

Return of Organization Exempt from Income Tax

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

1981

For the calendar year 1981, or fiscal year beginning 1 September 1981, and ending 31 August 1982

Use IRS label. Other- wise, please print or type.	Name of organization Support Our POW/MIA's	A Employer identification number (see instruction L) 23-7118746 (No employees)
	Address (number and street) 44-785 roundtable	B State registration number (see instruction D) D-0648238 800PI
	City or town, State, and ZIP code Indio, CA 92201	C If address changed, check here . . . ▶

D Check applicable box—Exempt under section 501(c) (3) (insert number), OR section 4947(a)(1) trust

E Accounting method: Cash Accrual Other (specify) ▶

F Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here (see instruction C 10).

G Is this a group return (see instruction J) filed for affiliates? . . . Yes No
Is this a separate return filed by a group affiliate? . . . Yes No

If "Yes" to either, give four-digit group exemption number (GEN) ▶

Note: You may be able to use a copy of this return to satisfy State reporting requirements. See instruction D.

Check here if gross receipts are normally not more than \$10,000. Do not complete the rest of this return (see instruction B11). Will be 2 years in P.

Check here if gross receipts are normally more than \$10,000 and line 12 is \$25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,000, complete the entire return.

All section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990).

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances

		(A) Total	These columns are optional— see instructions	
			(B) Unrestricted/ Expendable	(C) Restricted/ Nonexpendable
Support and Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	(a) Direct public support	40,023.50	23.50	40,000.00
	(b) Indirect public support	--	--	--
	(c) Government grants	--	--	--
	(d) Total (add lines 1(a) through 1(c)) (attach schedule—see instructions)	40,023.50	23.50	40,000.00
	2 Program service revenue (from Part IV, line (f))	--	--	--
	3 Membership dues and assessments	--	--	--
	4 Interest on savings and temporary cash investments	--	--	--
	5 Dividends and interest from securities	--	--	--
	6 (a) Gross rents	--	--	--
	(b) Minus: Rental expenses	--	--	--
	(c) Net rental income (loss)	--	--	--
7 Other investment income (Describe ▶)				
8 (a) Gross amount from sale of assets other than inventory	Securities	Other		
(b) Minus: Cost or other basis and sales expenses	--	--		
(c) Gain (loss) (attach schedule)	--	--		
9 Special fundraising events and activities (attach schedule—see instructions):				
(a) Gross revenue (not including \$ of contributions reported on line 1(a))	--	--		
(b) Minus: Direct expenses	--	--		
(c) Net income (line 9(a) minus line 9(b))	--	--		
10 (a) Gross sales minus returns and allowances	562.00			
(b) Minus: Cost of goods sold (attach schedule)	--			
(c) Gross profit (loss)	562.00	562.00	--	
11 Other revenue (from Part IV, line (g))	40,585.50	585.50	40,000.00	
12 Total revenue (add lines 1(d), 2, 3, 4, 5, 6(c), 7, 8(c), 9(c), 10(c), and 11)	40,000.00	--	40,000.00	
Expenses	13 Program services (from line 44(B))	117.88	117.88	--
	14 Management and general (from line 44(C))	--	--	--
	15 Fundraising (from line 44(D))	--	--	--
	16 Payments to affiliates (attach schedule—see instructions)	40,117.88	117.88	40,000.00
	17 Total expenses (add lines 13, 14, 15, and 16)	467.62	467.62	--
Fund Balances	18 Excess (deficit) for the year (subtract line 17 from line 12)	195.26	195.26	--
	19 Fund balances or net worth at beginning of year (from line 74(A))	--	--	--
	20 Other changes in fund balances or net worth (attach explanation)	663.38	663.38	--
	21 Fund balances or net worth at end of year (add lines 18, 19, and 20)			

Part I

Statement of Functional Expenses

If line 12, Part I, is \$25,000 or less, you should complete only column (A). If line 12 is more than \$25,000, complete columns (A), (B), (C), and (D).

Do not include amounts reported on line 6(b), 8(b), 9(b), 10(b), or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Expenses	22 Grants and allocations (attach schedule)	40,000.00	40,000.00		
	23 Specific assistance to individuals				
	24 Benefits paid to or for members				
	25 Compensation of officers, directors, etc.				
	26 Other salaries and wages				
	27 Pension plan contributions				
	28 Other employee benefits				
	29 Payroll taxes				
	30 Professional fundraising fees				
	31 Accounting fees				
	32 Legal fees				
	33 Supplies				
	34 Telephone				
	35 Postage and shipping				
	36 Occupancy				
	37 Equipment rental and maintenance				
	38 Printing and publications				
	39 Travel				
	40 Conferences, conventions and meetings				
	41 Interest				
	42 Depreciation, depletion, etc. (attach schedule)				
	43 Other expenses (itemize): (a) Mail-post	100.70		100.70	
	(b) Bank charges	14.68		14.68	
	(c) State filing fee	2.50		2.50	
(d)					
(e)					
(f)					
44 Total functional expenses (add lines 22 through 43)	40,117.88	40,000.00	117.88		

Part II Statement of Program Service Activities

Describe each significant program service activity and indicate the total expenses attributable to each. Include relevant statistical information, such as the number of clients, patients, students, or members served. Also indicate the amount of grants and allocations that are included in the total expenses reported for that program.

Expenses

*	(a) To be used for the collection of POW/MIA information through interviews with indigenous forces in anticipation that such information will lead to the location and potential return of live hostages and/or the remains of Americans who died or were killed in South-east Asia (Grants and allocations \$40,000.00)	40,000.00
(b)		
(c)		
(d)		
(e)		
(f) Total (add lines (a) through (e)) (should equal line 44(B))		40,000.00

Program Service Revenue and Other Revenue (State Nature)		Program service revenue	Other revenue
(a) Fees from government agencies			
(b)			
(c)			
(d)			
(e)			
(f) Total program service revenue (Enter here and on line 2)			
(g) Total other revenue (Enter here and on line 11)			

Balance Sheets If line 12, Part I, and line 59 are \$25,000 or less, you should complete only lines 59, 66, and 74 and, if you do not use fund accounting, line 73. If line 12 or line 59 is more than \$25,000, complete the entire balance sheet. See instructions.

	(A) Beginning of year	End of year		
		(B) Total	(C) Unrestricted/Expendable	(D) Restricted/Nonexpendable
Assets				
45 Cash—non-interest bearing				
46 Savings and temporary cash investments				
47 Accounts receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
48 Pledges receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
49 Grants receivable				
50 Receivables due from officers, directors, trustees and key employees (attach schedule)				
51 Other notes and loans receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
52 Inventories for sale or use				
53 Prepaid expenses and deferred charges				
54 Investments—securities (attach schedule)				
55 Investments—land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)				
56 Investments—other (attach schedule)				
57 Land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)				
58 Other assets: _____				
59 Total assets (add lines 45 through 58)				
Liabilities				
60 Accounts payable and accrued expenses				
61 Grants payable				
62 Support and revenue designated for future periods (attach sched.)				
63 Loans from officers, directors, trustees and key employees (attach schedule)				
64 Mortgages and other notes payable (attach schedule)				
65 Other liabilities: _____				
66 Total liabilities (add lines 60 through 65)				
Fund Balances or Net Worth.				
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67 Current funds				
68 Land, buildings and equipment fund				
69 Endowment fund				
70 Other funds (Describe ▶ _____)				
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.				
71 Capital stock or trust principal				
72 Paid-in or capital surplus				
73 Retained earnings or accumulated income				
74 Total fund balances or net worth (see instructions)				
75 Total liabilities and fund balances/net worth (see instructions)				

List of Officers, Directors, and Trustees (See Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
George Bartels 44-785 Roundtable, Indio, CA 92201	President	--0--	--0--	--0--
Errol G. Bond, Sr. 3410 Egerer Place Fullerton CA 92635	Vice President	--0--	--0--	--0--
Betty Bartels 44-785 Roundtable, Indio, CA 92201	Sec'y-Treas	--0--	--0--	--0--
Colleen Lucas 11871 Weaver Circle Garden Grove	Director	--0--	--0--	--0--
Diana Collins [CA 92645] 2051 Castlewood SE Port Orchard, WA 98366	Director	--0--	--0--	--0--

Part VII Other information

76 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? Yes No
 If "Yes," attach a detailed description of the activities. X

77 Have any changes been made in the organizing or governing documents, but not reported to IRS? Yes No
 If "Yes," attach a conformed copy of the changes. X

78 (a) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Yes No
 (b) If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? Yes No
 (c) If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T. Yes No XX

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)? Yes No

80 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (see instructions)? Yes No
 If "Yes," enter the name of organization ▶ _____ and check whether it is exempt OR nonexempt.

81 (a) Enter amount of political expenditures, direct or indirect, as described in the instructions --0--
 (b) Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year? Yes No X

82 Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? Yes No X
 If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III. ▶ _____

83 Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in attempt to influence public opinion about legislative matters or referendums (see instructions and Regulations section 1.162-20(c))? Yes No
 If "Yes," enter the total amount spent for this purpose _____

84 Section 501(c)(7) organizations.—Enter amount of:
 (a) Initiation fees and capital contributions included on line 12 _____
 (b) Gross receipts, included in line 12, for public use of club facilities (see instructions) _____
 (c) Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion (see instructions)? Yes No

85 Section 501(c)(12) organizations.—Enter amount of:
 (a) Gross income received from members or shareholders _____
 (b) Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them) _____

86 Public interest law firms.—Attach information described in instructions.

87 List the States with which a copy of this return is filed ▶ None--California 199 filed in State

88 The books are in care of ▶ Betty Bartels Telephone No. ▶ 619-347-7368
 Located at ▶ 44-785 Roundtable, Indio, CA 92201

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here ▶ Errol G. Bond, Sr. 10 January 1981 Vice President
 Signature of officer Date Title

Paid Preparer's Sign Only ▶ Preparer's signature Date Check if self-employed

Firm's name (or yours, if self-employed) and address ▶ ZIP code ▶