

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 1999 calendar year, OR tax year period beginning _____ and ending _____

B Check if:
 Change of address
 Initial return
 Final return
 Amended return (required also for state reporting)

C Name of organization
THE SPRINGS RESCUE MISSION
DBA SPRINGS CITY MISSION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 2108

City or town, state or country, and ZIP+4
COLORADO SPRINGS, CO 80901-9862

D Employer identification number
84-1340824

E Telephone number
(719) 632-1822

F Check if exemption application is pending

G Type of organization Exempt under 501(c) (**3**) (insert number) OR section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? Yes No
 (b) If "Yes," enter the number of affiliates for which this return is filed: _____

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) _____

J Accounting method: Cash Accrual
 Other (specify) _____

(c) Is this a separate return filed by an organization covered by a group ruling? Yes No

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

FILMED DEC 04 '00

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	179,070.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 179,070. noncash \$ _____)		STMT 1	1d	179,070.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		2	8,296.
	3	Membership dues and assessments	3		3	
	4	Interest on savings and temporary cash investments	4		4	
	5	Dividends and interest from securities	5		5	
	6a	Gross rents	6a	62,106.		
	b	Less: rental expenses	6b	49,769.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		6c	12,337.
7	Other investment income (describe _____)	7		7		
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		8d	
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		9c		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		10c	
11	Other revenue (from Part VII, line 103)	11		11	943.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		12	200,646.	
Expenses	13	Program services (from line 44, column (B))	13		13	250,460.
	14	Management and general (from line 44, column (C))	14		14	55,842.
	15	Fundraising (from line 44, column (D))	15		15	54,340.
	16	Payments to affiliates (attach schedule)	16		16	
	17	Total expenses (add lines 13 and 14, column (A))	17		17	360,642.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		18	<159,996.>	
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		19	280,332.
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4	20	<17,573.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		21	102,763.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule)					
	cash \$ _____ noncash \$ _____					
23	Specific assistance to individuals (attach schedule)	120,438.	120,438.	STATEMENT 7		
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	23,621.	18,897.	2,362.	2,362.	
26	Other salaries and wages	45,003.	26,552.	18,451.		
27	Pension plan contributions					
28	Other employee benefits	9,117.	5,379.	3,738.		
29	Payroll taxes	4,616.	3,692.	462.	462.	
30	Professional fundraising fees	8,164.			8,164.	
31	Accounting fees	1,900.		1,900.		
32	Legal fees					
33	Supplies	1,442.	1,125.	29.	288.	
34	Telephone	5,654.	4,806.	283.	565.	
35	Postage and shipping	10,378.	1,038.	1,038.	8,302.	
36	Occupancy	3,737.	3,176.	374.	187.	
37	Equipment rental and maintenance	9,146.	3,658.	915.	4,573.	
38	Printing and publications	33,592.	3,359.	3,359.	26,874.	
39	Travel	6,805.	6,805.			
40	Conferences, conventions, and meetings	3,727.		3,727.		
41	Interest	25,341.	14,951.	10,390.		
42	Depreciation, depletion, etc. (attach schedule) ...	18,022.	14,418.	1,802.	1,802.	
43	Other expenses (itemize):					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 5	43e	29,939.	22,166.	7,012.	761.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	360,642.	250,460.	55,842.	54,340.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	PROVIDED MEALS, LODGING, ITEMS OF CLOTHING COUNSELING AND "NEW LIFE" CLASSES TO POOR AND HOMELESS PEOPLE IN COLORADO SPRINGS. (Grants and allocations \$ _____)	250,460.
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	250,460.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	71,877.	45	
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a	47c	
	b Less: allowance for doubtful accounts	47b		
	48 a Pledges receivable	48a	48c	
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a	51c	
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use	90,920.	52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment: basis	55a	55c	
	b Less: accumulated depreciation	55b		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a	666,250.		
b Less: accumulated depreciation STMT 8	57b	39,590.		
58 Other assets (describe ▶)	652,418.	57c	626,660.	
59 Total assets (add lines 45 through 58) (must equal line 74)	815,215.	58	0.	
Liabilities	60 Accounts payable and accrued expenses	3,392.	60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 9	531,491.	64b	523,897.
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)	534,883.	66	523,897.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	280,332.	67	102,763.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	280,332.	73	102,763.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	815,215.	74	626,660.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(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
SEE STATEMENT 10		23,621.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No Form 990 (1999)

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? SEE STATEMENT 11	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax-owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NONE REQUIRED	90a	
b	Number of employees employed in the pay period that includes March 12, 1999	90b	7

91 The books are in care of PAUL VYZOUREK Telephone no. 719-520-0693
 Located at 5 WEST LAS VEGAS, COLORADO SPRINGS, CO ZIP +4 80903

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
(a) PROGRAM REIMBURSEMENTS					8,296.
(b)					
(c)					
(d)					
(e)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property	531120	12,337.			
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME					943.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		12,337.		0.	9,239.
105 TOTAL (add line 104, columns (B), (D), and (E))					21,576.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PROGRAM REIMBURSEMENTS ARE AMOUNTS THAT INDIVIDUALS IN THE MISSION'S VARIOUS PROGRAMS GIVE BACK TO THE MINISTRY FOR HELP THEY HAVE RECEIVED.
103A	MISCELLANEOUS INCOME GENERATED WHILE FULFILLING THE EXEMPT PURPOSE OF THE ORGANIZATION

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

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. I am aware that there will be severe penalties for anyone who provides misleading or false information on this return or who omits material or information of which preparer has any knowledge. (Important: See General Instruction U.)

Date: 11/17/00
 Type or print name and title: Paul D. Vyzourek, Exec. Dir.
 Check if: Preparer's SSN or PTIN

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

1999

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **THE SPRINGS RESCUE MISSION
DBA SPRINGS CITY MISSION** Employer identification number **84 1340824**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>SEE PART V, FORM 990</u>	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4 a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	420,759.	204,443.	56,686.		681,888.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	13,156.				13,156.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,466.	296.			6,762.
19 Net income from unrelated business activities not included in line 18	4,896.				4,896.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other Income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,189.		SEE STATEMENT 12		3,189.
23 Total of lines 15 through 22	448,466.	204,739.	56,686.	0.	709,891.
24 Line 23 minus line 17	435,310.	204,739.	56,686.		696,735.
25 Enter 1% of line 23	4,485.	2,047.	567.		
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					13,935.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					696,735.
d Add: Amounts from column (e) for lines: 18 6,762. 19 4,896. 22 3,189. 26b					14,847.
e Public support (line 26c minus line 26d total)					681,888.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					97.8691%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. (1998) (1997) (1996) (1995)					N/A
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1998) (1997) (1996) (1995)					N/A
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c, total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

NONE

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990) 1999

Part VI-A Lobbying Expenditures by Electing Public Charities
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here a If the organization belongs to an affiliated group.
Check here b If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
41	Grassroots nontaxable amount (enter 25% of line 41)	41	
42	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	42	
43	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	43	
44		44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- (i) Cash
- (ii) Other assets
- b Other transactions:
 - (i) Sales of assets to a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities or equipment
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: .

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990

CASH CONTRIBUTIONS OF \$5000 OR MORE
INCLUDED ON PART I, LINE 1D

STATEMENT 1

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

AMOUNT

5,000.

5,258.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	ADMIN BUILDING							
	10/01/98	SL	30.00	19	286,450.		2,387.	9,548.
2	MOTEL BUILDING							
	09/01/98	SL	30.00	19	202,500.		2,250.	6,750.
3	FURNITURE AND FIXTURES							
	12/31/98	SL	5.00	19	800.		160.	160.
4	ADMIN LAND							
	10/01/98	SL	.000	19	70,000.			0.
5	MOTEL LAND							
	09/01/98	SL	.000	19	60,000.			0.
6	MACHINERY AND EQUIPMENT							
	12/31/98	SL	5.00	19	43,150.		8,365.	8,630.
7	VEHICLES							
	12/31/98	SL	5.00	19	3,350.		670.	670.
** TOTAL 990 PAGE 2 DEPRECIATION					666,250.	0.	13,832.	25,758.

FORM 990	RENTAL INCOME	STATEMENT	2
<u>KIND AND LOCATION OF PROPERTY</u>	<u>ACTIVITY NUMBER</u>	<u>GROSS RENTAL INCOME</u>	
ADMINISTRATION BUILDING	1	9,115.	
MOTEL BUILDING	2	52,991.	
TOTAL TO FORM 990, PART I, LINE 6A		62,106.	

FORM 990	RENTAL EXPENSES	STATEMENT	3
<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
EXPENSES RELATED TO DEBT-FINANCED ADMINISTRATION BUILDING		13,806.	
- SUBTOTAL -	1		13,806.
EXPENSES RELATED TO DEBT-FINANCED MOTEL BUILDING		35,963.	
- SUBTOTAL -	2		35,963.
TOTAL TO FORM 990, PART I, LINE 6B			49,769.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
TRANSFER OF ASSETS TO LA RESCUE MISSION ON 07/01/1999		<17,446.>	
ADJUSTMENT TO BEGINNING RESTRICTED ASSETS		<127.>	
TOTAL TO FORM 990, PART I, LINE 20		<17,573.>	

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	7,470.	7,470.		
TAXES	3,280.	1,935.	1,345.	
DUES/LICENSES	843.		843.	
INSURANCE	7,050.	4,160.	2,890.	
OTHER EXPENSES	4,873.	3,843.	549.	481.
UTILITIES	5,598.	4,758.	560.	280.
PROFESSIONAL FEES	825.		825.	
TOTAL TO FM 990, LN 43	29,939.	22,166.	7,012.	761.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

TO SERVE THE POOR AND NEEDY IN COLORADO SPRINGS WITH THE RESULT BEING THAT LIVES ARE CHANGED AND RESTORED TO PRODUCTIVITY AS WELL AS SPIRITUALLY AND SOCIALLY REGENERATED. IT IS THE INTENT TO MAINTAIN AND OPERATE THIS MISSION USING ONLY THOSE FUNDS WHICH ARE GIVEN FOR THIS PURPOSE BY PERSONS AND ENTITIES OTHER THAN AGENCIES OF THE STATE, LOCAL OR FEDERAL GOVERNMENT WHICH CAN AND DO LIMIT OTHER ORGANIZATIONS RIGHTS TO FREELY PREACH THE GOSPEL OF JESUS CHRIST. THE PROGRAMS AND SERVICES BY THIS MINISTRY WILL BE UNDER SEVERAL DIFFERENT TITLES AND USE MANY DIFFERENT WAYS OF ACCOMPLISHING THE STATED PURPOSE OF LEADING INDIVIDUALS INTO A LIFE CHANGING RELATIONSHIP WITH JESUS CHRIST.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT 7
DESCRIPTION		AMOUNT
EDUCATION		6,952.
TRANSPORTATION		500.
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.		106,263.
DIRECT CASH ASSISTANCE TO INDIGENTS		6,723.
TOTAL TO FORM 990, PART II, LINE 23		120,438.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
ADMIN BUILDING	286,450.	11,935.	274,515.
MOTEL BUILDING	202,500.	9,000.	193,500.
FURNITURE AND FIXTURES	800.	320.	480.
ADMIN LAND	70,000.	0.	70,000.
MOTEL LAND	60,000.	0.	60,000.
MACHINERY AND EQUIPMENT	43,150.	16,995.	26,155.
VEHICLES	3,350.	1,340.	2,010.
TOTAL TO FORM 990, PART IV, LN 57	666,250.	39,590.	626,660.

FORM 990 MORTGAGES PAYABLE STATEMENT 9

DESCRIPTION	BALANCE DUE
COLORADO MOUNTAIN BANK	267,305.
COLORADO MOUNTAIN BANK	193,275.
EDWARD WILLIAMS	63,317.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	523,897.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GIFFORD CLAIBORNE ORANGE, CA	PRESIDENT PART-TIME	0.	0.	0.
PAUL VYZOUREK COLORADO SPRINGS, CO	VICE PRESIDENT/EXEC DIR FULL-TIME	14,454.	0.	0.
REV. DON KROW COLORADO SPRINGS, CO	DIRECTOR PART-TIME	0.	0.	0.
TOM PERKINS COLORADO SPRINGS, CO	DIRECTOR PART-TIME	0.	0.	0.
AUDREY BECKETT COLORADO SPRINGS, CO	DIRECTOR PART-TIME	0.	0.	0.
ROBERT SHOONER COLORADO SPRINGS, CO	DIRECTOR PART-TIME	0.	0.	0.
RUSSELL WELLS COLORADO SPRINGS, CO	DIRECTOR PART-TIME	0.	0.	0.
MARILYN VYZOUREK COLORADO SPRINGS, CO	SECRETARY/TREASURER FULL TIME	9,167.	0.	0.
STEVE BERRY COLORADO SPRINGS, CO	DIRECTOR PART-TIME	0.	0.	0.
MIKE BOSWITH COLORADO SPRINGS, CO	DIRECTOR PART-TIME	0.	0.	0.
HENRY CLOUD COLORADO SPRINGS, CO	DIRECTOR PART-TIME	0.	0.	0.

ANDREW CROWELL	TREASURER-ELECT			
COLORADO SPRINGS, CO	PART-TIME	0.	0.	0.
MIKE EDWARDS	PRESIDENT-ELECT			
COLORADO SPRINGS, CO		0.	0.	0.
RON GONZALES	SECRETARY-ELECT			
COLORADO SPRINGS, CO		0.	0.	0.
NEVA LEMA	DIRECTOR			
COLORADO SPRINGS, CO	PART-TIME	0.	0.	0.
TONY MCEWING	DIRECTOR			
COLORADO SPRINGS, CO	PART-TIME	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>23,621.</u>	<u>0.</u>	<u>0.</u>

FORM 990 STATEMENT CONCERNING LIQUIDATION, TERMINATION, ETC. - PART VI, LINE 79. STATEMENT 11

EXPLANATION

ALL ASSETS AND OPERATIONS OF THE CORPORATION, WITH THE EXCEPTION OF THE MOTEL AND ADMINISTRATION BUILDING RENTALS, WERE TRANSFERRED TO CITY MISSION NETWORK INTERNATIONAL ON JULY 1, 1999.

SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT
GAIN ON SALE OF ASSETS	2,500.			
OTHER INCOME	689.			
TOTAL TO SCHEDULE A, LINE 22	<u>3,189.</u>			

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return.

Name: THE SPRINGS RESCUE MISSION; Employer identification number: 841340824; Address: PO BOX 2108, COLORADO SPRINGS, CO 80901-9862

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until NOVEMBER 15 2000 to file (check only one): Form 706-GS(D), Form 706-GS(T), Form 990 or 990-EZ, Form 990-BL, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041 (estate), Form 1041-A, Form 1042, Form 1120-ND (sec. 4951 taxes), Form 3520-A, Form 4720, Form 5227, Form 6069, Form 8512, Form 8613, Form 8725, Form 8804, Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year 1999, or other tax year beginning and ending; b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period; 3 Has an extension of time to file been previously granted for this tax year? X Yes

4 State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits; b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made; c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature: [Signature], Title: CPA, Date: 08/07/2000

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

Check boxes: We HAVE approved your application. Please attach this form to your return. We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return. We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. We cannot consider your application because it was filed after the due date of the return for which an extension was requested. Other:

By: Director, Date:

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: CAPIN CROUSE, LLP; Address: 1465 KELLY JOHNSON BLVD. SUITE 230, COLORADO SPRINGS, CO 80920

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

67

Name: **THE SPRINGS RESCUE MISSION**

Employer identification number: **84 1340824**

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): **PO BOX 2108**

City, town, or post office, state, and ZIP code. For a foreign address, see instructions. **COLORADO SPRINGS, CO 80901-9862**

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until **AUGUST 15 2000**, to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year **1999**, or other tax year beginning and ending

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form:

Signature: [Signature] Title: **CPA** Date: **5/10/2000**

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

We HAVE approved your application. Please attach this form to your return.

We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.

We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We cannot consider your application because it was filed after the due date of the return for which an extension was requested.

Other:

By: _____ Date: _____

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: **CAPIN CROUSE, LLP**

Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address): **1465 KELLY JOHNSON BLVD. SUITE 230**

City, town, or post office, state, and ZIP code. For a foreign address, see instructions. **COLORADO SPRINGS, CO 80920**

ENVELOPE MAY 11 2000