



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury
Internal Revenue Service

2016
Open to Public Inspection

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

OMB No 1545-1150

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
83rd HELPERS
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 56
City or town, state or province, country, and ZIP or foreign postal code
FULTON, MO 65251

D Employer identification number
86-1090028
E Telephone number
(573) 642-1099
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 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 165,829

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	500
	2	Program service revenue including government fees and contracts	2	400
	3	Membership dues and assessments	3	16
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5c	0
	5b	Less cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	118,684
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	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 exceeds \$15,000)		
	6c	Less direct expenses from gaming and fundraising events		
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c	0
	7a	Gross sales of inventory, less returns and allowances		
	7b	Less cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
Expenses	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	119,600
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	30
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	441
	16	Other expenses (describe in Schedule O)	16	41,947
	17	Total expenses. Add lines 10 through 16	17	42,418
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	77,182
	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	32,852
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	110,034

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 ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33 Yes	
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
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 tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>THOMAS M GANNAWAY</u> Telephone no ▶ <u>(573) 642-0960</u> Located at ▶ <u>6410 STATE ROAD Z APT 2 FULTON, MO</u> ZIP + 4 ▶ <u>65251</u>		
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	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
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 ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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 may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
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	46	

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 ☐

		Yes	No
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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	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. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(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. If there is none, enter "None."

(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**

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		2017-05-08 Date		
	THOMAS M GANNAWAY TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ROSEMARY GANNAWAY	Preparer's signature	Date 2017-05-12	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ ROSEMARY GANNAWAY CPA			Firm's EIN ▶	
	Firm's address ▶ 703 COLLIER LN FULTON, MO 652511345			Phone no. (573) 642-1099	

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

Additional Data

Software ID:

Software Version:

EIN: 86-1090028

Name: 83rd HELPERS

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 PROVIDE ASSISTANCE TO VFW POST 2657 FULTON, MO - 200+ MEMBERS POST MEMBERS ARE OF ADVANCED AGE AND NO LONGER ABLE TO CARRY ON FUND RASISING ACTIVITIES TO FUND VETERANS PROGRAMS AND KEEP THE POST HOME MAINTAINED</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	9,218

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.)
<div>29</div> <div>SUPPORT FOR OTHER VETERAN PROJECTS - 400+ BENEFITED HONOR FLIGHT, WREATHS FOR VETERANS GRAVES, FLAGS FOR VETERANS GRAVES, HOLIDAY BASKETS FOR VETERANS, ASSISTANCE TO LOCAL VETERANS IN AREA VETERANS HOMES</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div> <div>970</div>

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.)
<div>30</div> <div>SUPPORT FOR OTHER COMMUNITY ORGANIZATIONS AND NEEDY FAMILIES SPECIAL OLYMPICS, LOSS OF YOUNG FATHER WITH 3 YOUNG CHILDREN AT CHRISTMAS, PURCHASE OF NEW DIABETES DOG FOR YOUNG GIRL, BUDDY PACK, FOOD PANTRY-300 TO 400 HELPED</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>30a</div> <div>22,947</div>

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990</div>	OMB No 1545-0047
		2016
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization 83rd HELPERS	Employer identification number 86-1090028
--	--	--

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		MEALS (event type)	DIABETES DOG FOR CHILD (event type)	3 (total number)	Total events (add col (a) through col (c))
	1 Gross receipts	9,238	21,147	14,709	45,094
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	9,238	21,147	14,709	45,094
Direct Expenses	4 Cash prizes			690	690
	5 Noncash prizes			500	500
	6 Rent/facility costs				
	7 Food and beverages	6,579			6,579
	8 Entertainment				
	9 Other direct expenses			250	250
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				8,019
11 Net income summary Subtract line 10 from line 3, column (d) ▶				37,075	

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			119,819	119,819
Direct Expenses	2 Cash prizes			36,437	36,437
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			1,773	1,773
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				38,210
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				81,609

9 Enter the state(s) in which the organization conducts gaming activities MO

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☒ No

b If "No," explain _____

NOT REQUIRED FOR MISSOURI CONDUCTING "ACE OF SPADES" GAME BUT NO BINGO OR PULL TABS

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain _____

- 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 | 100 000 % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ THOMAS M GANNAWAY

Address ▶ 6410 STATE ROAD Z APT 2
FULTON, MO 65251

- 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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Line 16	ONE MEMBER'S DUES WERE FORWARDED TO VFW NATIONAL HQ'S \$16
Line 16	THE GROUP RECEIVES HELP FOR ITS FUNDRAISERS FROM OVER 150 VOLUNTEERS AND TREATED THEM TO 2 SEPARATE DINNERS AS A THANK YOU FOR THEIR MANY HOURS OF HELP IN BOTH GAMES (FEB AND NOV) \$8065
Line 16	LEDGERS, PAPER, MONEY SACKS, CHECKS NEEDED FOR SEC/TREAS \$158
Line 16	CLEANING SUPPLIES NEEDED TO REPLENISH THOSE USED DURING MEAL PREPARATION FOR FUNDRAISERS \$56
Line 16	FLAGS AND CANDY GIVEN OUT BY MEMBERS PARTICIPATING IN THE ANNUAL 4TH OF JULY PARADE \$422
Line 16	COST OF A CEILING TILE PLACED IN THE POST LOUNGE TO HONOR A DECEASED VETERAN \$95
Line 16	PURCHASED A NEW DIABETES DOG FOR A YOUNG GIRL WHOSE FIRST ONE WAS HIT AND KILLED BY A DRUNK DRIVER \$21147
Line 16	DONATION MADE TO LOCAL NURSING HOME FOR HELP WITH VETERANS IN THE HOME \$200
Line 16	DONATION TO CENTRAL MISSOURI HONOR FLIGHT TO HELP DEFRAY COST TO SEND VETERANS TO WASHINGTON, DC TO VISIT THE WAR MEMORIALS \$500
Line 16	DONATION TO HELP COVER COST OF PLACING WREATHS ON VETERAN GRAVES IN MISSOURI VETERANS CEMETERIES \$200

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
83rd HELPERS

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

86-1090028

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt V, Line 33	IN JULY 2015 THE GROUP STARTED A GAME CALLED "ACE OF SPADES" TO TRY AND RAISE ADDITIONAL FUNDS TO HELP OUT THE POST THE FIRST GAME WAS WON IN FEBRUARY 2016 AND PROVED TO BE SUCH A GREAT SUCCESS THAT A NEW GAME BEGAN ABOUT 3 WEEKS LATER THE PROCEEDS OF THIS ENDEAVOR, WHICH WAS WON IN 2017 AND WILL BE REPORTED ON NEXT YEAR'S 990, HAVE ENABLED THEM TO INCREASE HELP WITH PAYING POST HOME UTILITIES, PURCHASING NEW KITCHEN APPLIANCES AND SUPPLIES, AND TAKING OVER SOME OF THE DONATIONS THE POST NORMALLY MADE BUT ARE NO LONGER FINANCIALLY ABLE TO DO EVEN THOUGH THE GAME BEGAN IN 2015 THERE WERE NO FUNDS AVAILABLE TO DISPERSE UNTIL THE INITIAL GAME WAS WON IN 2016 THE MAJORITY OF THE FUNDS FOR THE GAME THAT CONCLUDED IN 2016 WERE COLLECTED IN JANUARY AND FEBRUARY 2016 FUNDS FOR THE 2ND GAME WERE THEN ACCUMULATED BETWEEN MARCH AND DECEMBER 2016 AND INCLUDED IN THIS REPORT ALL FUNDS COLLECTED IN 2017 WILL BE REPORTED ON THE 2017 990 FORM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	NATIONAL MEMBER DUES 16

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	VOLUNTEER APPRECIATION DINNER(150 VOLUNTEERS) 8065

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	OFFICE SUPPLIES 158

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	CLEANING AND PARADE SUPPLIES 478

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DONATIONS (DETAIL IN SUPPLEMENTAL INFO) 33230