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Form **990-EZ**

Short Form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 org. anizations with gross receipts less than \$1,000,000 and total ascets
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

Open to Public Inspection

Α	For	the 2008 ca <u>lendar</u>	year, or tax year beginning		, 2008	, and en	nding				,
B	_ Checi	k if applicable	C Name of organization	Name of organization D Employer identification number					dentification number		
L	Addre	ess change Please use IRS	AMAZIMA MINISTRIES INTERNATIONAL			61	61-1555718				
L	Name	change label or print or		Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number							
13	7	return type.	1694 AUTUMN PLACE						373-1902		
F	=	Specific	City or town, state or country, and 7ID	4						J	373-1902
¥	=	nded return instructions.			_						xemption
ᆫ	Appli	cation pending	BRENTWOOD	_		'N 37	027			mber	<u> </u>
_		• Section 501(c)(must at	3) organizations and 4947(a)(1) nor tach a completed Schedule A (Forn	nexempt c 1_990 or 9:	haritable trusts 90-EZ).			Accounting r Other (speci		1: <u>X</u>	Cash Accrual
ı	Web	osite: ► <u>AMAZI</u>	MA.ORG				r	Check $\triangleright X$ required to a	attach	Sche	ganization is not dule B (Form 990,
J	Orga	nization type (check o	nly one) — X 501(c) (3) ◀ (in:	sert no.)	4947(a)(1) or	527	9	990-EZ, or 9	990-PF)	
K	Che	ck ► If the org	janization is not a section 509(a)(3)	supportin	g organization a	nd its g	ross r	receipts are	norma	ally no	ot more than
_	\$25,	,000 A return is no	ot required, but if the organization c	hooses to	file a return, be	sure to	file a	complete re	eturn		
L	Add inste	lines 5b, 6b, and ead of Form 990-E	7b, to line 9 to determine gross reco Z	eipts; if \$1	,000,000 or mor	e, file F	orm 9	990		► \$	81,303.
ĵ F	art I	Revenue,	Expenses, and Changes in	Net Ass	ets or Fund I	Baland	ces ((See the i	ınstru	ctior	ns for Part I.)
_	1	Contributions, gi	fts, grants, and similar amounts rec	eived						1	81,303.
0	2	Program service	revenue including government fees	and cont	racts					2	<u> </u>
2010	3	Membership due	es and assessments							3	
	4	Investment incor	me							4	
69	5	a Gross amount fr	om sale of assets other than invent	ory		5a				`	
=		b Less: cost or oth	ner basis and sales expenses			5b					
AUG	}	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)							5 c		
ED AUG	6	Special events and a	ctivities (complete applicable parts of Schedu	ıle G). If any	amount is from gam	iing, chec	k here	•		13 0 4	
0	i i	a Gross revenue (not including \$	of co	ntributions				_		
	!	reported on line	1)			6a				-	
2		b Less direct expe	enses other than fundraising expens	es		6 b					
SCANNED	(c Net income or (loss)	from special events and activities (Subtract	ine 6b from	line 6a)					6c	
Š	7 7	Gross sales of in	nventory, less returns and allowance	es	·	7 a					
Ĭ		Less cost of goo	ods sold			7 b					
	(Gross profit or (I	oss) from sales of inventory (Subtra	act line 7b	from line 7a)					7 c	
	8	Other revenue (descr	ribe ►		-) [8	
	9	Total revenue (a	add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	3)					_′ ▶	9	81,303.
_	10		ar amounts paid (attach schedule)	-/			-			10	01,303.
	11	Benefits paid to							_ ⊢	11	
E	12				DEACH				<u> </u>	12	7,800.
Ē	' I	Professional fee	ompensation, and employee benefi s and other payments to independer , utilities, and maintenance	nt contract	。 ばこしこ I A	CU				13	7,000.
1	مماا	Occupancy, rent	, utilities, and maintenance	וויייי			78]	- ⊢	14	5,400.
Ē	15		tions, postage, and shipping	8	JUL 2 7	2010	SS	ŀ		15	3,100.
9	16		cribe ► See Other Expenses Statem	101			RS.	,		16	81,000.
	17		(add lines 10 through 16)	- L			<u> </u>	 		17	94,200.
	18		it) for the year (Subtract line 17 from	n line (9)	OGDEN	117)	1	$\overline{}$	18	-12,897.
	اء		-					<u>.</u>	- F	10	-12,097.
N E	S 19	Net assets or fur	nd balances at beginning of year (from prior year's return)	om line 27	', column (A)) (m	nust agr	ee wi	ith end-of-ye	ear -	19	15,422.
Ť	Ĕ 20		n net assets or fund balances (attac	h ovolana	tion)				<u> </u>	20	15,422.
	s 20		nd balances at end of year Combine							21	2,525.
Te	art II		heets. If Total assets on line 25, o				- (-	. Corm 000 .			
	art II	Dalatice 3			are \$2,500,000	or more					
	2 0-	ısh, savıngs, and ı	(See the instructions for Part I	1)			- (A)	Beginning			(B) End of year
			114021111011172					13,	422.		525.
		nd and buildings ber assets (descri	ha ► MOTODITED VEUTOIE		`		 		<u>0.</u>	-	3 000
		her assets (descril tal assets	be MOTORIZED VEHICLE		.)			1 5	0.	24	2,000. 2,525.
	_	tal liabilities (desc	eribe. ►		,			15,	422.		
_			alances (line 27 of column (B) mus	t agree ···	/ ith line 21\		ļ	1 5	<u>0.</u> 422.	26 27	2,525.
- 4	, 146	CASSCES OF THIRD D	minimizes (mile 27 of Column (B) mus	n agree W	101 IIIIC 2 I <i>)</i>		1	ıJ,	744.	14/	۷, ۵۷۵.

Form 990-EZ (2008)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008) AMAZIMA MINISTE				-155	55718 Pag	e 2
Part III Statement of Program Se					Expenses	
What is the organization's primary exempt purpose?	DUCATE AND EMPOWER	CHILDREN OF EA	ST AFRICA		uired for 501(c)(3) (4) organizations and	
Describe what was achieved in carrying out th describe the services provided, the number of program title.		elevant information for e	ach	4947	(a)(1) trusts, optiona	il
28 EDUCATINAL TUITION FEES						
FOOD AND MINOR MEDICAL C		<u>EN</u>				
BIBLE STUDY FOR 8,000 CH				20.	91 00	^
(Grants \$ 0.) If the contract of the contract	nis amount includes foreign gra	ants, check here		28 a	81,000	<u>.</u>
(Grants \$) If the	nis amount includes foreign gra	ants, check here .		29 a		
30						
				20.		
(Grants \$) If the structure of the stru	nis amount includes foreign gra	ants, cneck nere		30 a		
, ,	nis amount includes foreign gr	ants, check here	▶ □	31 a		
32 Total program service expenses (add li				32	81,000	Ō.
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. (List each o	ne even if not con	npens	ated See the instrs))
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	ns and	(e) Expense accour and other allowance	nt es
KATIE DAVIS						
1694 AUTUMN PLACE	EXECUTIVE DIRECTOR					
BRENTWOOD TN 37027	60.00	0.		0.	(0.
MARY PAT DAVIS						
1694 AUTUMN PLACE	PRESIDENT Director					_
BRENTWOOD TN 37027	10.00	0.	<u> </u>	0.	(0.
MIKE MAYERNICK	DIRECTOR PRESIDENT					
1203 BEECH HILL ROAD BRENTWOOD TN 37027	3.00	0.		0.	,	ο.
MARY BRENNAN	3.00			0.		<u>.</u>
1308 ARROWHEAD DRIVE	- TREASURER					
BRENTWOOD TN 37027	1.00	0.		0.	(ο.
SUZANNE MAYERNICK						
1203 BEECH HILL ROAD	DIRECTOR					
BRENTWOOD TN 37027	10.00	0.		0.	(0.
GWEN OATSVALL						
315 WILSON PIKE	DIRECTOR					
BRENTWOOD TN 37027	10.00	0.		0.	(0.
BRAD DARR	-					
818 HARTINGTON COURT	SECRETARY			•		_
FRANKLIN TN 37064	1.00	0.		0.		0.
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	-					
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			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
34	each activity 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	33	 	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,	3		┢▔
33	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 6033(e) notice, reporting, and proxy tax requirements?	35 a	İ	x
b	of 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			
	If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b	 	 X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	57.5		
30 6	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		Х
t	of 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b			
39	501(c)(7) organizations Enter:	1		
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities [501(a)(3) arrangetons. Enter amount of tay imposed on the arrangeton during the user under	4	ľ	*
40 a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ►, section 4912 ►; section 4955 ►			*
Ŀ	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			ļ
_	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		х
c	Enter amount of tax imposed on organization managers or disqualified persons during the	Ţ.		
	year under sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization	- Š		
	All organizations At any time during the tax year, was the organization a party to a prohibited tax	- 7		,
e	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed >			
42 a	The books are in care of ► MARY PAT DAVIS Telephone no. ► (615)		<u>-19</u> 0)2
	Located at ► 1694 AUTUMN PLACE BRENTWOOD TN ZIP + 4 ► 37027		- 	
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Х	
	If 'Yes,' enter the name of the foreign country: ► <u>Uganda</u>	*	**	1
		*	4	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	42.0	#	
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. Uganda	42 c	<u> </u>	
	Too, onto the name of the foreign country			
	0 1 4047(2)(1)			
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			
	and enter the amount of tax-exempt interest received of accrued during the tax year	•		Γ.
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
	Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	X
BAA	TEEA0812 01/14/09 Fo	·~ 00/	/	2008)

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Form 990-FZ (2008)	AMA2TMA	MINISTRIES	INTERNATIONAL

61-1555718

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.

								1
46	Did the org	ganization engage in direct or indirect of findirect of fixed of the complete Schedule C	t political campaign act Part I	ivities on behalf of or i	n opposition to candidates	46	Yes	No X
47		ganization engage in lobbying activiti		Schedule C, Part II		47		X
		inization operating a school as descr			olete Schedule E	48		Х
	_	ganization make any transfers to an				49 a		х
		as the related organization(s) a section				49 b		
50	Complete received n	this table for the five highest comper nore than \$100,000 of compensation	sated employees (other	r than officers, director	rs, trustees and key employ 'None '	ees) who	each	
	(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 and deferred compensation		pense nt and owance:	s
101	IE.					-	_	
		-						
otal	number of oth	er employees paid over \$100,000						
51	from the o	this table for the five highest comper rganization. If there is none, enter 'N	one.'			•		
		(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of service	(c) Comp	pensatio	<u>n</u>
10V	<u> </u>							
								
							. — .	
· — -	 -							
	· — —		·					
	- -							
ota	number of	other independent contractors received	ng over \$100.000	▶				
		or penalties of perjury, I declare that I have exam correct, and complete Declaration of preparer (ompanying schedules and stat all information of which prepa	ements, and to the best of my know arer has any knowledge	ledge and be	elief, it is	;
Sign	n 🛌	a Milly	I I		1.23-10			
ler	e F	Signature of officer	1 +		Date			
	.	A. Michael MAYO	nuck # Pre	, ident				
		Type or print name and title	·	T				
aic	J signa	arer's Kunt C Man	us CPA	7 21 1 c	Check if self-	arer's Identifications		
re	• -	s name (or LOWHORN & MYERS		1 /2-1 [1 6	employed ► X ↑	2002	- 0 -	
oard Jse	Vour	s if self- oyed), > 318 NORTHCREEK	<u> </u>		EIN ►			
))nl		ess, and			1934 Phone no ► (615) 324-	3855	 j
		cuss this return with the preparer sho	own above? See instruc			≻ Yes	$\overline{}$	No
2 4 4						Form 99		

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number AMAZIMA MINISTRIES INTERNATIONAL 61-1555718 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 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 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 q (iii) h Provide the following information about the organizations the organization supports (v) Did you notify the organization in col (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of Supported Organization (vi) Is the nization in (vii) Amount of Support (ii) EIN (iv) Is the rganization in col organization in col (i) organized in the US? your support? governing document? Yes No Yes No Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule A (Form 990 or 990-EZ) 2008

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Pai	til Support Schedule for				(b)(1)(A)(iv) an	id 170(b)(1)(A)	(vi)	
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 or Part	1)				_	
Cale	ndar year (or fiscal year nning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Tot	al
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-3 .								
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)								
6	Public support. Subtract line 5 from line 4			-					
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Tota	al
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income form unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10	ж.	,		à			_	
12	Gross receipts from related activi	ities, etc (see ins	tructions)				12	_	
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501	(c)(3)		▶ □
<u>Sec</u>	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 200	•	(,	e 11, column (f)			14		<u>%</u>
15	Public support percentage for 200	07 Schedule A, Pa	art IV-A, line 26f			L	15		<u> </u>
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and t ganization	the line 14 is 33-1	/3 % or more	, che	ck this box	► 🗌
t	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a publ	not check a box of icly supported or	on line 13, or 16a, ganization.	and line 15 is 33-	1/3% or more	e, che	eck this box	► 🗌
17 a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances	' test, check this b	ox and stop here.	Explain in P	art IV	how	-
t	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar	nd-circumstances	' test, check this b	ox and stop here.	Explain in P	art IV		►
18	Private foundation. If the organiz			•				uctions	
BAA						hedule A (Fo			2) 2008

. . Schedule A (Form 990 or 990-EZ) 2008 AMAZIMA MINISTRIES INTERNATIONAL 61-1555718 Page 3 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 (a) 2004**(b)** 2005 (c) 2006(d) 2007 (e) 2008 Calendar year (or fiscal yr beginning in)▶ (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1. 2, 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 Public support (Subtract line #457g 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of čapital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 **►** X Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2007 Schedule A, Part IV-A, line 27q 16 % Section D. Computation of Investment Income Percentage % Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 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

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 990-EZ)	2008 AMAZIMA	MINISIKIES	INTERNATIONAL	<u>61-1322</u>	710 Page 4
Part IV	Supplemental Interpretation Part II, line 17a c	formation. Complor 17b; or Part III,	ete this part to p line 12. Provide	orovide the explana any other addition	ation required by Pa nal information. (see	rt II, line 10; instructions)
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Schedule A (Form 990 or 990-EZ) 2008

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' AMAZIMA MINISTRIES INTERNATIONAL	61-1555718 1
Form 990-EZ, Part I, Line 16 Other Expenses Statement	
Other expenses (describe)	
SCHOOL TUITION AND SUPPLIES FOR 15	6 CHILDREN 46,800.
MEDICAL CARE FOR CHILDREN	8,200.

26,000.

81,000.

FOOD FOR 156 CHILDREN

Total

Amazima Ministries International

EIN: 61-1555718

Disclosure for Amendment to Form 990-EZ, Schedule A:

In Part III of Schedule A to Form 990-EZ, the box for Line #20 was checked in error. The box for Line #14 should have been checked instead.