in care of DONALD SMITH Telephone no 316-363-0337 Located at 7766 ROBERTS ST, Canastota, NY ZIP + 4 13032 ... 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 ... 44 a Did the organization maintain any donor advised funds during the year? ... 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

Table with columns Yes, No and row 46 with an 'X' in the No column.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with columns Yes, No and row 47.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 49b.

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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 must attach a completed Schedule A

Yes No (with checked X)

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: MARTY WINCHELL, Signature of officer, Date 05-15-2018, MARTY WINCHELL, PRESIDENT, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no

May the IRS discuss this return with the preparer shown above? See instructions

Yes No (with checked X)

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		KITCHEN/BAR (event type)	(event type)	None (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	92,141		92,141
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	92,141		92,141
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	81,513		81,513
	8	Entertainment			
	9	Other direct expenses	331		331
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				10,297

Part III Gaming. Complete if the organization answered "Yes" on 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	Noncash 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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain _____

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

MEMORIAL BUILDING CORP

Employer identification number
15-0504447

01. Description of other revenue (Part I, line 8)

Description	Amount
ATM FEES	111

02. List of grants and similar amounts paid (Part I, line 10)

Activity	CASH DONATION
Grantee	SONS OF THE LEGION
Street	398 MAIN ST
City, State, Zip	Oneida, NY 13421
Relationship	AFFILIATED
Amount	30

SONS OF AMERICAN LEGION 30

03. Description of other expenses (Part I, line 16)

Description	Amount
BANK CHARGES	156

04. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
BAR INVENTORY	0	6,152

05. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
SALES TAX PAYABLE	358	540

Name of the organization

Employer identification number

MEMORIAL BUILDING CORP

15-0504447

HAPPY TO ASSIST

2,935

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