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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2018

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning JULY 1, 2018, and ending JUNE 30, 2019

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

KENILSON-HOOVER POST 128

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 633

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

STANDISH MAINE 04084

19

D Employer identification number

02-0795234

E Telephone number

207-892-4282

F Group Exemption Number

19

G Accounting Method: ☒ Cash ☐ Accrual Other (specify)

I Website:

H Check ☒ if the organization is not

required to attach Schedule B

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(19) (insert no.) 19 ☐ 4947(a)(1) or ☐ 527

(Form 990, 990-EZ, or 990-PF).

K Form of organization: ☒ 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

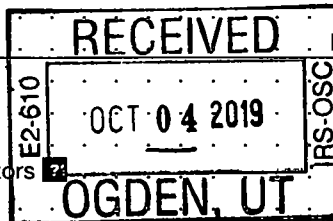
(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ 38,786.74

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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	<u>2,284.65</u>
2	Program service revenue including government fees and contracts	2	<u>—</u>
3	Membership dues and assessments	3	<u>237</u>
4	Investment income	4	<u>6.77</u>
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>—</u>
6	Gaming and fundraising events:		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	<u>29,239</u>
b	Gross income from fundraising events (not including \$ <u>2,284.65</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	<u>6,494.79</u>
c	Less: direct expenses from gaming and fundraising events	6c	<u>20,094.32</u>
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>15,639.46</u>
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>—</u>
8	Other revenue (describe in Schedule O)	8	<u>—</u>
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>18,167.88</u>
10	Grants and similar amounts paid (list in Schedule O)	10	<u>2,466.37</u>
11	Benefits paid to or for members	11	<u>—</u>
12	Salaries, other compensation, and employee benefits	12	<u>—</u>
13	Professional fees and other payments to independent contractors	13	<u>2,735.60</u>
14	Occupancy, rent, utilities, and maintenance	14	<u>—</u>
15	Printing, publications, postage, and shipping	15	<u>50.00</u>
16	Other expenses (describe in Schedule O)	16	<u>1,222.65</u>
17	Total expenses. Add lines 10 through 16	17	<u>6,474.62</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>11,693.26</u>
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	<u>55,541.07</u>
20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u>—</u>
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>67,234.33</u>



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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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	55,541.07	22 67,234.33
23	Land and buildings	—	23 —
24	Other assets (describe in Schedule O)	—	24 —
25	Total assets	55,541.07	25 67,234.33
26	Total liabilities (describe in Schedule O)	—	26 —
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,541.07	27 67,234.33

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? SEE SCHEDULE O

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 SEE SCHEDULE 0

☐ (Grants \$) If this amount includes foreign grants, check here ☐

28a	1,100	?
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29 SEE SCHEDULE O

(Grants \$ _____) If this amount includes foreign grants, check here ☐

29a	595
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30 _____

(Grants \$) If this amount includes foreign grants, check here ► ☐

30a

31 Other program services (describe in Schedule O)

(Grants \$ _____) If this amount includes foreign grants, check here ► ☐

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 ☐

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

**Open to Public
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Name of the organization

KENISON-HOOVER POST 128

Employer identification number

02-0795234

PART I. LINE #10

BONNY EAGLE H.S. ROBOTICS	100
NARASUAGUS POST 128	100
CATHERINE'S CUTBOARD	100
SOUTHERN MAINE VETERAN'S MILITARY CEMETARY ASSN	500
YMCA	100
ARMED FORCES DAY	595
2 BOYS STATE CANDIDATES	600
LOCAL BOY SCOUT TROOP	300
CASKET FLAG FOR VETERAN	7137
	<u>2,466.37</u>

LINE #13

GREEN LIGHT WEBSITE	565
BERNSTEIN-SHUR (INCORPORATION)	2,149.50
MICHAELS FRAMES	21.10

LINE #15

POSTAGE STAMPS	50.00
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LINE #16

YOUR WEEKLY SHOPPING GUIDE	383
POST OFFICE BOX	62
CNA SURETY	126
CHECKS - GORHAM SAVINGS BANK	32.70
2 ND MAINE A.L. DISTRICT DUES	6.10
LOCKTON AFFINITY LLC (INSURANCE)	612.85
	<u>1,222.65</u>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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Name of the organization

KENISON-HOOVER POST 128

Employer identification number

02-0795234

PART III

KENISON-HOOVER POST 128, STANDISH, MAINE IS ORGANIZED FOR THE
FOLLOWING PURPOSES:

A. TO PROMOTE THE SOCIAL WELFARE OF THE COMMUNITY;

B. TO ASSIST DISABLED AND NEEDED WAR VETERAN'S AND MEMBERS OF THE U.S.
ARMED FORCES AND THEIR DEPENDENTS, AND WIDOWS AND ORPHANS OF DECEASED VETERANS;

C. TO PROMOTE ENTERTAINMENT, CARE AND ASSISTANCE TO HOSPITALIZED VETERANS
OR MEMBERS OF THE ARMED FORCES OF THE UNITED STATES;

D. TO CARRY ON PROGRAMS TO PERPETUATE THE MEMORIES OF DECEASED VETERANS
AND MEMBERS OF THE ARMED FORCES AND COMFORT THEIR SURVIVORS;

E. TO CONDUCT PROGRAMS FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY,
OR EDUCATIONAL PURPOSES;

F. TO SPONSOR OR PARTICIPATE IN ACTIVITIES OF A PATRIOTIC NATURE;

G. TO PROVIDE INSURANCE BENEFITS FOR THE MEMBERS OR DEPENDENTS OF
THEIR MEMBERS, OR BOTH; AND

H. TO PROVIDE SOCIAL AND RECREATIONAL ACTIVITIES FOR ITS MEMBERS.

LINE #28

BY DOLLAR AMOUNT KENISON-HOOVER POST 128 DEMONSTRATED ITS COMMITMENT TO
PROMOTE THE SOCIAL WELFARE OF THE COMMUNITY. THE POST SPONSORED TWO BONNY EAGLE
HIGH SCHOOL JUNIORS TO MAINE DIRISO BOYS STATE (\$600) AND DONATED TO
LOCAL BOY SCOUT TROOP (\$300), BONNY EAGLE H.S. ROBOTICS TEAM (\$100) AND TO
CATHERINES CUPBOARD (\$100).

LINE #29

THE POST SPONSORED AND PARTICIPATED IN PATRIOTIC ACTIVITIES SUCH AS
OUR ANNUAL ARMED FORCES DAY (\$595), MEMORIAL DAY AND VETERAN'S DAY

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|--------------------------------------|------------|-----|---|
| a The organization's facility | 13a | 0 | % |
| b An outside facility | 13b | 100 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ LOUIS A. STACK

Address ▶ 686 WHITE BRIDGE ROAD STANDISH MAINE 04084

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ LOUIS A. STACK

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ ASSURE GAMING IS CONDUCTED IAW STATE LAW

☒ Director/officer ☐ Employee ☐ Independent contractor

POST ADJUTANT

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.