

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2008

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2008, or tax year beginning _____, **and ending** _____

G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation MERCY AND SHARING	A Employer identification number 84-1323007
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 201 NORTH MILL STREET, SUITE 201	B Telephone number 970-925-6300
	City or town, state, and ZIP code ASPEN, CO 81611	C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1,426,435. (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input checked="" type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)					
Revenue	1 Contributions, gifts, grants, etc., received	2,423,597.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	13.	13.	13.	STATEMENT 1
	4 Dividends and interest from securities	18,448.	18,448.	18,448.	STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	4,572.			
	b Gross sales price for all assets on line 6a	907,097.			
	7 Capital gain net income (from Part IV, line 2)		4,572.		
	8 Net short-term capital gain			4,572.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	<42,609.>	0.	<42,609.>	STATEMENT 3	
12 Total. Add lines 1 through 11	2,404,021.	23,033.	<19,576.>		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	
	14 Other employee salaries and wages	574,360.	0.	0.	
	15 Pension plans, employee benefits	15,807.	0.	0.	
	16a Legal fees STMT 4	50,390.	0.	0.	
	b Accounting fees STMT 5	9,631.	0.	0.	
	c Other professional fees STMT 6	150,317.	5,043.	0.	
	17 Interest				
	18 Taxes STMT 7	33,000.	0.	0.	
	19 Depreciation and depletion	47,905.	0.	25,676.	
	20 Occupancy	48,604.	0.	0.	
	21 Travel, conferences, and meetings	212,529.	0.	0.	
	22 Printing and publications	51,985.	0.	0.	
	23 Other expenses STMT 8	1,545,710.	0.	0.	
	24 Total operating and administrative expenses. Add lines 13 through 23	2,740,238.	5,043.	25,676.	2,687,290.
	25 Contributions, gifts, grants paid	16,079.			16,079.
26 Total expenses and disbursements. Add lines 24 and 25	2,756,317.	5,043.	25,676.	2,703,369.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<352,296.>				
b Net investment income (if negative, enter -0-)		17,990.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		426,396.	468,922.	468,922.
	2	Savings and temporary cash investments		171,782.	45,814.	45,814.
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable	47,600.			
		Less: allowance for doubtful accounts		47,600.	47,600.	47,600.
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations	STMT 9	209,847.	26,336.	26,336.
	b	Investments - corporate stock	STMT 10	242,767.	0.	0.
	c	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other	STMT 11	261,087.	137,887.	77,310.	
14	Land, buildings, and equipment: basis	905,794.				
	Less: accumulated depreciation	STMT 12	145,341.	410,584.	760,453.	
15	Other assets (describe)	STATEMENT 13)	8,668.	<60,577.>	0.	
16	Total assets (to be completed by all filers)		1,778,731.	1,426,435.	1,426,435.	
Liabilities	17	Accounts payable and accrued expenses		<114.>		
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe)				
23	Total liabilities (add lines 17 through 22)		<114.>	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted		1,778,845.	1,426,435.	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances		1,778,845.	1,426,435.		
31	Total liabilities and net assets/fund balances		1,778,731.	1,426,435.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,778,845.
2	Enter amount from Part I, line 27a	2	<352,296.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,426,549.
5	Decreases not included in line 2 (itemize) PRIOR YEAR RESTATEMENT OF LIABILITIES	5	114.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,426,435.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	CHARLES SCHWAB SECURITIES (SEE ATTACHED)	P		
b	CHARLES SCHWAB SECURITIES (SEE ATTACHED)	P		
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a	635,693.	643,460.	<7,767.>	
b	271,404.	259,065.	12,339.	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			<7,767.>	
b			12,339.	
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	4,572.	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	4,572.	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2007	1,952,465.	724,166.	2.696157
2006	24,975.	565,135.	.044193
2005	963,380.	186,965.	5.152729
2004	579,844.	401,981.	1.442466
2003	446,096.	239,408.	1.863330
2	Total of line 1, column (d)	2	11.198875
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	2.239775
4	Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	4	907,614.
5	Multiply line 4 by line 3	5	2,032,851.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	180.
7	Add lines 5 and 6	7	2,033,031.
8	Enter qualifying distributions from Part XII, line 4	8	2,703,369.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits and payments. Total tax due is 2.00.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns for Yes/No. Includes questions about political campaigns, unrelated business income, and state reporting.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address HAITTCHILDREN.COM
14 The books are in care of MERCY AND SHARING Telephone no. 970-925-1492
Located at 201 N. MILL STREET, SUITE #201, ASPEN, CO ZIP+4 81611
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the year 15 N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No **N/A**

Organizations relying on a current notice regarding disaster assistance check here Yes No

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No **N/A**

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

If you answered "Yes" to 6b, also file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **N/A**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(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 and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 17		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If 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 and deferred compensation	(e) Expense account, other allowances
NONE				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person 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 IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE MERCY HOUSE ORPHANAGE, PORT-AU-PRINCE, HAITI HOME TO 43 NON-HANDICAPPED CHILDREN WHO ARE PROVIDED WITH SCHOOLING, CLOTHING AND THREE MEALS DAILY.	914,896.
2 THE MERCY HEALTH CENTER, PORT-AU-PRINCE, HAITI 40 OUTPATIENTS DAILY FOR PRE/POST-NATAL CARE. TWO DOCTORS & TWO NURSES ON STAFF WITH ADDITIONAL SUPPORT PERSONNEL.	608,128.
3 MERCY HOUSE - HOME FOR TERMINALLY ILL AND HANDICAPPED ORPHANS HOME TO OVER 60 ABANDONED CHILDREN PROVIDING 24-HOUR CARE. HOUSEMOTHERS AND PHYSIOTHERAPISTS ON STAFF.	634,310.
4 JOHN BRANCHIZIO, CITE SOLEIL & GODE SCHOOLS, PORT-AU-PRINCE CURRENTLY OVER 600 STUDENTS ENROLLED AND PROVIDED WITH DAILY MEALS AND CLEAN WATER	546,035.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	739,066.
b	Average of monthly cash balances	1b	182,370.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	921,436.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	921,436.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) <u>STMT 18</u>	4	13,822.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	907,614.
6	Minimum investment return. Enter 5% of line 5	6	45,381.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2008 from Part VI, line 5	2a	
b	Income tax for 2008. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,703,369.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,703,369.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	180.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,703,189.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2007:				
a Enter amount for 2007 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from Part XII, line 4: ▶ \$ N/A				
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2008 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling 03/31/94

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0.	23,665.	28,257.	9,348.	61,270.
b 85% of line 2a	0.	20,115.	24,018.	7,946.	52,080.
c Qualifying distributions from Part XII, line 4 for each year listed	2,703,369.	1,952,702.	1,746,548.	1,265,207.	7,667,826.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	2,703,369.	1,952,702.	1,746,548.	1,265,207.	7,667,826.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	2,423,597.	2,268,799.	1,735,401.	1,794,817.	8,222,614.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	2,423,597.	2,268,799.	1,735,401.	1,794,817.	8,222,614.
(3) Largest amount of support from an exempt organization	418,546.	300,582.	273,225.	461,001.	1,453,354.
(4) Gross investment income	18,461.	34,727.	34,350.	31,419.	118,957.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

SEE STATEMENT 19

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

**MERCY AND SHARING, 970-925-1492
201 N MILL STREET, SUITE 201, ASPEN, CO 81611**

b The form in which applications should be submitted and information and materials they should include:

NO SPECIFIC FORM OF APPLICATION

c Any submission deadlines:

NO

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

NO

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
BIGGER PICTURE MINISTRIES, PO BOX 3890, ASPEN, CO 81612	NONE	PUBLIC	MISSIONARIES	2,200.
LDS CHARITIES, CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS, 1501 NORTH CANYO	NONE	PUBLIC	MISSIONARIES	2,000.
MESA STATE COLLEGE, 1100 NORTH AVENUE, GRAND JUNCTION, CO 81501	NONE	PUBLIC	EDUCATION	5,217.
SCHOOL FOR DESIGNING A SOCIETY, 122 FRANKLIN ST., URBANA, IL 61801	NONE	PUBLIC	EDUCATION	2,400.
VARIOUS INDIVIDUALS, N/A, N/A	NONE	PUBLIC	MEDICAL ASSISTANCE	3,262.
FARM LAND PROJECT - ROCKAGE (FRANK MPASI), N/A, N/A	NONE	PUBLIC	ENVIRONMENTAL	1,000.
Total				▶ 3a 16,079.
b Approved for future payment				
NONE				
Total				▶ 3b 0.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

MERCY AND SHARING

Employer identification number

84-1323007

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization MERCY AND SHARING	Employer identification number 84-1323007
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AST CAPITAL TRUST CO. OF DELAWARE 2711 CENTERVILLE RD., SUITE 210 WILMINGTON, DE 19808	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BANFI VINTNERS FOUNDATION 1111 CEDAR SWAMP ROAD GLEN HEAD, NY 11545	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BLAKE & EYDIE OKLAND 1924 BARDSTOWN RD CHARLOTTE, NC 28226-0924	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BRIDGEWAY CHARITABLE FOUNDATION 5615 KIRBY DR., STE 518 HOUSTON, TX 77005	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CHRISTOPHER L. TOLK REVOCABLE TRUST 400 E. MAIN ST ASPEN, CO 81611	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CROSSROADS CHURCH OF ASPEN 726 W. FRANCIS ASPEN, CO 81611	\$ 7,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY AND SHARING	Employer identification number 84-1323007
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DAN-MAR COMPONENTS 150 WEST INDUSTRY COURT DEER PARK, NY 11729	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	DAVE ANDERSON 11448 ALTAMONT DRIVE FRISCO, TX 75034	\$ 7,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	FUND FOR THE POOR INC 270 SOUTH SERVICE ROAD, SUITE 45 MELVILLE, NY 11747-2339	\$ 230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	G.E. FOUNDATION 3135 EAST TURNPIKE FAIRFIELD, CT 06828	\$ 5,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	JEFFREY LECK 101 E. KENNEDY BLVD, STE 3925 TAMPA, FL 33602	\$ 185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	KEN DELASKI 100 INTERPROMONTORY ROAD GREAT FALLS, VA 22066	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY AND SHARING	Employer identification number 84-1323007
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	L J M PARTNERS, LTD. 432 THE LANE HINSDALE, IL 60521	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	LDS HUMANITARIAN SERVICES 50 E. NORTH TEMPLE STREET, ROOM 701 SALT LAKE CITY, UT 84150	\$ 185,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	LESTER & FRANCES JOHNSON FOUNDATION 6209 MINERAL POINT ROAD, #805 MADISON, WI 53705	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	LISA WENDEL MEMORIAL FOUNDATION 2877 PARADISE RD., APT 2904 LAS VEGAS, NV 89109	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MICHAEL LYPKA 885 SECOND AVENUE, 49TH FLOOR NY, NY 10017	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	RICHARD CHAPDELAIN, CHAPDELAIN & CO. ONE SEAPORT PLAZA, 17TH FLOOR NEW YORK, NY 10038	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY AND SHARING	Employer identification number 84-1323007
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	RICHARD K. TAYLOR 1205 MUIRLANDS DRIVE LA JOLLA, CA 92037	\$ 153,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	STOP HUNGER NOW ORGANIZATION 2501 CLARK AVE STE 301 RALEIGH, NC 27607-7213	\$ 51,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	SUSAN & B. JOSEPH KRABACHER 201 N. MILL STREET, #201 ASPEN, CO 81611	\$ 161,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	THE HAYES FOUNDATION 191 UNIVERSITY BLVD., #237 DENVER, CO 80206	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	THE KERRIGAN FAMILY CHARITABLE FOUNDATION, INC. P.O. BOX 30402 PENSACOLA, FL 32503	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	THOMAS CHRISTMAN 100 BACON ROAD OLD WESTBURY, NY 11568	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY AND SHARING	Employer identification number 84-1323007
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	THOMAS FANNING 1 PEMBROKE DRIVE GLEN COVE, NY 11542	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	FEED THE HUNGRY 530 EAST IRELAND ROAD SOUTH BEND, IN 46614	\$ 418,546.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	SUSAN & B. JOSEPH KRABACHER 201 N. MILL STREET, #201 ASPEN, CO 81611	\$ 16,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	ANNA PEETZ 6541 W. LINVALE PLACE DENVER, CO 80227	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	BARKER AGGREGATES, LTD. 48 MILLER PLACE (YAPHANK ROAD) MIDDLE ISLAND, NY 11953	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	BRISTOL-MEYER SQUIBB FOUNDATION 345 PARK AVE. NEW YORK, NY 10154	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY AND SHARING	Employer identification number 84-1323007
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	DALLAS HAITI PROJECT 3552 MILTON DALLAS, TX 75205	\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	DUMITRU MANEA 755 S. ALTON WAY, UNIT 6C DENVER, CO 80247	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	ERIC CARLSTROM 199 WATER STREET NEW YORK, NY 10038	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	HUNTINGTON PRESS 12120 NEW HAMPSHIRE AVE. SILVER SPRONG, MD 20904	\$ 6,287.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	ISLEA QUINTANA 6995 LAZY SUNSET CT. LAS VEGAS, NV 89156	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	JAMES MICHELS P.O. BOX 4142 ITHACA, NY 14852	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY AND SHARING	Employer identification number 84-1323007
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	JOHN DANZI P.O. BOX 5574 (801 MOTOR PARKWAY) HAUPPAUGE, NY 11788	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	MARILYN SIMONS 1060 FIFTH AVENUE NEW YORK, NY 10128	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	RAY AND MARIE GINTHER 2 EAST END AVE., PENTHOUSE D NEW YORK, NY 10075	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	NELOSON CAMBATA 100 STARPORT WAY SANFORD, FL 32773	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	PAULETTE SIMKO 3552 BROADWAY ALLENTOWN, PA 18104	\$ 6,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	REESE HENRY & COMPANY, INC. 400 E. MAIN ST ASPEN, CO 81611	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY AND SHARING	Employer identification number 84-1323007
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	ROANOKE SAND & GRAVEL, CORP. 104 ROCKY POINT ROAD MIDDLE ISLAND, NY 11953	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	SMILE TRAIN, INC. 245 5TH AVENUE, SUITE 2201 NEW YORK, NY 10016	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	THE ANSCHUTZ FOUNDATION 1727 TREMONT PLACE (THE NAVARRE BUILDING) DENVER, CO 80202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	THE EFROYMSON FAMILY FUND 615 N. ALABAMA STREET, SUITE 119 INDIANAPOLIS, IN 46204	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	THE PREM RAWAT FOUNDATION 1223 WILSHIRE BLVD., SUITE 464 SANTA MONICA, CA 90403	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	ZIRI CORPORATION 14183 S. MINUTEMAN DR. DRAPER, UT 84020	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MERCY AND SHARING	Employer identification number 84-1323007
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	<u>FOOD, CLOTHING, TOYS, FURNITURE,</u> <u>SCHOOL SUPPLIES AND MEDICAL SUPPLIES</u>	\$ <u>185,000.</u>	<u>01/14/08</u>
20	<u>RICE CHICKEN MEALS</u>	\$ <u>51,500.</u>	<u>09/22/08</u>
26	<u>MEDICAL SUPPLIES, FLOUR, CORN, FRUIT</u> <u>DRINKS, PEAS, RICE SOY CASSEROLES</u>	\$ <u>418,546.</u>	<u>VARIOUS</u>
27	<u>YUKON DENALI</u>	\$ <u>16,200.</u>	<u>04/12/08</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	LAND - DELMAS ORPHANAGE	03/31/98	L				33,900.				33,900.			0.	
3	BUILDING - DELMAS ORPHANAGE	03/31/98	SL	40.00			79,100.				79,100.	19,285.		1,978.	21,263.
6	DORMATORY - CAZEAU	12/31/00	SL	40.00			30,000.				30,000.	5,250.		750.	6,000.
7	LAND - CAZEAU	12/31/00	L				189,000.				189,000.			0.	
38	LAND - WILLIAMSON	03/06/06	L				42,658.				42,658.			0.	
69	2007 WILLIAMSON IMPROVEMENTS	08/24/07	SL	40.00			12,845.				12,845.	107.		321.	428.
70	2008 WILLIAMSON IMPROVEMENTS	07/01/08	SL	40.00			347,810.				347,810.			4,348.	4,348.
	* 990-PF PG 1 TOTAL BUILDINGS						735,313.				735,313.	24,642.		7,397.	32,039.
	FURNITURE & FIXTURES														
1	FAX MACHINE	11/28/95	SL	5.00			652.				652.	652.		0.	652.
12	ACER LAPTOP	05/17/05	200DB	5.00			805.				805.	573.		93.	666.
13	IBM LAPTOP	06/17/05	200DB	5.00			1,009.				1,009.	719.		116.	835.
14	DELL COMPUTER	07/19/05	200DB	5.00			1,086.				1,086.	773.		125.	898.
15	PRINTER/FAX/SCANNER/COPIER	08/24/05	200DB	5.00			879.				879.	626.		101.	727.
16	SUN ELECTRONICS EQUIPMENT	03/23/05	200DB	5.00			3,180.				3,180.	2,264.		366.	2,630.
49	SAGE DONOR DATABASE SOFTWARE	08/24/06	SL	3.00			5,445.				5,445.	2,571.		1,815.	4,386.
60	VIDEO EQUIPMENT	02/10/06	200DB	5.00			682.				682.	354.		131.	485.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
61	LAPTOPS (2)	02/16/06	200DB	5.00		HY17	1,678.				1,678.	873.		322.	1,195.
62	LAPTOP (SUSIE)	03/20/06	200DB	5.00		HY17	1,472.				1,472.	765.		283.	1,048.
63	LAPTOP (KATHRYN)	05/17/06	200DB	5.00		HY17	1,137.				1,137.	591.		218.	809.
64	LAPTOP (CAROL)	05/17/06	200DB	5.00		HY17	825.				825.	429.		158.	587.
65	CAMERA EQUIPMENT	05/17/06	200DB	5.00		HY17	635.				635.	330.		122.	452.
66	SURGICAL MICROSCOPE (CLINIC)	06/06/06	200DB	5.00		HY17	6,402.				6,402.	3,329.		1,229.	4,558.
67	DIAGNOSTIC INSTRUMENTS (CLINIC)	07/13/06	200DB	5.00		HY17	2,923.				2,923.	1,520.		561.	2,081.
68	PROJECTOR	10/09/06	200DB	5.00		HY17	1,375.				1,375.	715.		264.	979.
71	EQUIPMENT	05/15/08	200DB	5.00		MQ19B	2,987.			1,494.	1,493.			1,867.	373.
	* 990-PF PG 1 TOTAL FURNITURE & FIXTURES						33,172.			1,494.	31,678.	17,084.		7,771.	23,361.
	TRANSPORTATION EQUIPMENT														
4	TOYOTA 4 RUNNER	12/14/99	SL	5.00		HY16	10,384.				10,384.	10,384.		0.	10,384.
8	HYDUNDAI PRECISION GALLOPER	07/08/02	SL	5.00		HY16	24,750.				24,750.	24,750.		0.	24,750.
10	VEHICLE - OTHER	08/23/05	200DB	5.00		HY17	10,000.				10,000.	7,120.		1,152.	8,272.
11	VEHICLE - OTHER	12/07/05	200DB	5.00		HY17	8,000.				8,000.	5,696.		922.	6,618.
27	ISUZU TROOPER	07/14/06	200DB	5.00		HY21	37,200.				37,200.	7,760.		2,850.	10,610.
72	TRUCK (OHLINGER)	02/25/08	200DB	5.00		MQ19B	21,000.			10,500.	10,500.			14,175.	3,675.
73	TRUCK (FEEDING PROGRAM)	10/15/08	200DB	5.00		MQ19B	25,977.			12,989.	12,988.			13,638.	649.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
IRS	13.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	13.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CHARLES SCHWAB	15,888.	0.	15,888.
WELLS FARGO	2,560.	0.	2,560.
TOTAL TO FM 990-PF, PART I, LN 4	18,448.	0.	18,448.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
UNREALIZED GAIN ON INVESTMENTS	<60,577.>	0.	<60,577.>
MERCY CLINIC SERVICE REVENUE	17,968.	0.	17,968.
TOTAL TO FORM 990-PF, PART I, LINE 11	<42,609.>	0.	<42,609.>

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	50,390.	0.	0.	50,390.
TO FM 990-PF, PG 1, LN 16A	50,390.	0.	0.	50,390.

FORM 990-PF	ACCOUNTING FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	9,631.	0.	0.	9,631.	
TO FORM 990-PF, PG 1, LN 16B	9,631.	0.	0.	9,631.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER PERSONNEL & PROFESSIONAL FEES	150,317.	5,043.	0.	145,274.	
TO FORM 990-PF, PG 1, LN 16C	150,317.	5,043.	0.	145,274.	

FORM 990-PF	TAXES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL	8,288.	0.	0.	8,288.	
REAL ESTATE TAXES	24,712.	0.	0.	24,712.	
TO FORM 990-PF, PG 1, LN 18	33,000.	0.	0.	33,000.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DISTRIBUTED DONATED FOOD, PERSONAL GOODS & SUPPLIES	682,846.	0.	0.	682,846.	
BANK & MERCHANT FEES	8,267.	0.	0.	8,267.	
BOOKS & SUBSCRIPTIONS	3,597.	0.	0.	3,597.	
BUILDING SECURITY	20,606.	0.	0.	20,606.	

EQUIPMENT RENTAL & MAINT	1,418.	0.	0.	1,418.
MEALS & ENTERTAINMENT	9,247.	0.	0.	9,247.
OUTSIDE COMPUTER SERVICES	295.	0.	0.	295.
POSTAGE & DELIVERY	52,404.	0.	0.	52,404.
REPAIRS & MAINTENANCE	16,540.	0.	0.	16,540.
SHIPPING, FREIGHT & CUSTOMS	111,993.	0.	0.	111,993.
SOFTWARE	4,687.	0.	0.	4,687.
STORE PURCHASES & SUPPLIES	60,618.	0.	0.	60,618.
SUPPLIES - BEDDING, TOWELS	16,530.	0.	0.	16,530.
SUPPLIES - BEVERAGES	10,859.	0.	0.	10,859.
SUPPLIES - CLOTHING & SHOES	1,218.	0.	0.	1,218.
SUPPLIES - DIAPERS	51,532.	0.	0.	51,532.
SUPPLIES - FOOD	181,200.	0.	0.	181,200.
SUPPLIES - FUNERAL	4,454.	0.	0.	4,454.
SUPPLIES - MEDICAL	106,314.	0.	0.	106,314.
SUPPLIES - OFFICE	32,788.	0.	0.	32,788.
SUPPLIES - TOILETRIES	15,920.	0.	0.	15,920.
TELEPHONE & COMMUNICATIONS	39,512.	0.	0.	39,512.
WEBSITE EXPENSE	2,824.	0.	0.	2,824.
MEDICAL PROCEDURES	4,895.	0.	0.	4,895.
CURRENCY VALUE CHANGE	753.	0.	0.	753.
MISCELLANEOUS	40,401.	0.	0.	40,401.
INTERNET EXPENSE	1,532.	0.	0.	1,532.
REAPPROPRIATED ASSETS	62,460.	0.	0.	62,460.
TO FORM 990-PF, PG 1, LN 23	1,545,710.	0.	0.	1,545,710.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS		STATEMENT	9
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
BROKERAGE BOND FUNDS		X	26,336.	26,336.
TOTAL U.S. GOVERNMENT OBLIGATIONS				
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			26,336.	26,336.
TOTAL TO FORM 990-PF, PART II, LINE 10A			26,336.	26,336.

FORM 990-PF	CORPORATE STOCK	STATEMENT	10
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
BROKERAGE SECURITIES	0.	0.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	0.	0.	

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BROKERAGE OTHER INVESTMENTS	FMV	137,887.	77,310.
TOTAL TO FORM 990-PF, PART II, LINE 13		137,887.	77,310.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FAX MACHINE	652.	652.	0.
LAND - DELMAS ORPHANAGE	33,900.	0.	33,900.
BUILDING - DELMAS ORPHANAGE	79,100.	21,263.	57,837.
TOYOTA 4 RUNNER	10,384.	10,384.	0.
DORMATORY - CAZEAU	30,000.	6,000.	24,000.
LAND - CAZEAU	189,000.	0.	189,000.
HYDUNDAI PRECISION GALLOPER	24,750.	24,750.	0.
VEHICLE - OTHER	10,000.	8,272.	1,728.
VEHICLE - OTHER	8,000.	6,618.	1,382.
ACER LAPTOP	805.	666.	139.
IBM LAPTOP	1,009.	835.	174.
DELL COMPUTER	1,086.	898.	188.
PRINTER/FAX/SCANNER/COPIER	879.	727.	152.
SUN ELECTRONICS EQUIPMENT	3,180.	2,630.	550.
ISUZU TROOPER	37,200.	10,610.	26,590.
LAND - WILLIAMSON	42,658.	0.	42,658.
SAGE DONOR DATABASE SOFTWARE	5,445.	4,386.	1,059.
VIDEO EQUIPMENT	682.	485.	197.
LAPTOPS (2)	1,678.	1,195.	483.
LAPTOP (SUSIE)	1,472.	1,048.	424.
LAPTOP (KATHRYN)	1,137.	809.	328.
LAPTOP (CAROL)	825.	587.	238.
CAMERA EQUIPMENT	635.	452.	183.

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SURGICAL MICROSCOPE (CLINIC)	6,402.	4,558.	1,844.
DIAGNOSTIC INSTRUMENTS (CLINIC)	2,923.	2,081.	842.
PROJECTOR	1,375.	979.	396.
2007 WILLIAMSON IMPROVEMENTS	12,845.	428.	12,417.
2008 WILLIAMSON IMPROVEMENTS EQUIPMENT	347,810.	4,348.	343,462.
TRUCK (OHLINGER)	2,987.	1,867.	1,120.
TRUCK (FEEDING PROGRAM)	21,000.	14,175.	6,825.
	25,977.	13,638.	12,339.
TOTAL TO FM 990-PF, PART II, LN 14	905,796.	145,341.	760,455.

FORM 990-PF OTHER ASSETS STATEMENT 13

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
UNREALIZED GAIN ON INVESTMENTS	8,668.	<60,577.>	0.
TO FORM 990-PF, PART II, LINE 15	8,668.	<60,577.>	0.

FORM 990-PF INTEREST AND PENALTIES STATEMENT 14

TAX DUE FROM FORM 990-PF, PART VI	2.
LATE PAYMENT INTEREST	4.
LATE PAYMENT PENALTY	6.
TOTAL AMOUNT DUE	12.

FORM 990-PF LATE PAYMENT PENALTY STATEMENT 15

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/15/09	180.	180.	7	6.
EXTENSION PAYMENT	11/16/09	<178.>	2.		
DATE FILED	11/16/09		2.		
TOTAL LATE PAYMENT PENALTY					6.

FORM 990-PF LATE PAYMENT INTEREST STATEMENT 16

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/15/09	180.	180.	.0400	185	4.
EXTENSION PAYMENT	11/16/09	<178.>	6.	.0400		
DATE FILED	11/16/09		6.			
TOTAL LATE PAYMENT INTEREST						4.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 17

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSAN KRABACHER 201 N. MILL STREET, SUITE 201 ASPEN, CO 81611	PRESIDENT 40.00	0.	0.	0.
B. JOSEPH KRABACHER 201 N. MILL STREET, SUITE 201 ASPEN, CO 81611	SECRETARY/TREASURER 0.00	0.	0.	0.
C. FRANK SCOTT JR 1192 EAST 2700 SOUTH, #B10 SALT LAKE CITY, UT 84106	DIRECTOR 0.00	0.	0.	0.
E.J. CHRISTENSEN PO BOX 10061 ASPEN, CO 81612	DIRECTOR 0.00	0.	0.	0.
JEAN-DANY PIERRE-FRANCOIS COMPAGNIE DES TABACS, COMME IL FAUT, ROUTE DUMEZ TABARRE, HAITI	DIRECTOR 0.00	0.	0.	0.
JEFFREY LECK 101 E. KENNEDY BLVD., STE 3925 TAMPA, FL 33602	DIRECTOR 0.00	0.	0.	0.
MICHAEL LYPKA 885 SECOND AVENUE, 49TH FLOOR NEW YORK, NY 10017	DIRECTOR 0.00	0.	0.	0.

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KEN DELASKI 201 N. MILL STREET, SUITE 201 ASPEN, CO 81611	DIRECTOR 0.00	0.	0.	0.
DAVE ANDERSON 201 N. MILL STREET, SUITE 201 ASPEN, CO 81611	DIRECTOR 0.00	0.	0.	0.
DR. CAROL ANDERSON 201 N. MILL STREET, SUITE 201 ASPEN, CO 81611	DIRECTOR 0.00	0.	0.	0.
RICHARD K. TAYLOR 201 N. MILL STREET, SUITE 201 ASPEN, CO 81611	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>0.</u>	<u>0.</u>	<u>0.</u>

COPY

FORM 990-PF

CASH DEEMED CHARITABLE EXPLANATION STATEMENT
PART X, LINE 4

STATEMENT 18

CASH DEEMED HELD FOR CHARITABLE ACTIVITIES REQUIRED TO SUPPORT MONTHLY
OPERATIONAL EXPENSES AND PROGRAMS OF THE ORGANIZATION.

COPY

FORM 990-PF

PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT 19

NAME OF MANAGER

SUSAN KRABACHER
B. JOSEPH KRABACHER

COPY

Depreciation and Amortization 990-PF
 (Including Information on Listed Property)

2008

Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return MERCY AND SHARING	Business or activity to which this form relates FORM 990-PF PAGE 1	Identifying number 84-1323007
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	24,983.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	9,212.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	6,163.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		24,981.	5 YRS.	MQ	200DB	4,697.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	2,850.
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	47,905.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

ISUZU TROOPER	07/14/06	100.00 %	37,200.	37,200.	5.00	200DB-HY	2,850.	
:	:	%						
:	:	%						

27 Property used 50% or less in a qualified business use:

:	:	%				S/L -		
:	:	%				S/L -		
:	:	%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28** 2,850.

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)	5,000											
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	5,000											
34 Was the vehicle available for personal use during off-duty hours?		X										
35 Was the vehicle used primarily by a more than 5% owner or related person?		X										
36 Is another vehicle available for personal use?		X										

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2008 tax year:

:	:				
:	:				

43 Amortization of costs that began before your 2008 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print	Name of Exempt Organization MERCY AND SHARING	Employer identification number 84-1323007
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 NORTH MILL STREET, SUITE 201	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASPEN, CO 81611	

Check type of return to be filed (File a separate application for each return):

- | | | | | | |
|--------------------------------------|---|---|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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• The books are in the care of **▶ 201 N. MILL STREET, SUITE #201 - ASPEN, CO 81611**
 Telephone No. **▶ 970-925-1492** FAX No. **▶**

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

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **NOVEMBER 15, 2009**.
- 5** For calendar year **2008**, or other tax year beginning _____, and ending _____.
- 6** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7** State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER COMPLETE & ACCURATE INFORMATION.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	180.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	180.

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 **▶** _____ Title **▶** _____ Date **▶** _____