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Form 990-EZ

**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13)  
 must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than  
 \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceA For the 2008 calendar year, or tax year beginning 2008, and ending 2008

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type  
 See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code

WEST AFRICAN MERCY MINISTRIES  
953 MEADOW VIEW LANE  
MUKWONAGO WI 53149-1000

D Employer identification number

34-2005066

E Telephone number

262-347-7271

F Group Exemption

Number ►

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach  
 a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
 Other (specify) ►

I Website: ► WWW.WAMMINC.ORG

H Check if the organization is not required  
 to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one):  501(c)(3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 70.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3
4	Investment income	4
5 a	Gross amount from sale of assets other than inventory	5c
b	Less cost or other basis and sales expenses	5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
6	Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here ►	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b
b	Less direct expenses other than fundraising expenses	6b
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7 a	Gross sales of inventory, less returns and allowances	7a
b	Less cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8	Other revenue (describe ►)	8
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9
10	Grants and similar amounts paid (attach schedule)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12
13	Professional fees and other payments to independent contractors	13
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe ► SEE STMT)	16
17	Total expenses Add lines 10 through 16	17
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year Combine lines 18 through 20	21

22	Cash, savings, and investments	(A) Beginning of year	(B) End of year
23	Land and buildings	10,546.	22 6,173.
24	Other assets (describe ►)	23	
25	Total assets	24	
26	Total liabilities (describe ►)	10,546.	25 6,173.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	26	
		10,546.	27 6,173.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990

Form 990-EZ (2008)

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13



Form 990-EZ (2008) WEST AFRICAN MERCY MINISTRIES

34-2005006 Page 3

## Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40a	
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b	
d Enter amount of tax on line 40c reimbursed by the organization	40b	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ►		
42a The books are in care of ► REVEREND BRIAN MCINTYRE Telephone no ► 262-347-7271 Located at ► PO BOX 185 WI NORTH PRAIRIE ZIP + 4 ► 53153	42a	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	42b	X
See the instructions for exceptions and filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Form 990-EZ (2008) WEST AFRICAN MERCY MINISTRIES

34-2005006 Page 4

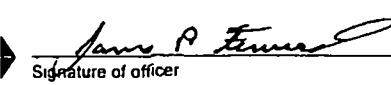
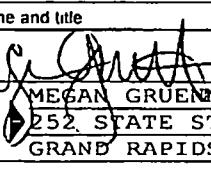
**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46 - 49 and complete the tables for lines 50 and 51

46	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"	

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ►		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
Sign Here	 Signature of officer <b>JAMES FERWERDA</b> PRESIDENT Type or print name and title	04/29/2009 Date
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>MEGAN GRUEENNERT</b> <b>252 STATE STREET SE SUITE 210</b> <b>GRAND RAPIDS MI 49503-1210</b>	Date 04/29/2009 Check if self-employed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Preparer's Identifying No (See instr.) <b>P00641185</b> EIN <b>20-0471016</b> Phone no <b>616-481-3181</b>
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Form 990-EZ (2008)

900



## Schedule A (Form 990 or 990-EZ) 2008 WEST AFRICAN MERCY MINISTRIES

34-2005006

Page 3

**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV)						
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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0 . 00 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0 . 00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0 . 00 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0 . 00 %
19a 33 1/3 % support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input checked="" type="checkbox"/>		

## Detail Sheet

2008

Name WEST AFRICAN MERCY MINISTRIES

ID 34-2005006

**Description: CHANGES IN FUND BALANCES**

**Total**

(527.1) ๒

34-2005006

US 990	Other Expenses	2008		
Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
BANK SERVICE CHARGES	40.			
IRS PENALTY	3,409.			
POST OFFICE BOX	52.			
WI FILING FEES	10.			
	3,511.			