** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Tax year beginning APR 1, 2014 and ending MAR 31, 2015

Inspection

A I	For the	\pm 2014 calendar year, or tax year beginning \pm APR \pm 1 , \pm \pm 2014 \pm and ending	MAR 31, 2	2015	
	Check if applicable		D Employer	identific	cation number
X	Addres	MERCY AND SHARING			
	Name change			84-1	323007
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		number	r
	Final return/termin-	1101 VILLAGE ROAD LL4D	9	<u> 970-</u> 9	925-6300
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts	\$	2,736,713.
	Amend return	CANDONDALE, CO 01025	H(a) Is this a		
	Application	F Name and address of principal officer: SUSAN S. KRABACHER	for subor	rdinates	? Yes X No
	pendin	SAME AS C ABOVE	H(b) Are all subo	rdinates in	cluded? Yes No
			527 If "No," a	ittach a	list. (see instructions)
		e: MAITICHILDREN.COM	H(c) Group ex		
			ear of formation: 19	<u>995∣ м</u>	1 State of legal domicile: CO
Pa		Summary			
ė	1 1	Briefly describe the organization's mission or most significant activities: TO PROVI	DE A SAFE	HAV	EN FOR
an	-	ABANDONED, MALNOURISHED AND IMPOVERISHED CHI			
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed of n		1 1	ssets.
ő	1	Number of voting members of the governing body (Part VI, line 1a)			2
∞		Number of independent voting members of the governing body (Part VI, line 1b)		··· · · 	8
ţies		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		··· -	0
ξi		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Revenue	0	Net unrelated business taxable income from Form 990-T, line 34	Prior Year		Current Year
	8 (Contributions and grants (Part VIII, line 1h)	2,042,9		2,719,615.
	1		2,012,	0.	0.
	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9 . 4	448.	1,409.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-1,604.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,052,3	397.	2,719,420.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		070.	16,165.
		Benefits paid to or for members (Part IX, column (A), line 4)	,	0.	0.
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,077,8	887.	1,127,616.
Expenses	16a l	Professional fundraising fees (Part IX. column (A), line 11e)		0.	0.
cbe	b	Total fundraising expenses (Part IX, column (D), line 25) 133,373.			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,167,		1,314,406.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,247,		2,458,187.
	19	Revenue less expenses. Subtract line 18 from line 12	-195,2	239.	261,233.
Net Assets or Fund Balances			Beginning of Curre		End of Year
sets	20	Total assets (Part X, line 16)	1,683,		1,794,570.
t As	21	Total liabilities (Part X, line 26)	244,0		37,127.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	1,439,	<u> 249.</u>	1,757,443.
_	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		-	/ knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowled	ge.	
٥.		Signature of officer	I Date		
Sig	- 1	B. JOSEPH KRABACHER, TREASURER	Dato		
Her	e	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid		CHRISTOPHER L TOLK, CPA		if	
	parer	Firm's name REESE HENRY & COMPANY, INC.	Firm's	self-employe	84-0803727
	Only	Firm's address 400 EAST MAIN STREET, SUITE 2	1111113	-111	
	,	ASPEN, CO 81611	Phone	no. (9'	70) 925-3771
May	v the IF	RS discuss this return with the preparer shown above? (see instructions)	1		X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE A SAFE HAVEN FOR ABANDONED, MALNOURISHED AND IMPOVERISHED
	CHILDREN IN NORTHERN HAITI. WE CURRENTLY SERVE OVER 5,000 CHILDREN;
	348 CHILDREN IN OUR THREE CARE FACILITIES AND SCHOOL ON THE WILLIAMSON
	CAMPUS, 877+ STUDENTS AT THE JOHN BRANCHIZIO AND CITE SOLEIL SCHOOLS
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	020 540 10 105
Tu	ORPHANAGES: MERCY & SHARING OWNS A WELL-SECURED, 17-ACRE CAMPUS WITH
	25,000 SQUARE FEET OF LIVING SPACE, CAFETERIA, CHAPEL, AND STORAGE
	WAREHOUSE. THE WILLIAMSON CAMPUS HOUSES 121 HEALTHY, DISABLED AND
	TERMINALLY ILL CHILDREN MOST OF WHOM WERE ORIGINALLY ABANDONED AND LEFT
	TO DIE. MERCY & SHARING HAS DEVELOPED A SYSTEMIZED APPROACH TO
	MINISTERING TO THE NEEDS OF EACH CHILD. THE GOAL IS FOR EACH CHILD TO
	BECOME AS INDEPENDENT AND SELF-SUFFICIENT AS POSSIBLE WITHIN THEIR OWN LIMITS.
	TIMITS.
	206.050
4b	(Code:) (Expenses \$326 , 859 •including grants of \$) (Revenue \$)
	MEDICAL: MERCY & SHARING CARES FOR OVER 60 CHILDREN WITH DISABILITIES
	WHO NEED MEDICAL CARE, PHYSICAL AND OCCUPATIONAL THERAPY.
	NUTRITION PROGRAMS: MERCY & SHARING OPERATES SEVEN DIFFERENT FEEDING
	PROGRAMS AT THEIR SCHOOLS, CLINIC, AND ORPHANAGES AND IN TWO SMALL
	VILLAGES IN THE CAP HAITIAN AREA OF NORTHERN HAITI. MERCY & SHARING
	COOKS AND SERVES MORE THAN 13,500 MEALS EVERY WEEK. EACH MEAL OFFERS A
	GRAIN, A PROTEIN (MEAT OR DRY FISH), AND ONE OR TWO VEGETABLES. CLEAN
	WATER IS ALWAYS PROVIDED. THE MEALS VARY IN NATURE BUT ALWAYS PROVIDE
	BALANCED NUTRITIONAL VALUE.
4c	
	EDUCATION: MERCY & SHARING SCHOOLS (THE JOHN BRANCHIZIO SCHOOL IN
	CAZEAU, THE CITE SOLEIL SCHOOL AND THE WILLIAMSON CAMPUS SCHOOL) EMPLOY
	HAITIANS AS TEACHERS WHO CURRENTLY TEACH 1200+ STUDENTS WHO OTHERWISE
	WOULD NOT BE IN SCHOOL. THE CURRICULUM IS BASED ON THE CURRICULUM
	ESTABLISHED BY THE GOVERNMENT OF HAITI: SCIENCE, MATH, GEOGRAPHY,
	HISTORY, FRENCH, AND GRAMMAR. IN ADDITION, A SIGNIFICANT PART OF THE
	CURRICULUM AIMS TO TEACH LIFE SKILLS, HEALTH AND HYGIENE AND CONCEPTS
	OF INTEGRITY, COMMUNITY RESPONSIBILITY AND PARTICIPATORY DEMOCRACY.
	98% OF MERCY & SHARING STUDENTS WHO HAVE TAKEN THE STATE EXAM, REQUIRED
	BY THE MINISTRY OF EDUCATION, HAVE PASSED THIS IS COMPARED TO A
	NATIONAL AVERAGE OF ONLY 40%. AS PART OF THE CHILDREN® DAILY
	EDUCATIONAL EXPERIENCE, MERCY & SHARING PROVIDES ALL STUDENTS WITH A
	Other program services (Describe in Schedule O.)
TU	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1,993,177.
-10	Total program service expenses P

Form 990 (2014) MERCY AND SHARING Part IV Checklist of Required Schedules

1 Is the organization described in section 901(c)(S) or 4947(A(1)) (other than a private foundation? If "Yes," complete Schedule A, schedule B, Schedule of Contributions? 2 Is the organization request in dect or indeter protifical campaign activities on behalf of or in opposition to candidates for public office? Joint the organization engage in dect or indeter protifical campaign activities, or have a section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(c)(3) organization. Dt the organization engage in lobbying activities, or have a section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II A X Section 501(c)(3) organization assertion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives memberahip dues, assessments, or semilar amounts as defined in Review organization that receives memberahip dues, assessments, or semilar amounts as defined in Review organization that receives memberahip dues, assessments, or semilar amounts as defined in advanced provides 501(c) organization and provides of the decidence on the detertion or investment of amounts in such funds or accounts 71 "Yes," complete Schedule D, Part II Did the organization marrian and olicitions of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II Did the organization marrian amount in Part X, line 21, for secroe or custodial account liability, serve as a custodian for amounts in such tised in Part X, or provide endst countering, debt management, credit requir, or debt negotiation services? If "yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10 that is 5% or more of its total assest reported in Part X, line 10 ft weys, "complete Schedule D, Part X VIII X, or X as applicable. Did the organization report an amount for lowestments: promplete Schedule D, Part X VIII X, or X as applicable. Did the organization is part or the				Yes	No
2 Is the organization required to complete Schedule of Contributions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization associant 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule Sel 191 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donce advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or amounts in the distribution or investment or any constitution of a such funds or accounts for which donors have the right to provide advise on the distribution or any similar funds or accounts for which donors have the right to provide advise on the distribution of a such funds or account for the distribution of a such funds or account for the distribution of a such funds or account for the such funds or account for the such funds or account funds or account for the such funds or accounts for the funds of accounts funds	1				
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public office? If "Yes," complete Schedule C, Part I 4 Section 501(R) groupstrations. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(R) 501(c)(S), or 501(c)(S) or 501(c)(2		2	Х	
4 Sction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes", complete Schedule C, Part III X X S is the organization a section 501(ii)(ii), 501(ii)(ii), 501(ii)(ii), or 501(ii)(iii) organization that receives membership dues, assessments, or smillar amounts as defined in Revenue Procedure 98-191 If "Yes", complete Schedule C, Part III S X S Did the organization resident any donore advised funds or any smillar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization resident or hold a conservation easement, including assements to preserve open space, the environment, listoric alternative of any other schedule D, Part II 7 X S Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X X Did the organization in leport an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV S Did the organization is report an amount for lead organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments /If "Yes," complete Schedule D, Part IV S Did the organization services? If "Yes," complete Schedule D, Part IV S Did the organization services? If "Yes," complete Schedule D, Part IV S Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part IV III X Did the organization seport an amount for investments. Schedule D, Part IV III Did the organization seport an amount for other lassests in Part X, line 101 If "Yes," complete Schedule D, Part X III X Did t	3				
during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 7 II "Yes," complete Schedule D, Part III 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures II "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II 11 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X II 12 Did the organization report an amount for order liabilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 13 Did the organization report an amount for order liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part			3		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9819? If "Yes," complete Schedule C, Part III 10 Ib the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I 10 Ib the organization resport on hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 I 10 Ib the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit connecting, dold the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit connecting, dold management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1 If the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part V 1 Int B organization report an amount for investments or the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 1 Int B Organization report an amount for investments or the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 1 Int D V 1 Int D V 1 Int D V 1 Int D V 2 Int D V 2 Int D V 3 I	4				
similar amounts as defined in Revenue Procedure 98.197 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures II" "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for or there in the part X, line 15? If "Yes," complete Schedule D, Part X II Did the organization sit sability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X II Did the organization shall sability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X II Did the organization shall sability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D			4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts to which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts to "Fee," complete Schedule D, Part I/Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? 17 "Yes," complete Schedule D, Part IV 10 Did the organization is answer to any of the following questions is "Yes," temporally restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 18 Did the organization separate, independent audited financial statements for the tax year If "Yes," complete Schedule D, Part X III 19 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Sch	5				٠,,
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			5		X
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Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for investments - order may related in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 If X 20 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization sistent parts a mount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization sistent parts a mount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule P, Part X 11 Did the organization sistent parts a mount for other liabilities in Part X, line 15 that is 5% or more of its total addresses the organization sistenti	_		7		
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII II	8				_v
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complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) MERCY AND SHARING Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operament on Part X, column (A), in 17 If Y'es, "complete Schedule I, Farts I and II				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 II 32 Did the organization newer "Yes" to Part IVI, section A, Ilino 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III 32 II	21		21		x
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2 bid the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and furmer officers, directors, trustees, key amployees, and highest compensated employees? If "Yes," complete Schedule I, Part III is at a stage of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I' No.", or or line 25s 2 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 b Did the organization and as an "on behalf of" issuer for bonds outstanding at my time during the year to defease any tax-exempt bonds? 2 b Did the organization and as an "on behalf of" issuer for bonds outstanding at my time during the year? 2 d Did the organization and as a "on behalf of" issuer for bonds outstanding at my time during the year? 2 d Did the organization and stock in the graged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 2 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 2 b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, substantal contributor or employee thereof, agrant salection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 2 b A family member of a current of former officer, director, trustee, or key employees, substantal contributor or employees thereof, agrant salection committee me	22				
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23	22		22		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23	23				
Schedule J 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a			23		x
Last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d	24a				
Schedule K. If **No**, go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization minest any exceptions? 24d Did the organization at as an *on behalf of* issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization expanse that transaction with a disqualified person during the year? If **Yes*, complete Schedule L, Part I 25a X 25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E7/If **Yes*, complete Schedule L, Part II 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If **Yes*, complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If **Yes*, "complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If **Yes*, "complete Schedule L, Part IV 29 b A family member of a current or former officer, director, trustee, or key employee? If **Yes*, "complete Schedule L, Part IV 29 b Did the organization receive more than \$250,000 in non cash contributions? If *Yes*, "complete Schedule L, Part II Instruction receive contributions of If *Yes*, "complete Schedule R					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 255 Section 501(6)(3), 501(6)(4), and 501(6)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spot or 990-E27 If "Yes," complete Schedule L, Part I 25b X 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26			24a		х
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I	d		24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization on liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part IV, Iine 2 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 5b Yes," complete Schedule R, Part					
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Y	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III unstructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I I, III, or IV, and Part V, line 1 34 X 34 X 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related o		former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27		complete Schedule L, Part II	26	X	
of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 X 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a part		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
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and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		Х
	38				
		Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	l
b	If "Yes," enter the name of the foreign country: ► HAITI			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	.54		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b	2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۲							
	more members of the governing body?	7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Tu							
		7b		х					
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15							
		8a	Х						
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X						
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x					
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21					
000	tion B. Follows (This Section B requests information about policies not required by the internal nevertice Gode.)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X					
		10a							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia							
		12a	Х						
12a		12b	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21						
С		40-	Х						
40	in Schedule O how this was done	12c	- 25	х					
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Λ						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v					
	The organization's CEO, Executive Director, or top management official	15a	X	X					
b	Other officers or key employees of the organization	15b	Λ						
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Х					
	taxable entity during the year?	16a							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
800	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CO		1-						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ie						
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d tinan	cıal						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	MERCY AND SHARING - (970) 925-1492								

432007 11-07-14

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization		orga	aniza			npe	nsat				
(A)	(B)			(C	C)			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per week	offi	, unle cer ar	ss pe	person is both an a director/trustee)		h an tee)	compensation from	compensation from related	amount of other	
	(list any	tor						the	organizations	compensation	
	hours for	direc				D.		organization	(W-2/1099-MISC)	from the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization	
	organizations	ıl trus	nal trı		loyee	dwo				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations	
	line)	hu	lns	# ₀	- Š	e Hig	For				
(1) SUSAN KRABACHER	40.00									•	
CO-FOUNDER & CEO	10.00	Х		Х	┞			0.	0.	0.	
(2) B. JOSEPH KRABACHER	12.00										
CO-FOUNDER, SEC. & TREASUR		Х		Х	$ldsymbol{f eta}$			0.	0.	0.	
(3) JEFFREY LECK	2.00								_		
DIRECTOR		Х						0.	0.	0.	
(4) RAY GINTHER	2.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(5) ROBERT HAMILL	40.00										
PRESIDENT				Х				9,231.	0.	0.	
		1									
				Г							
		1									
				Г							
		1									
				Т	\vdash						
		•									
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		1									
	1			\vdash	\vdash	I					
		1									
					ш						

Form **990** (2014)

84-1323007

	(B) Average				C)			(D)	(E) Reportable			(F)	. al	
	Name and title	hours per week (list any	box offi	not c , unle	heck ss pe	more erson	than is bot or/trus	h an	Reportable compensation from	compensation from related		an	timate nount o other	of
		hours for related	stee or directo	nstee			ensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr	pensa om the anizati	Э
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relate anizatio	
			_											
			-											
	al								9,231.		0.			0.
	om continuation sheets to Part V								9,231.		0.			0.
2 Total nu	dd lines 1b and 1c)mber of individuals (including but restion from the organization								· ·	l 0,000 of reportable				0.
	,												Yes	No
line 1a?	organization list any former officer If "Yes," complete Schedule J for s	such individual										3		Х
and rela	individual listed on line 1a, is the sited organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J f	for such individual			4		Х
rendere	person listed on line 1a receive or d to the organization? If "Yes," con dependent Contractors	-				-		eiat	ed organization or indiv			5		Х
1 Comple	te this table for your five highest co	-	-								pens	ation f	rom	
	(A) Name and business			INC					(B) Description of s		C	(C compe		า
								-						
2 Total nu	mber of independent contractors (including but n	ot li	mite	ed to	tho	se li	stec	d above) who received m	nore than				
\$100,00	00 of compensation from the organ	ization >				(0							

Form 990 (2014) MERCY AI
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
iran M		Membership dues						
Ę,		Fundraising events	······	200,053.				
ar /		Related organizations		, , , , , , ,				
,, ⊟,,		Government grants (contributi						
Sig		All other contributions, gifts, grant	· -					
호텔	'	similar amounts not included abov		519,562.				
호텔	_			211,287.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines Total. Add lines 1a-1f			2 719 615			
- "	n	Total. Add lines 1a-11	<u></u>					
	•			Business Code				
jč Iče	2 a							
ue n	b							
m S	С							
Program Service Revenue	d							
	е							
ъ.	f	All other program service reve						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including						F-2
		other similar amounts)			53.			53.
	4	Income from investment of tax	x-exempt bond p	proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	- 1	2,045.				
	b	Less: cost or other basis						
		and sales expenses		689.				
	С	Gain or (loss)		1,356.				
		Net gain or (loss)			1,356.	1,356.		
		Gross income from fundraising						
nue	_	including \$ 200,0						
eve		contributions reported on line						
Ř		Part IV, line 18		15,000.				
Other Reve	h	Less: direct expenses						
0		Net income or (loss) from fund			-1,604.			-1,604.
		Gross income from gaming ac	-		,			,
	o u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	IU a	•						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sale						
ŀ	44 -	Miscellaneous Revenu	E	Business Code				
	11 a							
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d		>	2.719.420.	1,356.	0	-1.551.
	12	THE PROPERTY OF THE PROPERTY O						

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0001	Charle if Cabadula O contains a vacana				
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	16,165.	16,165.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	9,231.	6,923.	1,385.	923.
6	Compensation not included above, to disqualified	-	-	-	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	967,120.	882,881.	50,543.	33,696.
7 8	Pension plan accruals and contributions (include	501,1200	002,001.	30,3430	33,0301
Ø	·	21,647.	16,235.	3,247.	2,165.
^	section 401(k) and 403(b) employer contributions)	1,137.	1,137.	3,441.	۵,103.
9	Other employee benefits	128,481.	96,553.	19,157.	12,771.
10	Payroll taxes	140,401.	90,333.	19,15/•	14,//1.
11	Fees for services (non-employees):				
а	Management	40 500		10 500	
b	Legal	42,500.		42,500.	
С	Accounting	33,804.		33,804.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	82,995.	55,585.	12,410.	15,000.
12	Advertising and promotion	6,618.	2,206.	2,206.	2,206.
13	Office expenses	67,908.	24,985.	38,197.	4,726.
14	Information technology	21,984.	7,328.	7,328.	7,328.
15			. ,	., , , , ,	.,
	Royalties	154,608.	116,184.	38,424.	
16	Occupancy	134,433.	45,564.	45,564.	43,305.
17	Travel	134,433.	45,504.	13,301.	1 3,303•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		50 1=0		
22	Depreciation, depletion, and amortization	69,173.	69,173.		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD/MEDICAL/CLOTHING/M	596,574.	596,574.		
b	REPAIRS & MAINTENANCE	34,752.	26,064.	8,688.	
c	SHIPPING & FREIGHT	21,928.	10,964.	10,964.	
d	MEDICAL PROCEDURES	18,656.	18,656.	==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	All other expenses	28,473.		17,220.	11,253.
	Total functional expenses. Add lines 1 through 24e	2,458,187.	1,993,177.	331,637.	133,373.
25		2, 2 , 0, 10, •	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	331,037•	100,010
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2014)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	107,041.	1	192,332.		
	2	Savings and temporary cash investments		5,933.	2	7,396.	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
ğ	8	Inventories for sale or use			8		
	9	5		Г		9	752.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,990,216.			
	b	Less: accumulated depreciation	10b	410,976.	1,522,036.	10c	1,579,240.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	48,336.	15	14,850.		
	16	Total assets. Add lines 1 through 15 (must equal			1,683,346.	16	1,794,570.
	17	Accounts payable and accrued expenses			118,429.	17	22,127.
	18	Grants payable		18			
	19	Deferred revenue		55,668.	19	0.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Se	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Ĕ		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	15,000.
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties	70,000.	24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			244,097.	26	37,127.
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			1,357,004.	27	1,757,443.
Fund Balances	28	Temporarily restricted net assets			82,245.	28	0.
D I	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶Ш			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			1 100 010	32	4 855 442
2	33	Total net assets or fund balances			1,439,249.	33	1,757,443.
	34	Total liabilities and net assets/fund balances			1,683,346.	34	1,794,570.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,71				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,45				
3	Revenue less expenses. Subtract line 2 from line 1	3		1,2			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,43	9,2 6,9			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1,75	7,4	43.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MERCY AND SHARING

Employer identification number 84-1323007

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz					-	the hospital's name.
		city, and state:		,			(,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ned in
•		section 170(b)(1)(A)(iv). (C		maga ar armvaranı, armı	. o. opo.a			
6				nental unit described in	section 17	70(h)(1)(A)	(v)	
	X	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
•		section 170(b)(1)(A)(vi). (Co	-	intial part of its support i	ioiii a gov	Ciriiriciilai	unit of from the general	public described in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \			
9						oontributii	ana mambarahin fasa s	and areas resoints from
9		An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the organization	aπer June 30, 1975.
40		See section 509(a)(2). (Cor	'		· · · · · · · · · · · · · · · · · · ·		20(-)(4)	
10		An organization organized a	•	•	-			
11		An organization organized a	•	•	•		•	
		more publicly supported or						neck the box in
		lines 11a through 11d that	* *			•		
а	L	Type I. A supporting orga	•	•				
		the supported organization			a majority (of the dire	ctors or trustees of the s	supporting
		organization. You must c	-					
b		Type II. A supporting org	•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·					
С		Type III functionally inte					• •	ed with,
		its supported organization		· ·				
d		Type III non-functionally						
		that is not functionally int	-	•	-		-	iveness
		requirement (see instruct	·	-				
е		Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or						
f		r the number of supported of						
g		ride the following information Name of supported			(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	support (see	other support (see
		organization		above or IRC section	governing o		Instructions)	Instructions)
				(see instructions))	Yes	No	-	·
[∩ta								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,014,206.	1,749,457.	2,170,521.	2,054,299.	2,719,615.	10,708,098.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,014,206.	1,749,457.	2,170,521.	2,054,299.	2,719,615.	10,708,098.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,183,869.
_6	Public support. Subtract line 5 from line 4.						8,524,229.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,014,206.	1,749,457.	2,170,521.	2,054,299.	2,719,615.	10,708,098.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,428.	707.	234.	9,447.	53.	13,869.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	26,231.	28,401.	910.			55,542.
11	Total support. Add lines 7 through 10					_	10,777,509.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	17,045.
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here	······				<u></u>
	ction C. Computation of Publ						
14	Public support percentage for 2014 (14	79.09 %
15	Public support percentage from 2013					15	88.06 %
16a	33 1/3% support test - 2014. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					·
	and if the organization meets the "fac						
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the		•				. □
	organization meets the "facts-and-circ						
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	slow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					+	
_	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						<u> </u>
5							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
ı	3 received from disqualified persons Amounts included on lines 2 and 3 received						
,	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1		1	1
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	·····					>
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2014 (li	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2014. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	-					▶ □
k	33 1/3% support tests - 2013. If the						and
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization			•		•	•

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **p**_{art VI} what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	100	110
1		
2		
3a		
01		
3b		
3с		
30		
4a		
1.5		
4b		
4c		
_		
5a		
5b		
5c		
30		
6		
7		
8		
0-		
9a		
9b		
35		
9c		
10a		
10b		
n 990 or 99	0-EZ)	2014

D-	Mark (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			ige c
Ра	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.		
C1	ion A. Adiuskad Nak Income		(A) Drien Veen	(B) Current Year	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year	
_	A series and a fair annulatively a stall non-properties and to a			(optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):	4-			
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

MERCY AND SHARING 84-1323007

Organization type (check one):							
Filers of	:	Section:					
Form 990	or 990-EZ	X 501(c)(3) (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					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year \bigset* \$							
Caution.	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),						

but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

MERCY AND SHARING

84-1323007

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$120,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 501,069.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>161,850.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 228,533.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$134,650.	Person X Payroll

Name of organization Employer identification number

MERCY AND SHARING 84-1323007

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2014)}}{\mbox{Name of organization}}$ Employer identification number

MERCY AND SHARING

84-1323007

(a) No. from	(b) Description of noncash property given USIC SUPPLIES	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from	USIC SUPPLIES		
(a) No. from		•	
No. from		.	
No. from		\$350.	07/10/14
Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	3 WHEELCHAIRS, VARIOUS OTHER MEDICAL UPPLIES		
		\$\$	10/09/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	0 PILLOWS		
9			
		\$\$	02/01/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number

MERCY	AND	SHARING

84-1323007

Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations desc columns (a) through (e) and the	cribed in sections of following line	on 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For organizations				
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1	,000 or less for th	ne year. (Enter this info. once.)				
(a) Na	Use duplicate copies of Part III if addition	al space is needed.	Ī					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	.,,,	(/ - 3						
				<u> </u>				
-			4 14					
		(e) Transfer	of gift					
	Tueneferrale name address a	ad 7 ID . 4	D.					
-	Transferee's name, address, a	III ZIP + 4	ne	elationship of transferor to transferee				
				·				
				·				
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer	of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee				
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
-		(e) Transfer	of gift					
		(-,	J					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee				
Γ				·				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	(b) i dipose ei giit	(0) 000 01 giit		(a) Description of now girt to note				
-		(-) = c	af aift					
	(e) Transfer of gift							
	Tuemeteus de manus en del como	ad 7 ID . 4		alationahin of transferous to transfero				
-	Transferee's name, address, a	10 ZIP + 4	Re	elationship of transferor to transferee				
	-							
				·				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MERCY AND SHARING

Employer identification number 84-1323007

Pa	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		is or Accounts. Complete if the
	2. gamzaton anovoroa 103 to 1011 000, 1 att14, iii6	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	e conferring
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		' -
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		- · · · · ·
а	- · · · · · · · · · · · · · · · · · · ·		> \$
	Assets included in Form 990. Part X		> \$

Par	rt III Organizations Maintaining C	collections of Ar	t, Hist	torical Tr	easures,	or Othe	er Simil	ar Asse	t s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	k any of the	following tha	at are a s	ignificant	use of its	collection	item	ıS
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizat	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, hi	storical trea	sures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma							L	Yes		<u>No</u>
Par	rt IV Escrow and Custodial Arran		te if the	organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		7
	on Form 990, Part X? Ves L No										
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
									Amount		
С.	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
7-	Ending balance						1f		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	T
	Did the organization include an amount on F						ιιτу?		」Yes	\vdash	∐ No □
Par	rt V Endowment Funds. Complete i						n				
ı uı	Endowment Funds. Complete I	(a) Current year		rior year	(c) Two yea			years back	(a) Four	/ears	hack
12	Beginning of year balance	(a) Current year	(0)	noi yeai	(C) TWO yea	13 Dack	(u) mico	ycars back	(e) rour	ycars	Dack
b	Contributions										
C											
q											
e	0.1										
Ŭ	and programs										
f	Administrative expenses										
a	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a	a)) held as:						
а	Board designated or quasi-endowment	,	%	9,							
b		%	_								
С	Temporarily restricted endowment										
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administe	ered for t	he organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	•							3b		
4	Describe in Part XIII the intended uses of the		wment t	funds.							
Par	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or of		` '	or other		ccumulat		(d) Book	value	е
		basis (investr	nent)		(other)	de	preciation	1	205		
	Land				5,558.		171 4	02			58.
	•			1,31	1,345.	-	171,4	U Z •	1,139	, 9	43.
	Leasehold improvements			20	2,405.	ļ .	225,2	63	E 7	1	42.
	Equipment				0,908.	-	$\frac{223,2}{14,3}$				97.
	Other		V 00/:::		-		14,3		1,579		
ıota	I. Add lines 1a through 1e. (Column (d) must e	quai roiiii 990, Part	∧, coiun	ııı (b), iine i	υ <i>υ.)</i>				±,J/3	, 4	

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E) (F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990. Part IV.	, line 11c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	. F. 200 B . W.	(" 44 0 E 000 B 1 V " 45
Complete if the organization answered "Yes"	to Form 990, Part IV, Description	, line 11d. See Form 990, Part X, line 15. (b) Book value
	Description	(b) Book value
<u>(1)</u>		
(2)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	>
Complete if the organization answered "Yes"	to Form 990, Part IV,	, line 11e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footno	note to the organization's financial statements that reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). CI	Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.	r ago r
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	' <u>-</u>		
C	Add lines 4a and 4b			
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta			
ı a	Complete if the organization answered "Yes" to Form 990, Part IV, line	-	nises per meturn.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		Part V, line 4; Part X, line 2; Par	t XI,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

MERCY AND SHARI	NG			84-132300	7
		ctivities Ou	tside the United States. Compl	ete if the organization answered "	Yes" on
Form 990, Part IV					
			ds to substantiate the amount of its gr the selection criteria used to award th		Yes No
trie grantees engibility i	or the grants or a	assistance, and	the selection criteria used to award th	e grants or assistance? [23]	res III No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance out	side the
United States.					
3 Activities per Region. (T			an be duplicated if additional space is	<u> </u>	•
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -	4	232	PROGRAM SERVICES	ORPHANAGES, NUTRITION PROGRAMS, EDUCATION, MEDICAL CARE	1,766,622.
3 a Sub-total	4	232			1,766,622.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	4	232			1 766 622.

84-1323007 Page 2

Schedule F (Form 990) 2014 MERCY AND SHARING

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 Enter total number of	recipient organizatio	ns listed above that are	I recognized as charities by the	foreign country	, recognized as tax-e	xempt by		1	
the IRS, or for which t	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
3 Enter total number of other organizations or entities									

84-1323007

MERCY AND SHARING Schedule F (Form 990) 2014

Page 3

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance recipients cash disbursement non-cash assistance cash grant non-cash assistance SUB-SAHARAN LOAN FORGIVENESS TO A ORIGINAL LOAN AFRICA 0.OTHER 16,165.MISSIONARY IN ZAMBIA LOAN FORGIVENESS 1 BASIS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 4

Schedule F (Form 990) 2014 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.	
PART	I, LINE 3:	
	AL BASIS	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MEDON AND GUADING

Employer identification number

MERCY A	ND SHARING				84-1323	007
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "\	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra I (inclu	non-g gover aising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			. ▶			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is exempt from re	egistration

Sch Pa			ne organization answered		t IV, line 18, or reported	
		of fundraising event contributions and gr	(a) Event #1 GALA (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	215,053.	(Ovone typo)	(total Hamber)	215,053.
æ		Less: Contributions	200,053.			200,053.
	3		15,000.			15,000.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,830.			1,830.
Direct E	7	Food and beverages	11,575.			11,575.
_		Entertainment Other direct expenses Direct expense summary. Add lines 4 throug	3,199. h 9 in column (d)		_	3,199. 16,604. -1,604.
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		990, Part IV, line 19, or		-1,004.
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Expenses	2	Cash prizes Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condithe organization licensed to conduct gaming a	_	states?		Yes No
b	If "	No," explain:				

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2014 MERCY AND SHARING 84	-1323	3007	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ Address ▶			
15a	Address Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
	3 3 3			
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided ▶			
	Description of services provided P			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	□ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	III, lines 9	, 9b, 1	0b, 15b,
	,, and, and approximent meet provide any distance and manner (even members).			

Schedule G	(Form 990 or 990-EZ)	MERCY AND	SHARING	84-1323007 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
-				

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

		D SHARING		84-1323007								
Part I Excess Ben	efit Transac	tions (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c)(29) organization	ns only	′).				
Complete if the	organization ar	swered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V, I	ine 40)b.			
1	(b	Relationship bet			lified	Noncription of tran	ocatio	_		(d)	Corre	cted?
(a) Name of disqualified	person	person and o	rganiza	ation	(0	(c) Description of transaction				Y	es	No
										\bot		
										\bot		
2 Enter the amount of tax	•	-	-			• •						
								S				
3 Enter the amount of tax	, if any, on line 2	2, above, reimburs	sea by	tne or	ganization			> \$				
Part II Loans to an	d/or From I	nterested Per	sons	<u> </u>								
					, Part V, line 38a or I	Form 990 Part IV lin	ne 26: /	or if th	ne ora:	nizati	on	
· ·	-	90, Part X, line 5, 0			., 1 art v, iiio ooa or i	om ooo, r are rv, m	10 20,	51 II ti	io orga	zi iizati	011	
(a) Name of	(b) Relationshi		(d) Lo	an to or	(e) Original	(f) Balance due	(g)	In	(h) Ap	proved ard or	(i) W	/ritten
interested person	with organization			n the ization?	principal amount		defa	ult?	comn	ommittee? agr		ment?
			То	From			Yes	No	Yes	No	Yes	No
JOSEPH KRABACH	ECO-FOUN	DTO FUND	Х		15,000.	15,000.		Х	Х			Х
									<u> </u>			
									<u> </u>			
									<u> </u>	<u> </u>		
									├──			
F_1_1					<u> </u>	15,000.						
Гоtal Part III │ Grants or A	ssistance B	enefiting Inte	reste	d Pe	▶ \$	13,000.						
		swered "Yes" on										
(a) Name of interested		(b) Relationship			(c) Amount of	(d) Type	of		le) Purp	ose o	
(a) Name of interested	person	interested per			assistance	assistan				assista		•
		the organiza										
								\perp				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 20 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?		
	,			Yes	No	
Supplemental Information Provide additional information for resp	onses to questions on Schedule L (see	instructions).				
EDULE L, PART II, LOANS	S TO AND FROM INTERE	STED PERSON	NS:			
NAME OF PERSON: JOSEPI	H KRABACHER					
RELATIONSHIP WITH ORGA	ANIZATION: CO-FOUNDE	R. SECRETAI	RY, TREASURE	ER		
					CEC	
PURPOSE OF LOAN: TO FU	JND THE ORGANIZATION	S GENERAL	OPERATING E	XPEN	SES	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MERCY AND SHARING

Employer identification number 84-1323007

Pai	rt I Types of Property					•			
	·	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contributio amounts reported or Form 990, Part VIII, line	ո	(d) Method of de noncash contribu	etermir	•	:s
1	Art - Works of art		itemo contributed	r omi ooo, r are viii, iirie	19				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	4	50,551					
20	Drugs and medical supplies	X	2	158,286	. FM	IV			
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts			84.5					
25	Other (143 UNDERWEAR)	X	1	715					
26	Other (MUSIC SUPPLIE)	X	1	490					
27	Other (18 JERSEYS, 1)	X	1	420					
28	Other (MUSIC SUPPLIE)	X		350	• FM	LV			
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29					
	D : 11					20.11.1.1		Yes	No
30a	During the year, did the organization receive b								
	must hold for at least three years from the dat			·			00-		х
	exempt purposes for the entire holding period	<i>'</i>					30a		\vdash^{Λ}
	If "Yes," describe the arrangement in Part II.			_f	ے لیاں جا اسلام		04		х
31	Does the organization have a gift acceptance					ns?	31		<u> </u>
32a	Does the organization hire or use third parties		•				20-		Х
L	contributions?						32a		
	If "Yes," describe in Part II.	column (c)	ior a tupo of pro	dy for which column (a)	io obas!	rod			
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for writeri column (a)	is crieck	æu,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
50 PILLOWS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.
(D) METHOD OF DETERMINING REVENUE: FMV
150 PAIRS OF SHOES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 225.
(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization

MERCY AND SHARING

Employer identification number 84-1323007

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMBINED, AND 6,000 CHILDREN AND ELDERLY THROUGH OUR NUTRITION PROGRAMS AND CLINICS. TODAY, MERCY & SHARING EMPLOYS OVER 200 HAITIAN NATIONALS "MOTHERS" IN JOBS SUCH AS, TEACHERS, DOCTORS, NURSES, THERAPISTS, (CONTINUOUS CHILD CARE), BUILDING ENGINEERS, ACCOUNTANTS, COOKS, AND CLEANING STAFF. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: HOT NUTRITIOUS MEAL AND CLEAN WATER FIVE DAYS A WEEK, YEAR-ROUND. ALL STUDENTS ARE ALSO PART OF A VACCINATION PROGRAM IN PARTNERSHIP WITH THE HAITIAN MINISTRY OF HEALTH. FORM 990, PART VI, SECTION A, LINE 2: TWO OF THE OFFICERS ARE HUSBAND AND WIFE FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE FORM 990 IS SUBMITTED TO THE FINANCE COMMITTEE OF THE BOARD AND IS REVIEWED AND APPROVED PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS DICLOSURES BY DIRECTORS AND ENFORCES AS NEEDED. FORM 990, PART VI, SECTION B, LINE 15B: A MAJORITY OF DISINTERESTED BOARD OF DIRECTORS DECIDES COMPENSATION OF KEY

EMPLOYEES.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization MERCY AND SHARING	Employer identification number 84-1323007
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	MERCY AND SHARING									
Part I	Identification of Disregarded Entities Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year		Direct c	(f) ontrolling ntity)	
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one	or more	related tax-exer	npt		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	(g) Section 512(b)(13 controlled entity?		
					501(c)(3))			Yes	No	

	THE CONTROL OF THE BUILD OF THE CONTROL OF THE CONT
Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related
	organizations treated as a partnership during the tax year.
	organizations treated as a partition in adming the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Direct contr entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managir partner	(k) or Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(h) (
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) trolled tity?
		Country)		•				Yes	No
CETERA FUNDING CO 45-5610239									
201 N. MILL STREET, STE. 201			MERCY AND						
ASPEN, CO 81611	FOOD PRODUCTION	CO	SHARING	C CORP	0.	0.	100.00%	X	
]								
	1								

Page 3

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X			
b Gift, grant, or capital contribution to related organization(s)				1b		X			
c Gift, grant, or capital contribution from related organization(s)				1c		X			
d Loans or loan guarantees to or for related organization(s)						X			
e Loans or loan guarantees by related organization(s)						X			
f Dividends from related organization(s)				1f		X			
g Sale of assets to related organization(s)				1g		X			
h Purchase of assets from related organization(s)						Х			
i Exchange of assets with related organization(s)				1i		Х			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
I Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		X			
m Performance of services or membership or fundraising solicitations by related orga						X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat						X			
Sharing of paid employees with related organization(s)				10		X			
						Х			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses					Х				
r Other transfer of cash or property to related organization(s)				1r		X			
s Other transfer of cash or property from related organization(s)				1s		X			
2 If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered r	relationships and transaction thresholds.						
(a)	(b)	(c)	(d)						
Name of related organization	Transaction	Amount involved	Method of determining amount in	volved					
	type (a-s)								
		40.400							
(1) CETERA FUNDING CO.	Q	13,139.0	CASH						
(2)									
(3)									
(4)									
(F)									
(5)									
(6)					- 000'	0044			
32163 08-14-14			Schedule	ለ (Form	1 990)	2014			

Schedule R (Form 990) 2014 MERCY AND SHARING 84-1323007 Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	o
	1											
	1											
	1											
	1											
				\vdash				-	-		\vdash	
	-											
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				\sqcup							\Box	
	1											
	•	•	•					•	_	•		000\ 0044

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
CETERA FUNDING CO.
EIN: 45-5610239
201 N. MILL STREET, STE. 201
ASPEN, CO 81611
PRIMARY ACTIVITY: FOOD PRODUCTION
DIRECT CONTROLLING ENTITY: MERCY AND SHARING

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

Attachment Sequence No. **179**

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

ΜE	ERCY AND SHARING		F	ORM 990	PAGE 10		84-1323007
Pá	art Election To Expense Certain Proper	rty Under Section 17	79 Note: If you have an	y listed property	, complete Part	V before y	
1	Maximum amount (see instructions)					1	500,000.
2	Total cost of section 179 property place	ed in service (see	instructions)			2	
3	Threshold cost of section 179 property	before reduction	in limitation			3	2,000,000.
4	Reduction in limitation. Subtract line 3 f	from line 2. If zero	or less, enter -0				
5	Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married filing separatel	y, see instructions			
6	(a) Description of pro	operty	(b) Cost (l	ousiness use only)	(c) Elected	d cost	
	Listed property. Enter the amount from						
	Total elected cost of section 179 prope						
	Tentative deduction. Enter the smaller						
	Carryover of disallowed deduction from						
	Business income limitation. Enter the sr						
	Section 179 expense deduction. Add lin				T	12	
	Carryover of disallowed deduction to 20 te: Do not use Part II or Part III below for			▶ 13			
	- •• 1			and and a line and a con-			
			• •				
14	Special depreciation allowance for qual				_	44	
4-	the tax year						
	Property subject to section 168(f)(1) ele						71,707.
	Other depreciation (including ACRS) art III MACRS Depreciation (Do no		oporty) (Soo instruction			16	71,707.
	WAONS Depreciation (Bo no	t include listed pr	Section A	J118. <i>j</i>			
17	MACRS deductions for assets placed in	n sonvice in tax ve		2014		17	
	If you are electing to group any assets placed in serv					~~ ''	
10			e During 2014 Tax Ye			l ation Syste	em
		(b) Month and	(c) Basis for depreciation) (d) Passaya	n,		
	(a) Classification of property	year placed in service	(business/investment us only - see instructions)	- noriod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	a 3-year property						
b		1					
		1					
d		1					
е							
f							
g				25 yrs.		S/L	
	-	/		27.5 yrs	. MM	S/L	
r	h Residential rental property	/		27.5 yrs	. MM	S/L	
		/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets P	laced in Service	During 2014 Tax Yea	r Using the Alt	ernative Depre	ciation Sys	tem
20a	a Class life					S/L	
b	b 12-year			12 yrs.		S/L	
	c 40-year	/		40 yrs.	MM	S/L	
Pá	art IV Summary (See instructions.)						
21	Listed property. Enter amount from line	28				21	
22	Total. Add amounts from line 12, lines	14 through 17, line	es 19 and 20 in colum	n (g), and line 2	1.		
	Enter here and on the appropriate lines	of your return. Pa	artnerships and S corp	orations - see ir	nstr.	22	71,707.
23	For assets shown above and placed in	service during the	e current year, enter th	ne			
	portion of the basis attributable to secti	ion 263A costs		23			

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

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

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.

24a	Do you have evidence to s	support the bu	siness/investme	nt use cla	imed?	,	Yes	No	24b If "Y	es," is th	ne evide	nce writt	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l oth	(d) Cost or ner basis		(e) asis for deprousiness/inve use only	estment	(f) Recovery period	Met	g) thod/ rention	Depre	h) ciation iction	Elec sectio	(i) cted in 179 ost
25	Special depreciation allo	owance for o	ualified listed p	roperty	placed i	n serv	rice durin	g the ta	ax year an	ıd					
	used more than 50% in	a qualified b	usiness use								. 25				
	Property used more tha									_		_			
		: :	%	5											
		1 1	%	,											
		1 1	%	,											
27	Property used 50% or less in a qualified business use:														
		1 1	%	ó						S/L -					
		1 1	%	ó						S/L -					
		: :	%	5						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	and on	line 2	1, page 1				28				
29	Add amounts in column	(i), line 26. E	nter here and	on line 7	, page 1								29		
	nplete this section for ve our employees, first ans		by a sole prop	rietor, pa on C to s	artner, or ee if you	other meet	an excer	an 5%	owner," o					S.	
				(a			(b)	l	(c)		d)	(€	-	(f	
	Total business/investment		*	Veh	icle	V	ehicle	<u> </u>	'ehicle	Ver	nicle	Veh	icle	Veh	icle
	year (do not include comr														
	Total commuting miles of														
	Total other personal (no														
	driven														
	Total miles driven during														
	Add lines 30 through 32										1	.			
	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
	Was the vehicle used po														
	than 5% owner or related is another vehicle availa						+		+						
	use?	•													
		Section C	- Questions fo	-	-										F0/
	wer these questions to duers or related persons.	Jeterrille II	you meet an ea	Серион	to comp	netirig	Section	D IOI V	eriicies us	eu by ei	прюуее	S WIIO ar	e not m	ore triari	370
	Do you maintain a writte	en policy stat	tement that pro	hibits a	ll person	al use	of vehicl	es, inc	luding cor	nmuting	, by you	r		Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins	tructions for	vehicles used	by corp	orate off	icers,	directors	, or 1%	or more	owners					
39	Do you treat all use of ve	ehicles by er	nployees as pe	ersonal u	ıse?										
40	Do you provide more that	an five vehic	les to your emp	oloyees,	obtain ir	nforma	ation fron	your e	employees	s about					
	the use of the vehicles,	and retain th	e information i	eceived	?										
	Do you meet the require														
	Note: If your answer to 3	37, 38, 39, 4	0, or 41 is "Yes	s," do no	t comple	te Se	ction B fo	or the c	covered ve	hicles.					
Pa	art VI Amortization														
	(a) Description of	fcosts	Date a	(b) mortization pegins	,	(c) Amortiza amou	able nt		(d) Code section		(e) Amortiza period or per		Ar fo	(f) nortization r this year	
42	Amortization of costs th	at begins du	•		r:						Polion of her	oontage			
		3 40		i i											
								+		_		- 			
43	Amortization of costs th	at began be										43			
	Total. Add amounts in o											44			
	52 01-08-15	(1). 3				- - 01							F	orm 456 5	(2014)

Form 8938 (Rev. December 2014) Department of the Treasury

For calendar year

Internal Revenue Service

Statement of Specified Foreign Financial Assets

► Information about Form 8938 and its separate instructions is at www.irs.gov/form8938.

Attach to your tax return.

or tax year beginning 04/01/14 and ending 03/31/15.

OMB No. 1545-2195

Attachment Sequence No. **175**

If you ha	ave attached continua	ation statements, check here L	Nur	nber of continuation s	statements		
Name(s) shown on return				TIN			
MERCY AND SHA	ARING			84-132300	7		
Part I Foreign D	eposit and Custo	dial Accounts Summary					
1 Number of Deposit A	Accounts (reported on	Form 8938)		>	1		
2 Maximum Value of A	Il Deposit Accounts			\$	95,895.		
3 Number of Custodia	Accounts (reported o	n Form 8938)		>			
4 Maximum Value of A	II Custodial Accounts			\$			
		unts closed during the tax year?			Yes X No		
Part II Other Fore	eign Assets Sumi	mary					
1 Number of Foreign A	ssets (reported on For	m 8938)		>			
2 Maximum Value of A	ll Assets			\$			
3 Were any foreign ass	sets acquired or sold d	uring the tax year?			Yes X No		
Part III Summary	of Tax Items Attr	ibutable to Specified Forei	gn Financ	ial Assets (see ins	tructions)		
		(c) Amount reported on		Where rep	orted		
(a) Asset Category	(b) Tax item	form or schedule	(d) Fo	orm and line	(e) Schedule and line		
1 Foreign Deposit and	1a Interest	\$					
Custodial Accounts	1b Dividends	\$					
	1c Royalties	\$					
	1d Other income	\$					
	1e Gains (losses)	\$					
	1f Deductions	\$					
	1g Credits	\$					
2 Other Foreign Assets	2a Interest	\$					
	2b Dividends	\$					
	2c Royalties	\$					
	2d Other income	\$					
	2e Gains (losses)	\$					
	2f Deductions	\$					
	2g Credits	\$					
Part IV Excepted	Specified Foreigr	r Financial Assets (see instr	uctions)				
If you reported specified include these assets on F 1. Number of Forms 3520	form 8938 for the tax y	on one or more of the following for ear. 2. Number of Forms 3520-A	ms, enter the		filed. You do not need to per of Forms 5471		
4. Number of Forms 862		5. Number of Forms 8865		-	per of Forms 8891		
				-			
		ch Foreign Deposit and Cu	stodial Ad	ccount Included i	n the Part I Summary		
(see instru				l			
		ach a continuation statement for ea					
1 Type of account	X Deposit	Custodial	5	Account number or oth 0 4 0 0 7	ner designation		
3 Check all that apply				ed during tax year ported in Part III with r			
		ate to convert the value of the acco	unt into U.S.	dollars?	X Yes No		
	s" to line 5, complete a			1			
(a) Foreign currency	in which account	(b) Foreign currency exchange ra	te used to	(c) Source of exchange rate used if not from			
is maintained		convert to U.S. dollars		U.S. Treasury Financi	al Management Service		
HAITI, GOURDE	E			U.S. TREAS	URY		

Form 8938 (Rev. 12-2014) Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued) 7a Name of financial institution in which account is maintained **b** Reserved SCOTIABANK Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 21865 PORT-AU-PRINCE, PO BOX 686 City or town, state or province, and country (including postal code) PORT-AU-PRINCE Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions) Note. If you reported specified foreign financial assets on Forms 3520, 3520-A, 5471, 8621, 8865, or 8891, you do not have to include the assets on Form 8938. You must complete Part IV. See instructions. If you have more than one asset to report, attach a continuation statement for each additional asset (see instructions). Description of asset 2 Identifying number or other designation Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable **b** Date asset disposed of during tax year, if applicable **c** Check if asset jointly owned with spouse ☐ Check if no tax item reported in Part III with respect to this asset d L Maximum value of asset during tax year (check box that applies) \$100.001 - \$150.000 d \$150.001 - \$200.000 a \$0 - \$50.000 **b** \$50.001 - \$100.000 c e If more than \$200,000, list value 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Nο 6 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which asset is (b) Foreign currency exchange rate used to (c) Source of exchange rate used if not from U.S. Treasury Financial Management Service denominated convert to U.S. dollars If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity **b** Reserved (1) Partnership ___ Estate **c** Type of foreign entity Corporation ___ Trust d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code) 8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. Note. If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions). a Name of issuer or counterparty Check if information is for Issuer Counterparty **b** Type of issuer or counterparty (1) Individual Partnership Corporation (4) ____ Trust ___ Estate

Foreign person

U.S. person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

Form **8938** (Rev. 12-2014)

c Check if issuer or counterparty is a

Form 88	68 (Rev. 1-2014)					Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	s box		X
Note. O	nly complete Part II if you have already been granted an	automatic	3-month extension on a previously f	iled Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part I				al (no co	opies needed)	
				•	ng number, see ir	etructions
T	Name of exempt organization or other filer, see instru		Litter lifer s			
Type or	r identification nur	liber (Eliv) or				
print	MEDGY AND CHARING				84-13230	0.7
File by the due date for						
filing your	Number, street, and room or suite no. If a P.O. box, s		tions.	Social se	curity number (SS	SN)
return. See						
instructions	City, town or post office, state, and ZIP code. For a f	oreign add	lress, see instructions.			
	CARBONDALE, CO 81623					
Enter the	e Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
	uon					
Is For		Code	Is For			Code
	0 or Form 990-EZ	01				
Form 99	0-BL	02	Form 1041-A			08
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
STOP! E	Oo not complete Part II if you were not already grante	d an autor	natic 3-month extension on a prev	iously file	ed Form 8868.	
	MERCY AND SHAR		•			
• The h	books are in the care of > 1101 VILLAGE R		SUITE LL4D - CARBO	NDALE	. CO 8162	23
	phone No. ► (970) 925-1492	, ,	Fax No. ▶		,	
-	organization does not have an office or place of busines	المطاءمة من	-			. \square
	s is for a Group Return, enter the organization's four digit	7				
box 🕨			ch a list with the names and EINs o	all memb	ers the extension	is for.
			ARY 15, 2016		24 2045	
	, <u> </u>				31, 2015	<u> </u>
6 If 1	the tax year entered in line 5 is for less than 12 months, o	check reas	on: Initial return	Final r	return	
	Change in accounting period					
7 St	ate in detail why you need the extension					
Α	DDITIONAL TIME IS REQUIRED T	O COM	PLETE AN ACCURATE	RETUR	.N •	
	~					
_						
_						
_						
_						
					1	
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			
nc	onrefundable credits. See instructions.			8a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and estimated			
ta	x payments made. Include any prior year overpayment a	llowed as a	a credit and any amount paid			
р	reviously with Form 8868.			8b	s	0.
- -	alance due. Subtract line 8b from line 8a. Include your pa	avment wit	h this form, if required, by using		·	
	TPS (Electronic Federal Tax Payment System). See instr	-		8c	\$	0.
			st be completed for Part II		ı Y	
Underna	_		•	-	of my knowledge and	l haliaf
it is true	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this f	aniy accullik orm.	oanying schedules and statements, and t	ว เมษามิยร์เ 0	n my knowledge and	ı bellel,
•			TDED	Б.	_	
Signature	litle 🕨	TREAS	UNEK	Date		_
					Form 8868 (Rev. 1-2014)

Form **3115**

Application for Change in Accounting Method

OMB No. 1545-0152

(Rev. December 2009
Department of the Treasury

Internal Revenue Service								
Name of filer (name of parent corporation if a consolidate	d group) (see instructions)	Identification number (see instructions)						
		84-1323007						
		Principal business activity code number (see instructions)						
MERCY AND SHARING		813000						
Number, street, and room or suite no. If a P.O. box, see the	ne instructions.	Tax year of change begins (MM/DD/YYYY) 04/0						
1101 VILLAGE ROAD		Tax year of change ends (MM/DD/YYYY) 03/3	1/2015					
City or town, state, and ZIP code		Name of contact person (see instructions)						
CARBONDALE, CO 81623	:	JOSEPH KRABACHER	lankana mankan					
Name of applicant(s) (if different than filer) and identificat	,	Contact person's te 970 – 925 – 3	<u>-</u>					
If the applicant is a member of a consolidated grou	up, check this box		▶ □					
If Form 2848, Power of Attorney and Declaration of	of Representative, is attached	(see instructions for when Form 2848 is required)	,					
check this box			<u></u>					
Check the box to indicate the type of applicant.		Check the appropriate box to indicate the type	e of accounting					
Individual (Cooperative (Sec. 1381)	method change being requested. (see instruction	tions)					
	Partnership							
Controlled foreign corporation	S corporation	Depreciation or Amortization						
(Sec. 957)	Insurance co. (Sec. 816(a))	Financial Products and/or Financial Activiti	es of					
10/50 corporation (Sec. 904(d)(2)(E))	Insurance co. (Sec. 831)	Financial Institutions						
Qualified personal service	Other (specify)	X Other (specify) \triangleright SEE PART 1,	LINE 1(A)					
corporation (Sec. 448(d)(2))								
X Exempt organization. Enter Code section								
Caution. To be eligible for approval of the requeste taxpayer or to the taxpayer's requested change in r								
instructions), as well as any other information that is	_	ciddes all lillormation requested on this Form STT	J (IIICIUUIIIG IIS					
The taxpayer must attach all applicable supp		sted throughout this form.						
Part I Information For Automatic C			Yes No					
one designated automatic accounting metho	one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the							
		nge number, check "Other," and provide both a						
description of the change and citation of the	·							
	Other X Description > S							
		08-52 cause automatic consent to be unavailable	for					
the applicant's requested change? If "Yes,"								
Note. Complete Part II below and then Part IV, and		of this form (if applicable).	Vaa Na					
Part II Information For All Requests			Yes No					
		n the requested change relates, or terminate its	V					
If "Yes." the applicant is not eligible to make	the change under automatic	change request procedures.	Х					
4a Does the applicant (or any present or former	consolidated group in which	the applicant was a member during the applicable	e					
• • • • •	urn(s) under examination (see	instructions)?	A					
If "No," go to line 5.								
b Is the method of accounting the applicant is								
present or former consolidated group in whic under consideration or (ii) placed in suspens								
under consideration or (ii) placed in suspense								
Under penalties of perjury, I declare that I have examined this applic	Signature (see in cation, including accompanying schedu	7ST <i>ructions)</i> lies and statements, and to the best of my knowledge and belief, ti	ne application contains all					
Under penalties of perjury, I declare that I have examined this applic the relevant facts relating to the application, and it is true, correct, a	and complete. Declaration of preparer (o							
Filer		Preparer (other than filer/ap	plicant)					
Signature and date		Signature of individual preparing the applica	tion and date					
orginatare and date		organizatio or marriadan proparing ino apprior	and date					
B. JOSEPH KRABACHER, TREA	SIIRER (THRISTOPHED I TOILE CDA						
Name and title (print or type)	POINTIN (CHRISTOPHER L TOLK, CPA Name of individual preparing the application (print or type)						
and and (print of type)		5	(F 5. 5/5)					
	T	REESE HENRY & COMPANY IN	С.					
	<u>-</u>	REESE HENRY & COMPANY, INC. Name of firm preparing the application						
		51 mm brobarma mo apprioa						

Form 3115 (Rev. 12-2009) Part II Information For All Requests (continued) Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)? d Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)? If "Yes," attach the consent statement from the director. e Is the request to change the method of accounting being filed under the 90-day or 120-day window period? If "Yes," check the box for the applicable window period and attach the required statement (see instructions). 120 day: Date examination ended ▶ f If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination. Telephone no. ► Tax year(s) ► Name > g Has a copy of this Form 3115 been provided to the examining agent identified on line 4f? 5a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? Х If "Yes," enter the name of the (check the box) Appeals officer and/or counsel for the government, telephone number, and the tax year(s) before Appeals and/or a Federal court. Telephone no. Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a? Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)? Х If "Yes," attach an explanation. If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court. If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, Х member, or shareholder of that entity? If "Yes." the applicant is **not** eligible to make the change. Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit Х protection for the requested change (see instructions)? If "Yes," attach an explanation. 9a Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years Х (including the year of the requested change)? If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent. If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation. Does the applicant, its predecessor, or a related party currently have pending any request (including any Х concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s). Is the applicant requesting to change its **overall** method of accounting? If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of

Accrual

Accrual

Form **3115** (Rev. 12-2009)

Hybrid (attach description)

Hybrid (attach description)

Present method:

Proposed method:

accounting. Also, complete Schedule A on page 4 of this form.

Cash

Cash

Form 3115 (Rev. 12-2009) Part II Information For All Requests (continued) If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following: The item(s) being changed. The applicant's present method for the item(s) being changed. The applicant's proposed method for the item(s) being changed. С The applicant's present overall method of accounting (cash, accrual, or hybrid). Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application. Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions If "No." attach an explanation. 15a Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)? If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application. Х 16 Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response? If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting 17 for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474. enter the applicant's gross receipts for the 3 tax years preceding the tax year of change. 2nd preceding 1st preceding 3rd preceding year ended: mo \$ \$ \$ Part III Information For Advance Consent Request Yes No Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures. 19 Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists. Attach a copy of all documents related to the proposed change (see instructions). 20 21 Attach a statement of the applicant's reasons for the proposed change. 22 If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation. 23a Enter the amount of user fee attached to this application (see instructions). If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions). Yes No Part IV | Section 481(a) Adjustment Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? If "Yes," do not complete lines 25, 26, and 27 below. Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in O Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant.

	3115 (Rev. 12-2009)		Page 4
	rt IV Section 481(a) Adjustment (continued)	res	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?		
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.		
Sch	nedule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)		
Pa			
1	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach	a statement	
	providing a breakdown of the amounts entered on lines 1a through 1g.	Amount	
а	Income accrued but not received (such as accounts receivable) \$	7	
_			
b	Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method		
С	Expenses accrued but not paid (such as accounts payable)		
d	Prepaid expenses previously deducted		
е	Supplies on hand previously deducted and/or not previously reported		
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II		
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of		
	the section 481(a) adjustment.		
h			
	decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25 \$		
2	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	res 🔲 N	lo
3	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as	of the close of	the
	tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the	balance sheet	t. If
	books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other		
	tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown	on both the p	rofit
	and loss statement and the balance sheet, attach a statement explaining the differences.		
	rt II Change to the Cash Method For Advance Consent Request (see instructions)		
	licants requesting a change to the cash method must attach the following information:		
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials an	d supplies use	ed in
2	carrying out the business. An explanation as to whether the applicant is required to use the appropriate method under any section of the Code or requisition.	200	
	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulation	0115.	
Sch	nedule B - Change to the Deferral Method for Advance Payments (see instructions)		
1	If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc 2004-1 C.B. 991, attach the following information:	c. 2004-34,	
а	A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.		
b	If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8	3 02(3)(a)-(c) of	
~	Rev. Proc. 2004-34.	(e)(d) (e) e.	
С	If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)	2)(a)-(f) of Rev.	
J	Proc. 2004-34.	-,,2, (., 0, 1,0).	
2	If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.45 attach the following.	1-5(b)(1)(ii),	
а	A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).		
b	A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services at	-	
	provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral service five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).	es are less tha	n

c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of

d A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial

advance payments will be received under the contracts, and how the exception will limit the deferral of income.

the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).

Form **3115** (Rev. 12-2009)

Form 3115 (Rev. 12-2009) Page **5**

Schedule C - Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (e.g., unit method or dollar-value method).
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Form **3115** (Rev. 12-2009)

Form 2115 (Pay 12-2000)

	edule D - Change in the Treatment of Long-Term Contracts Under Se	ction 460. Inv	ventories, or O	ther	i age O	
	tion 263A Assets (see instructions)					
Pai	t I Change in Reporting Income From Long-Term Contracts (Also co	mplete Part III on	pages 7 and 8.)			
1	To the extent not already provided, attach a description of the applicant's present and properties from long-term contracts. Also, attach a representative actual contract (without any deletion construction contractor, attach a detailed description of its construction activities.				-	
2a	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instruc	tions)?		Yes	☐ No	
	If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions			Yes	□ No	
	If line 2b is "No," attach an explanation.					
С	If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)?					
d	If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-compunder Regulations section 1.460-4(c)(2)?	oletion method		Yes	□ No	
	If line 2d is "Yes," attach an explanation of what cost comparison the applicant will use to discompletion factor.	etermine a contra	act's			
	If line 2d is "No," attach an explanation of what method the applicant is using and the author	ority for its use.		7		
3a	Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)?			Yes	└── No	
b	If "Yes," attach an explanation of the applicant's present and proposed method(s) of accoumanufacturing contracts.	nting for long-terr	n			
С	Attach a description of the applicant's manufacturing activities, including any required insta	llation of manufa	ctured goods.			
4	To determine a contract's completion factor using the percentage-of-completion method:			,		
а				Yes	└── No	
b	If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 46 Regulations section 1.460-5(c))?			Yes	□ No	
5	Attach a statement indicating whether any of the applicant's contracts are either cost-plus l	ong-term				
	contracts or Federal long-term contracts.					
	t II Change in Valuing Inventories Including Cost Allocation Change	es (Also complete	e Part III on pages	7 and 8	.)	
1	Attach a description of the inventory goods being changed.					
2	Attach a description of the inventory goods (if any) NOT being changed.			٦.,	□	
3a	Is the applicant subject to section 263A? If "No," go to line 4a			Yes	∟ No	
b	Is the applicant's present inventory valuation method in compliance with section 263A (see If "No," attach a detailed explanation			Yes	☐ No	
4a	Check the appropriate boxes below.	Inventory Be	eing Changed		ntory Not Changed	
	Identification methods:	Present method	Proposed method	Prese	nt method	
	Specific identification					
	FIFO					
	LIFO					
	Other (attach explanation)					
	Valuation methods:					
	Cost					
	Cost or market, whichever is lower					
	Retail cost					
	Retail, lower of cost or market					
	Other (attach explanation)					
b	Enter the value at the end of the tax year preceding the year of change					
5	If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach to	he following infor	mation (see instruc	tions)		

- **a** Copies of Form(s) 970 filed to adopt or expand the use of the method.
- Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- c Only for applicants requesting an automatic change. The statement required by section 22.01(5) of the Appendix of Rev. Proc. 2008-52 (or its successor).

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Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B - Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

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Part III Method of Cost Allocation (see instructions) (continued)

e The useful life, recovery period, or amortization period of the property.

The applicable convention of the property.

depreciation allowance was or will be claimed.

Section C - Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

cost	5.)			
		Present method	Propose	ed method
1	Marketing, selling, advertising, and distribution expenses			
2	Research and experimental expenses not included in Section B, line 26			
3	Bidding expenses not included in Section B, line 22			
4	General and administrative costs not included in Section B			
5	Income taxes			
6	Cost of strikes			
7	Warranty and product liability costs			
8	Section 179 costs			
9	On-site storage			
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11			
11	Other costs (Attach a list of these costs.)			
Sche	edule E - Change in Depreciation or Amortization (see instructions)			
	cants requesting approval to change their method of accounting for depreciation or amortization complete this nformation for each item or class of property for which a change is requested.	section. Applicar	its mus t	t provide
Note 167,	s. See the List of Automatic Accounting Method Changes in the instructions for information regarding automation, 14001, 14001, 14001, or former section 168 Do not file Form 3115 with respect to certain late elections and e	ntic changes under election revocation	r sectior s (see ir	ns 56, nstr.).
1	Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?		Yes	☐ No
2	Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)?		Yes	☐ No
	If "Yes," enter the applicable section ▶			
3	Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sec 168(f)(1), 179, or 179C)?		Yes	☐ No
	If "Yes," state the election made	 .		
4a	To the extent not already provided, attach a statement describing the property being changed. Include in the the year the property was placed in service, and the property's use in the applicant's trade or business or include in the property was placed in service.	ome-producing ac		roperty,
b	If the property is residential rental property, did the applicant live in the property before renting it?	∟	Yes	☐ No
С	Is the property public utility property?	L	Yes	└── No
5	To the extent not already provided in the applicant's description of its present method, attach a statement extreated under the applicant's present method (e.g., depreciable property, inventory property, supplies under I nondepreciable section 263(a) property, property deductible as a current expense, etc.).			
6	If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts change to depreciate or amortize the property.	supporting the pr	oposed	
7	If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the for the present (if applicable) and proposed methods:	ollowing information	n for bo	oth
а	The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)).			
	The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under frexplanation why no asset class is identified for each asset for which an asset class has not been identified by	ormer section 168		
С	The facts to support the asset class for the proposed method.			
d	The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% d section 168(b)(1)).	eclining balance n	nethod เ	under

A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special

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REQUESTED DESIGNATED ACCOUNTING METHOD FORM 3115 1 STATEMENT CHANGE NUMBERS CHANGE NUMBERS ON PART I, LINE 1A 184,186,192

FORM 3115 **EXPLANATION** STATEMENT

PAGE 3, PART II, QUESTION 12

ADDITIONAL INFORMATION REQUIRED BY REV. PROC. 2015-14 FOR LINE 12

THIS 3115, APPLICATION FOR CHANGE IN ACCOUNTING METHOD IS FILED TO CHANGE OUR TAX ACCOUNTING METHOD IN ACCORDANCE WITH THE REGULATION CITATIONS AND AUTOMATIC METHOD NUMBERS IN THE SCHEDULE BELOW. THIS FORM IS FILED IN ACCORDANCE WITH REV. PROC. 2015-13 AND REV. PROC. 2015-14, SECTION 10.11, WHICH IS TITLED "TANGIBLE PROPERTY". ALL OF THE RELEVANT PROVISIONS IN THE REGULATIONS LISTED BELOW WILL BE FOLLOWED IN THE TAXPAYER'S PROPOSED METHOD OF ACCOUNTING.

DESCRIPTION OF CHANGE:

A CHANGE TO DEDUCTING AMOUNTS PAID OR INCURRED FOR REPAIR & MAINTENANCE OR A CHANGE TO CAPITALIZING AMOUNTS PAID OR INCURRED FOR IMPROVEMENTS TO TANGIBLE PROPERTY AND, IF DEPRECIABLE, TO DEPRECIATING SUCH PROPERTY UNDER SECTION 167 OR SECTION 168.

DESIGNATED AUTOMATIC ACCOUNTING METHOD CHANGE NUMBER: 184 REGULATION CITATION: REG. SECTION 1.162-4

DESCRIPTION OF CHANGE:

CHANGE IN METHOD OF IDENTIFYING THE UNIT OF PROPERTY, OR IN THE CASE OF A BUILDING, IDENTIFYING THE BUILDING STRUCTURE OR BUILDING SYSTEMS FOR PURPOSES OF MAKING THIS CHANGE.

DESIGNATED AUTOMATIC ACCOUNTING METHOD CHANGE NUMBER: 184 REGULATION CITATION: REG. SECTION 1.263(A)-3

DESPRIPTION OF CHANGE:

CHANGE TO ADOPT THE SAFE HARBOR FOR ROUTINE MAINTENANCE ON PROPERTY. DESIGNATED AUTOMATIC ACCOUNTING METHOD CHANGE NUMBER: 184 REGULATION CITATION: REG. SECTION 1.263(A)-3(I)

DESCRIPTION OF CHANGE:

CHANGE TO DEDUCTING NON-INCIDENTAL MATERIALS AND SUPPLIES WHEN USED OR CONSUMED.

DESIGNATED AUTOMATIC ACCOUNTING METHOD CHANGE NUMBER: 186 REGULATION CITATION: REG. SECTION 1.162-3(A)(1), (C)(1)

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DESCRIPTION OF CHANGE:

CHANGE TO CAPITALIZING ACQUISITION OR PRODUCTION COSTS AND, IF DEPRECIABLE, TO DEPRECIATING SUCH PROPERTY UNDER SECTION 167 OR SECTION 168.

DESIGNATED AUTOMATIC ACCOUNTING METHOD CHANGE NUMBER: 192 REGULATION CITATION: REG. SECTION 1.263(A)-2

UNIT OF PROPERTY DEFINITION:

AS REQUIRED BY PARAGRAPH 10.11(4)(A)(II) OF THE APPENDIX OF REV. PROC. 2014-16, THE FOLLOWING IS A DESCRIPTION OF THE UNITS OF PROPERTY UNDER THE PROPOSED METHOD OF ACCOUNTING TOGETHER WITH A CITATION TO THE FINAL REGULATION UNDER WHICH THE UNIT OF PROPERTY IS PERMITTED. THE FOLLOWING CITATIONS WILL BE USED TO DETERMINE UNITS OF PROPERTY FOR BOTH CURRENTLY OWNED TANGIBLE PROPERTY AND FOR ANY PROPERTY THAT WILL BE ACQUIRED IN THE FUTURE.

ALL TANGIBLE PROPERTY WILL BE IDENTIFIED AS UNITS OF PROPERTY ACCORDING TO REGULATION SECTION 1.263(A)-3(E)(1), UNLESS THE PROPERTY IS SUBJECT TO THE SPECIAL RULES LAID OUT IN PARAGRAPHS (E)(2), (E)(3)(II), (E)(3)(IV), (E)(4) OR (E)(5). THE TAXPAYER WILL COMPLY WITH REGULATION SECTION 1.263(A)-3(E)(1) WHICH IS THE GENERAL RULE FOR DETERMINING THE UNIT OF PROPERTY AS BASED UPON THE FUNCTIONAL INTERDEPENDENCE STANDARD AS PROVIDED IN SECTION 1.263(A)-3(E)(3)(I).

UNITS OF PROPERTY DEFINED UNDER THE SPECIAL RULES OF SECTION 1.263(A)-3(E)(3), (E)(4) OR (E)(5) WILL BE IDENTIFIED ACCORDING TO THE RULES OF THOSE RESPECTIVE SECTIONS. THESE REGULATIONS WILL BE USED TO DETERMINE UNITS OF PROPERTY FOR BOTH CURRENTLY USED TANGIBLE PROPERTY AND FOR ANY PROPERTY THAT WILL BE USED IN THE FUTURE.

ALL BUILDING PROPERTY WILL BE IDENTIFIED AS UNITS OF PROPERTY ACCORDING TO REGULATION SECTION 1.263(A)-3(E)(2). A BUILDING AND ITS STUCTURAL COMPONENTS (AS DEFINED IN SECTION 1.48-1(E)(2) WILL BE IDENTIFIED AS A SINGLE UNIT OF PROPERTY, AND THE APPLICATION OF THE IMPROVEMENT RULES TO A BUILDING FROM 1.263(A)-3(E)(2)(II) WILL BE FOLLOWED.

FORM 3115 EXPLANATION STATEMENT 3

PART II, QUESTION 12: A. THE ITEM(S) BEING CHANGED.

THE METHOD OF DETERMINING WHETHER TO DEDUCT AMOUNTS PAID OR INCURRED FOR REPAIR AND MAINTENANCE OR TO CAPITALIZE AMOUNTS PAID OR INCURRED FOR IMPROVEMENTS TO TANGIBLE PROPERTY AND, IF DEPRECIABLE, TO DEPRECIATING SUCH PROPERTY UNDER SECTION 167 OR SECTION 168. THIS CHANGE IS ASSOCIATED WITH AUTOMATIC CHANGE NUMBER 184.

THE METHOD OF IDENTIFYING THE UNIT OF PROPERTY, OR IN THE CASE OF A BUILDING, IDENTIFYING THE BUILDING STRUCTURE OR BUILDING SYSTEMS. THIS CHANGE IS ASSOCIATED WITH AUTOMATIC CHANGE NUMBER 184.

SAFE HARBOR FOR ROUTINE MAINTENANCE ON PROPERTY AS IDENTIFIED IN REGULATION SECTION 1.263(A)-3(I). THIS CHANGE IS ASSOCIATED WITH AUTOMATIC CHANGE NUMBER 184.

THE METHOD OF DETERMINING AND EXPENSING NON-INCIDENTAL MATERIALS AND SUPPLIES. THIS CHANGE IS ASSOCIATED WITH AUTOMATIC CHANGE NUMBER 186.

THE METHOD OF DETERMINING COSTS TO BE CAPITALIZED IN REGARDS TO THE ACQUISITION OR PRODUCTION OF TANGIBLE PROPERTY AND, IF DEPRECIABLE, TO DEPRECIATING SUCH PROPERTY UNDER SECTION 167 OR SECTION 168. THIS CHANGE IS ASSOCIATED WITH AUTOMATIC CHANGE NUMBER 192.

B. THE APPLICANT'S PRESENT METHOD FOR THE ITEM(S) BEING CHANGED.

THE TAXPAYER PRESENTLY ACCOUNTS FOR THE ABOVE STATED ITEMS IN ACCORDANCE WITH THE CODE AND REGULATIONS IN PLACE PRIOR TO THE ISSUANCE OF THE FINAL TANGIBLE PROPERTY REGULATIONS EFFECTIVE JANUARY 1, 2014. THESE REGULATIONS INCLUDE REG. S.1.162.-3, S.1.162-4, S.1.263(A)-1, S.1.263(A)-2, S.1.263(A)-3. PROVISIONS OF THESE REGULATIONS NOT ITENTIFIED UNDER QUESTION 12(A) ARE EITHER (1) NOT APPLICABLE TO THE ACCOUNTING METHOD OF THIS TAXPAYER, OR (2) ARE ALREADY FOLLOWED IN THE TAXPAYER'S CURRENT METHOD OF ACCOUNTING.

C. THE APPLICANT'S PROPOSED METHOD FOR THE ITEM(S) BEING CHANGED.

THE TAXPAYER PROPOSES TO CHANGE ITS METHOD OF ACCOUNTING FOR THE ABOVE STATED ITEMS IN ACCORDANCE WITH IRS REGULATIONS S.1.162.-3, S.1.162-4, S.1.263(A)-1, S.1.263(A)-2, S.1.263(A)-3, AND IN ACCORDANCE WITH APPENDIX SECTION 10.11 OF REVENUE PROCEDURE 2014-16. PROVISIONS OF THESE REGULATIONS NOT IDENTIFIED UNDER QUESTION 12(A) ARE EITHER (1) NOT APPLICABLE TO THE ACCOUNTING METHOLD OF THIS TAXPAYER, OR (2) ARE ALREADY FOLLOWED IN THE TAXPAYER'S CURRENT METHOD OF ACCOUNTING.

D. THE APPLICANT'S PRESENT OVERALL METHOD OF ACCOUNTING IS THE ACCRUAL METHOD.

FORM 3115 EXPLANATION STATEMENT 4

PAGE 3, PART IV, SECTION 481(A) ADJUSTMENT.

EACH CHANGE OF METHOD OF ACCOUNTING BEING REQUESTED WITH THIS FORM DOES NOT RESULT IN A 481(A) ADJUSTMENT. NEVERTHELESS, THIS ATTACHMENT WAS PREPARED IN ACCORDANCE TO PARAGRAPH 10.11(6)(C) OF THE APPENDIX OF REV. PROC. 2014-16.

PART IV, QUESTIONS 24,25,26 AND 27: REV. PROC. 2014-16 DOES NOT REQUIRE THE CHANGE TO BE IMPLEMENTED UNDER A 481(A) ADJUSTMENT.

ADDIONAL INFORMATION:

THE TAXPAYER AGREES TO THE TERMS AND CONDITIONS OF REV. PROC. 2015-13 AND REV. PROC. 2015-14, THAT ARE NECESSARY OR REQUIRED TO EFFECT THE

METHOD CHANGE WHICH IS THE SUBJECT OF THIS APPLICATION.

R.P. 2011-14, CONCURRENT AUTOMATIC CHANGE.

AUTOMATIC CHANGE NUMBERS 184, 186 AND 192 ARE ALL CONCURRENT AUTOMATIC METHOD CHANGES FOR THE TAX YEAR 2014 THAT WE ARE FILING UNDER THE SAME FORM 3115.