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DLN: 93493014008184

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)

2012

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable Awana Clubs International Address change 36-2428692 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (630)213-2000 Amended return City or town, state or country, and ZIP + 4 Streamwood, IL 60107 Application pending G Gross receipts \$ 39,154,284 Name and address of principal officer **H(a)** Is this a group return for Jack Eggar ┌ Yes 🗸 No affiliates? 1 East Bode Rd Streamwood, IL 60107 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) **▽** 501(c)(3) **□** Tax-exempt status Group exemption number 🕨 **Website: ►** www awana org K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► **L** Year of formation 1965 **M** State of legal domicile IL Part I Summary Briefly describe the organization's mission or most significant activities Christian Youth Ministry Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 353 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 2,000 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 11,390,038 11.994.479 2,821,498 2,844,890 Program service revenue (Part VIII, line 2g) . . 191,653 213,745 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 19,582,984 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,916,381 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 33,986,173 31,969,495 13 5,979,640 6,760,645 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 18,015,217 **Expenses** 16,274,377 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 1,019,354$ b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 8,815,343 9,619,231 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 31,069,360 34,395,093 18 -2,425,598 19 Revenue less expenses Subtract line 18 from line 12 2,916,813 t Assets or id Balances **Beginning of Current End of Year** Year 22,893,653 20 Total assets (Part X, line 16) . 24,818,944 21 3,064,384 3,446,470 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances Subtract line 21 from line 20 21,754,560 19,447,183 Signature Block 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 2014-01-14 Signature of office Sign Here Gary Minta Chief Financial Officer Type or print name and title Print/Type preparer's name David C Moja Preparer's signature P00747006

Firm's address > 972 Emerson Parkway Ste A

Greenwood, IN 46143 May the IRS discuss this return with the preparer shown above? (see instructions)

Paid

Preparer

Use Only

self-employed

Firm's EIN > 36-3990892

Phone no (317) 885-2620

✓ Yes ☐ No

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	-110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		140
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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.	9		No
LO	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	10	Yes	
L1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities 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 VII"	11b	Yes	
c	Did the organization report an amount for investments—program related 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 VIII	11c		No
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 IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
L 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	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	Yes	
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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
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 III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $$. $$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with 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	36		No
37	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 partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V			<u></u> F
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 84	_		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0	4	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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	Yes	
b	AR,BN,BL,CM,CS,CU,EZ,DR,EG,FJ,GM,GT,HA,			
	HO, HK, JA, LE, MZ, NP, NU, PP, SN, LO, KS, TW, TO,			
	If "Yes," enter the name of the foreign country •AE, ZA, ZI See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	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		No
D	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).		1	
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			140
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
0		8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
0	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	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			
c	Enter the amount of reserves on hand]		
1 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			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 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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	5 , ,			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod Yes	e.) No
		evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in Schedule O how this was done.	10a 10b 11a	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- List the States with which a copy of this Form 990 is required to be filed ►AK, AZ, CO, CT, FL, GA, HI, MD, ME, MI, MN, MS, NH, NC, OH, PA, TN, UT, VA, WA, WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. 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, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Gary Minta 1 East Bode Rd Streamwood, IL (630)540-4533

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

Check if Schedule O contains a response to any question 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

- 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line) for director or director for related organizations below dotted line)		Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations				
(1) Jack Eggar	40 00	х		Х				178,814	0	8,042	
President/CEO	3 00							·		· ·	
(2) David Branton	1 00	x		x				0	0	0	
Chairman	1 00	L		L^	L		L	<u> </u>			
(3) John Dobbert	1 00			.,							
Vice Chairman	1 00	X		Х				0	0	0	
(4) Sylvester Chody part year	1 00										
Treasurer		Х		Х				0	0	0	
(5) Daniel Patnode part year	1 00 1 00	<u> </u>					_				
		x		х				0	0	0	
Vice Treasurer (6) David Swappen	1 00						-				
(6) David Swanson	1 00	x		х				0	0	0	
Secretary	1 00						<u> </u>				
(7) Shawn Thornton	1 00	l x		x				1,750	0	0	
Vice Secretary	1 00							1,730			
(8) Arthur Rorheim	20 00	x						55,056	0	0	
Board Member-President Eme	1 00	_ ^						33,036	U	U	
(9) Christopher Williams	1 00	.,								_	
Board Member		X						0	0	0	
(10) Vicki Sue Gillis	1 00										
Board Member		Х						0	0	0	
(11) Thomas Klippert	1 00										
	100	x						0	0	0	
Board Member (12) Henry Wallı part year	1 00	-		-			\vdash				
	1 00	x						0	0	0	
Board Member					_		_				
(13) Valene Bell	1 00	l x						0	0	0	
Board Member											
(14) Carolyn Meyers	1 00	l x						0	0	0	
Board Member		^_		L			L				
(15) Peter Kasırıvu	1 00										
Board Member		×						0	0	0	
(16) Lyn Loven	40 00										
Dir of Operations / CFO	3 00			Х				120,515	0	14,507	
(17) Brian Rhodes	20 00										
VP & Chief Ministry Officer						Х		50,210	63,362	24,282	
	21 00										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) O - I O X In T In 2/1099-MISC) (D) Reportable compensation from the organization (W-2/1099-MISC) 2/1099-MISC)								(F) Estimated the compension of the compension o	other ation ie
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatıc relate organızat	d
											_		
											+		
1b	Sub-Total							Ŧ					
С	Total from continuation sheet	-			•	•		•					
d	Total (add lines 1b and 1c) .							<u> </u>	406,345		2		46,831
2	Total number of individuals (in \$100,000 of reportable compe	-					a abov	e) wi	no received more th	an			
												Yes	No
3	On line 1a? If "Yes," complete S					key •	emplo	yee, •	or highest compens	sated employee	3		No
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ								-	or individual for	5	, 55	No
S-	ction B. Indonondant Co	ntractors											
<u>5e</u>	ction B. Independent Co Complete this table for your five compensation from the organize	e highest comp										av vear	
	compensation from the organiz	acion Report Co	inpens	ลเเบก	ווטו	ine C	arenda	ıı ye	ar enumy with or wi	umi the organizatio	JII S T	ax year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Demandware Inc 5 Wall St Burlington MA 01803	Web store hosting	224,632
CT Creative 214 W River Dr St Charles IL 60174	Consulting services	144,469
Quality Maintenance Services 2401 W Hassell Rd Hoffman Estates IL 60169	Cleaning services	124,598
Rose Paving Co 7300 W 100th Pl Bridgeview IL 60455	Parking lot maintenance	110,719
2. Total number of independent contractors (including but not limited to the	se listed above) who received more than	

Part VI		Statement of Revenue Check if Schedule O contains a respo	nse to any question	ın thıs Part VIII .	<u> </u>	<u> </u>	<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
	1a	Federated campaigns 1a	75,468				
tributions, Giffs, Grants Other Similar Amounts	ь	Membership dues 1b					
1 g 29	c	Fundraising events 1c	25,400				
<u>\$</u> \\ \(\bar{2}\)		Related organizations 1d					
Contributions, Giffs, and Other Similar A	d						
ns,	е	Government grants (contributions) 1e					
₽ <u>~</u>	f	All other contributions, gifts, grants, and 1f similar amounts not included above	11,893,611				
를 돌	g	Noncash contributions included in lines	789,585	į	į		
Conti and (L	Total. Add lines 1a-1f	·	11,994,479			
ರಹ	h	iotal. Add lines 1a-1f	· · · •	11,554,475			
e l	_		Business Code				
Yen	2a	Registration & Events	900099	2,677,280	2,677,280		
æ	Ь	Other Program Revenue	900099	167,610	167,610		
MCA	с						
<i>₹</i>	d						
Program Serwce Revenue	e	All other programmes					
₽ Logi	f	All other program service revenue					
4	g	Total. Add lines 2a-2f		2,844,890			
	3	Investment income (including divider and other similar amounts)		212,931			212,931
	4	Income from investment of tax-exempt bond	l l				
	5	Royalties	🕨	3,036			3,036
		(ı) Real	(11) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of 90,399 assets other than inventory	29,000				
	b	Less cost or other basis and 89,585	29,000				
		sales expenses	25,000				
	c d	Sain or (loss) 814 Net gain or (loss)	<u> </u>	814			814
	u 8a	Gross income from fundraising	· · · · · · · · · · · · · · · · · · ·				021
Other Revenue		events (not including \$ 25,400 of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		а	3,600				
<u> </u>		Less direct expenses b		2 53-			3.5
·	C Qa	Net income or (loss) from fundraising	events 🛌	-2,577			-2,577
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming act	ivities				
:	10a	Gross sales of inventory, less returns and allowances .	23,975,949				
	b	Less cost of goods sold b	7,060,027				
		Net income or (loss) from sales of inv		16,915,922	16,915,922		
		Miscellaneous Revenue	Business Code				
[:	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
:	12	Total revenue. See Instructions .	🕨	31,969,495	19,760,812	C	214,204

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 4,119,681 4,119,681 Grants and other assistance to individuals in the United States See Part IV, line 22 5,000 5,000 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 2,635,964 2,635,964 Benefits paid to or for members Compensation of current officers, directors, trustees, and 529,329 444,636 68,813 15,880 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 31,610 31,610 Other salaries and wages 13,845,656 11,647,502 1,795,670 402,484 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,946,322 467,926 Other employee benefits 2,361,923 116,473 10 662,300 502,544 130,092 29,664 11 Fees for services (non-employees) Management 282,292 1,278 280,831 Legal 183 116,077 19,639 80,815 15,623 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,197,570 1,525,065 512,538 159,967 Schedule O) Advertising and promotion . . 380,549 38,588 12 330,320 11,641 13 Office expenses 455,631 374,614 55,801 25,216 972,356 778,231 101,896 14 Information technology . . . 92,229 15 Royalties . 373,750 253,385 105,686 14,679 16 Occupancy **17** 1,571,157 1,474,802 79,467 16,888 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 428,721 388,157 31,580 8,984 20 49,323 1,691 45,941 1,691 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 580,593 406,415 116,119 58,059 23 500,928 8,185 492,718 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 O) a Equipment/Event 1,309,864 1,654,203 -389,747 45,408 b C d All other expenses 400,420 е 450,621 -54,461 4,260 Total functional expenses. Add lines 1 through 24e 25 34,395,093 29,415,466 3,960,273 1,019,354 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Can	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in thi	s Part	x			
2 Savings and temporary cash investments 2 373-000					<u></u>	(A)		(B)
3 Pledges and grants receivable, net		1	Cash—non-interest-bearing			3,974,269	1	1,202,890
4 Accounts receivable, net 176,785 4 340,096		2	Savings and temporary cash investments				2	
Solution and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L. Coans and other receivables from other disqualified persons (as defined under section 4938 (NLI), persons described in section 4958 (~(S), IIB), and contributing employers and sponsoning organizations of section 501 (~(S)) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L. The property of the property organization of section 501 (~(S)) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L. The property of the property organization of the property organizations (see instructions) Complete Part II of Schedule L. The property of the property organization of the property organization of the property organization (see instructions) Complete Part II of Schedule L. The property of the property organization organizati		3	Pledges and grants receivable, net			532,955	3	373,688
## Complete Part II of Schedule L		4	Accounts receivable, net			176,785	4	340,084
Specific Cames and other receivables from other dissussified persons (so defined under section 4958 ()(1)), persons described in section 4958 (()(3)(8) and contributing employers and ponsioning organizations of section 501 (()(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	employees, and highest compensated employees Complete Pa	art II	of		5	
Prepaid expenses and deferred charges 4,12,131 8 3,502,430 9 778,545	ts	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e	contri mploy	buting employers			
Prepaid expenses and deferred charges 4,12,131 8 3,502,430 9 778,545	82	,	Notes and loans recovable not					
9 Prepaid expenses and deferred charges 551,384 9 7735,345 10a Land, buildings, and equipment cost or other basis Complete 10a 16,767,379 10b 10,758,270 5,379,130 10c 6,009,100 11 Investments—publicly traded secuntites 7,953,877 11 8,156,478 12 Investments—publicly traded secuntites 7,953,877 11 8,156,478 13 Investments—publicly traded secuntites 7,953,877 11 8,156,478 14 Intangible assets 1,211,409 15 Other assets See Part IV, line 11 1,047,798 15 1,012,172 16 Total assets. Add lines 1 through 15 (must equal line 34) 24,819,844 16 22,993,853 17 Accounts payable and accrued expenses 1,864,330 17 2,153,091 18 Grants payable 18 8 18 19 Deferred revenue 1,386 19 24,255 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule 22 23 23,357 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule 188,818 22 83,357 23 Secured mortgages and notes payable to unrelated third parties 24 25 25 25 25 25 25 25	4		·			4 125 031		3 852 487
10a		_				<u> </u>		
11 Investments—publicity traded secunties 7,953,872 11 8,166,478 12 Investments—publicity traded secunties 7,953,872 11 8,166,478 12 Investments—publicity traded secunties 7,953,872 11 8,166,478 13 Investments—program-related See Part IV, line 11 1,077,723 12 1,211,409 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 14 11 15 10,012,172 15 1,012,172 15 1,012,172 16 Total assets See Part IV, line 11 1,047,795 15 1,012,172 18 1,047,795 15 1,012,172 18 1,047,795 18 18 19 24,255 19 24,255 19 24,255 19 24,255 19 24,255 19 24,255 19 24,255 20 22 23 24 25 24 25 24 25 25 25		_	Land, buildings, and equipment cost or other basis Complete		1			700,010
11 Investments—publicly traded securities 7,953,872 11 8,156,478 12 Investments—other securities 5ee Part IV, line 11 1,077,723 12 1,211,409 13 1 1 1 1 1 1 1 1		ь		10b	10,758,279	5,379,130	10c	6,009,100
12 Investments—other securities See Part IV, line 11 1,077,723 12 1,211,409 13 Investments—program-related See Part IV, line 11 1,047,725 15 1,012,172 14 Intangible assets 1,047,725 15 1,012,172 16 Total assets. Add lines 1 through 15 (must equal line 34) 24,818,944 16 22,893,683 17 Accounts payable and accrued expenses 1,864,530 17 2,153,091 18 Grants payable 18 18 19 24,255 19 Deferred revenue 1,386 19 24,255 10 Tax—exempt bond liabilities 20 20 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 168,818 23 83,367 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties 80,832 25 1,102,409 26 Total liabilities. Add lines 17 through 25 3,064,384 26 3,446,470 27 Unrestricted net assets 17,406,032 27 15,352,503 28 Temporarily restricted net assets 17,406,032 27 15,352,503 29 Permanently restricted net assets 100,750 29 100,750 29 Permanently restricted net assets 100,750 29 100,750 29 Permanently restricted net assets 100,750 29 100,750 29 Permanently restricted net assets 1,447,778 28 3,993,930 20 Capital stock or trust principal, or current funds 30 1,447,778 30 1,447,778 30 1,447,778 30 1,447,778 30 1,447,778 30 1,447,778		11	•	٠		7,953,872	11	8,156,478
13				1,077,723	12	1,211,409		
14		13			13	<u> </u>		
15							14	
16 Total assets. Add lines 1 through 15 (must equal line 34) 24,818,944 16 22,893,683 27 2,153,091		15				1,047,795	15	1,012,172
17								
18 Grants payable 18 1,386 19 24,255 20 Tax-exempt bond liabilities 20 Tax-exempt bond lispailities 20 Tax-exempt bond lispailities 20 Tax-exempt bond lispailities 20 Tax-exempt bond lispailitie						· · · · · · · · · · · · · · · · · · ·		
Page 19 Deferred revenue						.,,		
Tax-exempt bond liabilities						1.386		24.255
21 Escrow or custodial account liability Complete Part IV of Schedule D						-,,===		
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			·					
Unsecured notes and loans payable to unrelated third parties			Loans and other payables to current and former officers, direct	ors, tr				
24 Unsecured notes and loans payable to unrelated third parties	죭		persons Complete Part II of Schedule L			168,818	22	83,357
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	Ξ	23	Secured mortgages and notes payable to unrelated third partie	s .		168,818	23	83,358
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties				24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Pa	rt X of		960 933	2.	1 102 100
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26				· ' '		· · ·
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds		26	Organizations that follow SFAS 117 (ASC 958), check here ▶			3,004,364	26	3,440,470
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ĕ	27	- ,			17 406 032	27	15 352 503
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u>ଟ</u>							
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u> </u>				• •	· · · · · · · · · · · · · · · · · · ·		
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ĭ	29	,			100,700	29	100,700
30 Capital stock or trust principal, or current funds				ele F	and			
31 Paid-in or capital surplus, or land, building or equipment fund	o S	30	-				30	
33 Total net assets or fund balances	φ							
33 Total net assets or fund balances	45.							
34 Total liabilities and net assets/fund balances 24 818 944 34 22 893 653			- , , , , , , , , , , , , , , , , , , ,			21,754,560		19,447,183
	Ź	34				24,818,944	34	22,893,653

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	Channel Control of Con	· ·			,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,9	069,495
2	Total expenses (must equal Part IX, column (A), line 25)	2		34,3	395,093
3	Revenue less expenses Subtract line 2 from line 1	3			25,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			'54,560
5	Net unrealized gains (losses) on investments	5			.15,360
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			2,861
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		19,4	147,183
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493014008184

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Awana Clubs International

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

Open to Public Inspection

									36-2428				
Par				blic Charity Sta						instruction	S		
	rganı:			te foundation becaus			= -						
1	<u> </u>		•	•	ssociation of churches described in section 170(b)(1)(A)(i).								
2	<u> </u>				section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the											
4	J	hospita	al's name, c	ity, and state									
5	Γ	An org	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or	operated by	, a governme	ntal unıt des	cribed in		
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)								
6	Γ	A fede	ral, state, or	· local government o	governmental unit described in section 170(b)(1)(A)(v).								
7	Г -	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). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
8 9	l G						•	-	ubutiana mar	mharahın fas	a and areas		
9	⊽	_		at normally receives			* *		· ·	•			
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that its support from gross investment income and unrelated business taxable income (less section 511 tax) fro											
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									ousinesses		
10	_	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of											
11	ļ			ganized and operated ly supported organiz									
				bes the type of supp						occ sccion	Sos(a)(S). Check		
		a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated									ally integrated		
e	Γ			ox, I certify that the									
		other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization,											
			this box	2006 1 11				•	6.1		Г		
g			august 17, 2 ng persons?	2006, has the organ	ization acce	oted any gi	tt or contribut	ion from ar	ly of the				
					ontrols, eith	ier alone oi	together witl	n persons d	escribed in (i	1)	Yes No		
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) And (iii) below, the governing body of the supported organization? 11g(i)											
		(ii) A family member of a person described in (i) above?											
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?											
h		Provide the following information about the supported organization(s)											
				_		_							
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A mount of		
	uppoi			organization	organizat		the organ		organiza		monetary		
organization		ation		(described on	col (i) lis		ın col (i)		col (i) or		support		
				lines 1-9 above or IRC section	your gove docume		suppo	ort /	in the l	J 5 /			
				(see	docume	TIC.							
				instructions))	Yes	No	Yes	No	No. V				
					162	IAO	1 65	140	Yes	No			
								+		+			
Total								+		+			

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization'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							
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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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 IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s 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.)

	ction A. Public Support	1	1				
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,815,64	7 9,917,862	10,223,570	11,390,038	11,994,	479 53,341,596
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	31,847,436	5 30,523,017	30,898,692	29,883,705	26,820,	839 149,973,689
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 through 5	41,663,083	3 40,440,879	41,122,262	41,273,743	38,815,	.318 203,315,285
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	182,86	8 27,315	38,808	75,290	32,	.170 356,451
b	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						0
С	Add lines 7a and 7b	182,86	8 27,315	38,808	75,290	32,	.170 356,451
8	Public support (Subtract line 7c						202,958,834
	from line 6)						
	ction B. Total Support				T		
· · · ·	beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6	41,663,083	40,440,879	41,122,262	41,273,743	38,815,	318 203,315,285
LOa	Gross income from interest, dividends, payments received						
	on securities loans, rents,	95,931	55,773	47,104	199,483	215,	967 614,258
	royalties and income from						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	95,931	55,773	47,104	199,483	215,	967 614,258
11	Net income from unrelated business activities not included in line 10b, whether or not the						
12	other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					3,	600 3,600
13	Total support. (Add lines 9,	41,759,014	40,496,652	41,169,366	41,473,226	39,034,	885 203,933,143
14	10c, 11, and 12) First five years. If the Form 990 is check this box and stop here		, ,	, ,	, ,		
Se	ction C. Computation of Pub	olic Support F	Percentage				
15	Public support percentage for 201			13, column (f))		15	99 520 %
16	Public support percentage from 20	11 Schedule A, I	Part III, line 15			16	99 410 %
Se	ction D. Computation of Inv						
17	Investment income percentage for	2012 (line 10c, o	column (f) dıvıded	by line 13, colum	nn (f))	17	0 300 %
18	Investment income percentage fro					18	0 310 %
19a	33 1/3% support tests—2012. If the more than 33 1/3%, check this box						and line 17 is not ▶✓

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493014008184

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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. ► See separate instructions.

Open to Public

Internal Revenue Service		► Attach to For	Inspection				
	Name of the organization Awana Clubs International			Emplo	oyer identification number		
		<u></u>		36-2	428692		
Pa		izations Maintaining Donor Adv		ınds o	r Accounts. Complete if the		
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	1 1	b) Funds and other accounts		
1	Total number a	t end of year	(a) Dollor advised fullds	 	Fullus and other accounts		
2		tributions to (during year)		1			
3		nts from (during year)					
4		ue at end of year					
5	Did the organiz	zation inform all donors and donor adviso organization's property, subject to the or		or advis	ed Yes No		
6	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?			purpose Yes No		
Pa		rvation Easements. Complete if	the organization answered "Yes" to	o Form	990, Part IV, line 7.		
2	Preservation Protection Preservation Complete lines	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat on of open space	or education) Preservation of an Preservation of a c	ertified	historic structure		
	easement on t	he last day of the tax year	Γ		Held at the End of the Year		
а	Total number o	of conservation easements		2a	ricia de tric Eria di tric i car		
ь	Total acreage	restricted by conservation easements		2b			
c		servation easements on a certified histo	oric structure included in (a)	2c			
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d			
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by the	organization during		
	the tax year ►						
4	Number of stat	tes where property subject to conservati	ion easement is located 🛌				
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of v	riolations, and Yes No		
6	Staff and volun	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents du	iring the year		
7	•	enses incurred in monitoring, inspecting	ı, and enforcıng conservatıon easements	during	the year		
8	Does each con	nservation easement reported on line 2(o 20(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170	(h)(4)(B)(ι)		
9	In Part XIII, d balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial				
Pai	rt IIII Organ	izations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures, o	or Oth	er Similar Assets.		
1a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education, o	or resea	rch in furtherance of public		
b	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to thes	ts held for public exhibition, education, o				
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			▶ \$		
	(ii) Assets inc	luded in Form 990, Part X			▶ \$		
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		r financ			
а	Revenues incli	uded in Form 990, Part VIII, line 1			► \$		
					• т		

b Assets included in Form 990, Part X

e generations le organization's con ganization solicit of funds rather than t stodial Arrang r reported an an int, trustee, custod rt X? gement in Part XII ear	ollections and explanation of receive donation to be maintained as ements. Complanation or other intermolation or other intermolation or other intermolation. It check here if the organization of the organiz	d e ain how s of ar part c ete if 90, Pa ediary e follow	w they t, his of the the art X for co	Other orical organizorgani, line 2 ontribu	or exchange pro tr the organizat treasures or ot zation's collect zation answe 21.	on's ex her sin ion? red "Y	xempt purpos nılar 'es" to Form	e in '' Yes		No No
ganization solicit of funds rather than to stodial Arrang reported an annt, trustee, custod rt X? gement in Part XII de an amount on Forgement in Part XII	or receive donation to be maintained as ements. Complement on Form 90 lian or other intermorm 900, Part X, line or Mercei fither 1 Check here if the	e sofar part of the polynomial part of the po	t, his of the the art X for c	Other further torical organizorgani, line 2 ontribu	r the organizat treasures or ot zation's collect zation answe 21.	on's exher sin ion? red "Y ssets	xempt purpos nılar 'es" to Form not	□ Yes 990, □ Yes		
ganization solicit of funds rather than to stodial Arrang reported an annt, trustee, custod rt X? gement in Part XII de an amount on Forgement in Part XII	or receive donation to be maintained as ements. Complement on Form 90 lian or other intermorm 900, Part X, line or Mercei fither 1 Check here if the	s of ar part of ete If 90, Pare diary e follow	t, his of the the art X for c	furthe torical organi organi , line 2 ontribu	er the organizat treasures or ot zation's collect zation answe 21.	her sin ion? red "Y ssets	nılar 'es" to Form	□ Yes 990, □ Yes		
ganization solicit of funds rather than to stodial Arrang reported an annt, trustee, custod rt X? gement in Part XII de an amount on Forgement in Part XII	or receive donation to be maintained as ements. Complement on Form 90 lian or other intermorm 900, Part X, line or Mercei fither 1 Check here if the	s of ar part of ete if 90, Pa ediary e follov	t, his of the the art X for c	torical organi: organi organi , line 2 ontribu	treasures or ot zation's collect zation answe 21.	her sin ion? red "Y ssets	nılar 'es" to Form	□ Yes 990, □ Yes		
ganization solicit of funds rather than the stodial Arrang r reported an and nt, trustee, custod rt X? gement in Part XII de an amount on Fo gement in Part XII	or receive donation to be maintained as ements. Complement on Form 90 lian or other intermorm 900, Part X, line or Mercei fither 1 Check here if the	s of ar part of ete if 90, Pa ediary e follov	t, his of the the art X for c	torical organi: organi organi , line 2 ontribu	treasures or ot zation's collect zation answe 21.	her sin ion? red "Y ssets	nılar 'es" to Form	□ Yes 990, □ Yes		
funds rather than to stodial Arrang reported an an nt, trustee, custod rt X? gement in Part XII de an amount on Fort gement in Part XIII	ements. Complements. Complements. Complements. Complement on Form 96 lian or other intermand and complete the form 990, Part X, linux I Check here if the	part of ete if 90, Parediary e follow	the cart X for co	organiz organi , line 2 ontribu	zation's collect zation answe 21.	red "Y ssets 1c 1d	es" to Form	990, □ Yes		
stodial Arrang r reported an an nt, trustee, custod rt X? gement in Part XII ear de an amount on Fo	ements. Complements on Form 99 lian or other interm II and complete the orm 990, Part X, ling I Check here if the	ete ıf 90, Pa edıary e follov e 21?	the cart X for c	organı , lıne 2 ontribu	zation answe 21.	ssets 1c 1d	not	990, □ Yes		_
r reported an an nt, trustee, custod rt X? gement in Part XII ear de an amount on Fo	nount on Form 90 lian or other interm II and complete the orm 990, Part X, lin I Check here if the	ediary follov e follov e 21?	art X	, line 2 ontribu	21.	ssets 1c 1d	not	┌ Yes	Г ——	No
nt, trustee, custod rt X? gement in Part XII ear de an amount on Fo gement in Part XII	lian or other interm II and complete the orm 990, Part X, lin I Check here if the	ediary follov e 21? e expla	for c	ontribu		1c 1d			Γ	No
ear de an amount on Fo gement in Part XII	orm 990, Part X, lin I Check here if the	e 21? e expla		able		1d	,	Amount		
de an amount on Fo gement in Part XII	I Check here if the	expla				1d		Amount		
de an amount on Fo gement in Part XII	I Check here if the	expla				1d				
de an amount on Fo gement in Part XII	I Check here if the	expla				H				
de an amount on Fo gement in Part XII	I Check here if the	expla				1e				
gement ın Part XII	I Check here if the	expla								
gement ın Part XII	I Check here if the	expla				1f				
								☐ Yes	Γ	_ No
nds. Complete	if the organizatio		anatio	n has b	oeen provided i	n Part :	XIII			Γ
	(a)Current year	(b)								
	143,612			140,822	136,	397	128,19	1		154,317
								-		
gains, and losses	2,591			2,790	5,	956	8,20	6		-26,126
					1,	531				
cilities										
	146,203		:	143,612	140,	822	136,39	7		128,191
centage of the cur	rent year end balan	ce (lın	ie 1g,	columi	n (a)) held as					
-endowment ►	96 030 %									
3 970 %										
dowment ►										
	uld equal 100%									
s not in the posses	ssion of the organiz	ation	that a	re held	d and administe	red for	the			
_									-	No
			•							No No
				ule R?			[3		+	
-	•									
					LO.					
property									Book	: value
					1,	739,238			1,7	739,238
		•			<u> </u>			459		463,539
					4,	379,143	3,572	820	8	806,323
	equal Form 990, Part	X, colu	ımn (E	3), line .	10(c).)				6,0	009,100
	a 970 % dowment > 2a, 2b, and 2c sho s not in the posse crelated organization intended uses of the property	gains, and losses 2,591 cilities 146,203 centage of the current year end balantendowment 96 030 % 3 970 % dowment 2a, 2b, and 2c should equal 100% is not in the possession of the organizations in the organization of the	gains, and losses 2,591 cilities 146,203 centage of the current year end balance (line) endowment 96 030 % 3 970 % dowment 2a, 2b, and 2c should equal 100% is not in the possession of the organization serilated organizations listed as required on Sintended uses of the organization's endowm and Equipment. See Form 990, Paraproperty	gains, and losses 2,591 cilities 146,203 centage of the current year end balance (line 1g, -endowment 96 030 % 3 970 % dowment 3970 % dowment 20,591 centage of the current year end balance (line 1g, -endowment 100 %) s not in the possession of the organization that a second organizations listed as required on Schedintended uses of the organization's endowment function of the organization's e	gains, and losses 2,591 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 2,790 143,612 centage of the current year end balance (line 1g, column - endowment - 96 030 % 3 970 % 4 96 030 % 5 96 030 % 5 96 030 % 5 96 030 % 5 970 % 5 970 % 6	gains, and losses 2,591 2,790 5,1 146,203 143,612 140,822 136,2 141,612 140,822 140,822 1,1 1,1 1,1 1,1 1,1 1,1 1,1	gains, and losses 2,591 2,790 5,956 1,531 146,203 143,612 140,822 centage of the current year end balance (line 1g, column (a)) held as -endowment 96 030 % 3 970 % dowment 2a, 2b, and 2c should equal 100% s not in the possession of the organization that are held and administered for serious and serious free and serious endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organizations listed as required on Schedule R? intended uses of the organization's endowment funds are latted organization are latted organization that are held and administered for several functions are latted organization that are held and administered for several functions are latted organization that are held and administered for several functions are latted organization that are held and administered for several functions are latte	gains, and losses 2,591 2,790 5,956 8,20 1,531 140,822 1,531 140,822 1,531 140,822 1,531 140,822 1,531 140,822 136,39 centage of the current year end balance (line 1g, column (a)) held as -endowment ▶ 96 030 % 3 970 % dowment ▶ 2a, 2b, and 2c should equal 100% Is not in the possession of the organization that are held and administered for the so intended uses of the organization's endowment funds so and Equipment. See Form 990, Part X, line 10. property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated the companion of	143,612 140,822 136,397 128,191	and losses 2,591 2,790 5,956 8,206 1,531

Part VIII Investments—Other Securities. Se			
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A)Investment in Captive Insurance Company	1,148,086	F	
(A) Threstment in Captive Insurance Company	1,140,000	<u>'</u>	
(B) Mineral Interests	63,323	F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,211,409		
Part VIII Investments—Program Related. S	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	-		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc		(b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Self Insurance Reserve	675,000		
Annuities & Trusts Payable	297,100		
Due to Awana Lifeline	130,309		
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1 100 100		
	1,102,409	nization's financial statements that accounts the	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the t	lekt of the loothote to the organ	mzation 5 illiancial statements that reports the	

,	2410 5 (10111 550) 2012		r age -
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	39,794,765
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	7,825,270
3	Subtract line 2e from line 1	3	31,969,495
4	Amounts included on Form 990, Part VIII, line 12, 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	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	31,969,495
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	41,971,833
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	7,576,740
3	Subtract line 2e from line 1	3	34,395,093
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)		
С	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	34,395,093

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The purpose is to fund the Awana ministry in certain specific geographic areas
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	The financial statement effects of a tax position taken or expected to be taken are recognized in the consolidated financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the consolidated statement of activities. As of June 30, 2013, Awana Clubs International had no uncertain tax positions that qualify for recognition or disclosure in the consolidated financial statements. ACI files information tax returns in the U.S. and various states. ACI is generally no longer subject to U.S. federal and state income tax examinations by tax authorities for years before 2010.
Part XI, Line 2d - Other Adjustments		Change in value of annuities 38,484 Change in value of trusts - 35,623 Cost of Goods Sold 7,060,027 Fundraising expense 6,177 Awana International, Kidzmatter & Lifeline Activity included in Financials 640,845
Part XII, Line 2d - Other Adjustments		Cost of Goods Sold 7,060,027 Fundraising expenses 6,177 Awana International, Kidzmatter & Lifeline Activity included in Financials 510,536

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493014008184

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE F (Form 990) Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Awana Clubs Internationa

Department of the Treasury

Internal Revenue Service

Employer identification number

A wan	na Clubs International				36-2428692	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	gibility for the g	grants or assis	tance, and the selecti	on criteria used to awa	ard
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's pı	rocedures for monitori	ng the use of grant fu	nds outside
3	Activites per Region (The follow	ing Part I, line 3	B table can be du	uplicated if additional spa	ace is needed)	
	(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
	See Add'l Data		-			
3a	Sub-total	0	0			3,679,118
b	Total from continuation sheets to Part I	0	0			104,93
С	Totals (add lines 3a and 3b)	l o	l o			3 784 050

art II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								
	-								
	-								
	-								
	-								
	_								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, re	ecognize	ed as
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter .		

12

20

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

Part III can be	duplicated if additio	nal space is ne	eeded.		T		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	the Caribbean	3	15,586				
	Pacıfıc	6	231,057				
Support ministry work in Europe	Europe (Including Iceland & Greenland)	1	7,157				
	Afrıca	5	78,179				
	Independent States	1	32,914				
Support ministry work in South America	South America	6	47,789	Wire			
Support ministry work in South Asia	South Asıa	3	594,534	Wire			
Support ministry work in Sub-Saharan Africa	Sub-Saharan Africa	5	88,862	Wire			

Part IV Foreign Forms

1	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)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay 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)	Γ	Y	'es	্য	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)	Г	Y	'es	<u> </u>	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
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)	Г	Υ	'es	<u> </u>	Νo
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).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to 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 (see instructions).

Identifier	ReturnReference	Explanation

Additional Data

Software ID: Software Version:

EIN: 36-2428692

Name: Awana Clubs International

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
East Asia and the Pacific	0	0	Investments		1,148,086
Central America and the Caribbean	0		Grants to recipients located in region		74,337
East Asia and the Pacific	0		Grants to recipients located in region		326,391

Form 990 Schedule F F	<u> Part I - Activit</u>	<u>ies Outside Tl</u>	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
Europe (Including Iceland & Greenland)	0		Grants to recipients located in region		44,440
Russia & the Newly Independent States	0		Grants to recipients located in region		198,328
South America	0		Grants to recipients located in region		129,300

Form 990 Schedule F	<u> Part I - Activit</u>	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
South Asia	0	0	Grants to recipients located in region		914,314
Sub-Saharan Africa	0	0	Grants to recipients located in region		843,922
North America	0		Grants to recipients located in region		26,753

<u> Form 990 Schedule F I</u>	<u>Part I - Activit</u>	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
Middle East and North Africa	0		Grants to recipients located in region		78,179

Form 990 Schedı	Form 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		Central America and the Caribbean	General support	11,029	Wire					
		Central America and the Caribbean	General support	14,230	Wire					
		Central America and the Caribbean	General support	24,794	Wire					
		East Asia and the Pacific	General support	15,052	Wire					

, rorm 990 Scheau	ie E bart II	- Grants or Entitiv	ies Outside The Un	itea States	_	_	_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		East Asia and the Pacific	General support	9,459	Wire			
		East Asia and the Pacific	General support	37,907	Wire			
		East Asia and the Pacific	General support	16,325	Wire			
		East Asia and the Pacific	General support	13,422	Wire			

, Form 990 Scheau	ie i Part II	- Grants or Entitle	s outside The Ur	ited States		_	_	· .
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
	1	Europe (Including Iceland & Greenland)	General support	8,553	Wire			
		Europe (Including Iceland & Greenland)	General support	27,089	Wire			
		North America	General support	26,753	Wire			
		Russia & the Newly Independent States	General support	7,268	Wire			

e F Part II	- Grants or Entitie	s outside The Un	ited States		_	_	_
(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
	Russia & the Newly Independent States	General support	55,587	Wire			
<u> </u>	Russia & the Newly Independent States	General support	102,558	Wire			
1	South America	General support	15,528	Wire			
	South America	General support	19,514	Wire	1		
ï	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Russia & the Newly Independent States Russia & the Newly Independent States South America	(b) IRS code section and EIN(if applicable) Russia & the Newly Independent States Russia & the Newly General support Russia & the Newly Independent States South America General support General support	section and EIN(if applicable) Russia & the Newly Independent States Russia & the Newly Independent States South America (d) Purpose of grant (e) Amount of cash grant (e) Amount of cash grant (5),587 General support 102,558 General support 15,528	(b) IRS code section and EIN(if applicable) Russia & the Newly Independent States Russia & the Newly Independent States South America (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement (e) Amount of cash grant (f) Manner of cash disbursement (f) Manner of cash grant (f) Manner of cash gran	(b) IRS code section and EIN(if applicable) Russia & the Newly Independent States Russia & the Newly Independent States South America (d) Purpose of grant (e) Amount of cash grant (e) Amount of cash disbursement (g) Amount of non-cash assistance (g) Amount of non-cash disbursement (g) Amount of no	(b) IRS code section and EIN(if applicable) Russia & the Newly Independent States Russia & the Newly Independent States South America (d) Purpose of grant (e) Amount of cash grant (e) Amount of cash disbursement (e) Amount of cash disbursement (f) Manner of cash disbursement (g) Amount of non-cash assistance (h) Description of non-cash assistance Nire 102,558 Wire

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		South America	General support	25,989	Wire						
		South America	General support	15,205	Wire						
		South America	General support	5,276	Wire						
		South Asia	General support	110,740	Wire	1					
1				-	-	-		•			

Form 990 Schedu	le F Part II	Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		South Asia	General support	209,039	Wire					
		Sub-Saharan Africa	General support	42,586	Wire					
		Sub-Saharan Africa	General support	184,036	Wire					
		Sub-Saharan Africa	General support	22,629	Wire					

Form 990 Schedu	ile F Part II	- Grants or Entitie	es Outside The Un	ited States	_	_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region (d) Purpose of grant		(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	General support	78,192	Wire			
		Sub-Saharan Afrıca	General support	34,094	Wire			
		Sub-Saharan Afrıca	General support	40,233	Wire			
		Sub-Saharan Africa	General support	133,358	Wire	1		
								, , , , , , , , , , , , , , , , , , ,

Form 990 Schedu	ule F Part II	- Grants or Entitie	es Outside The Ur	ited States		_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
1		Sub-Saharan Afrıca	General support	22,550	Wire			
'		Sub-Saharan Afrıca	General support	113,296	Wire	[
1		Sub-Saharan Afrıca	General support	78,567	Wire			
⊿ '	1	'	1	1	1	1 '	1	1

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DLN: 93493014008184

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Awana Clubs International

SCHEDULE G

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. Form 990-EZ filers are not required to complete this part.

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

Supplemental Information Regarding

Open to Public Inspection

Employer identification number

					36-2428692	
Part I Fundraising Acti	i vities. Complete	ıf the o	rganızat	on answered "Yes" t	to Form 990, Part IV	, line 17.
1 Indicate whether the organi	zatıon raısed funds t	:hrough a	ny of the i	following activities Che	eck all that apply	
a Mail solicitations					-government grants	
b Internet and email solice	citations		f	Solicitation of gov		
c Phone solicitations			g	Special fundraisin	g events	
d In-person solicitations			_		-	
2a Did the organization have a or key employees listed in f						
		•		·	_	l Yes I No
b If "Yes," list the ten highest to be compensated at least			runaraisei	s) pursuant to agreeme	ents under which the ful	ndraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
-						
-						
Total			.			
3 List all states in which the o	organization is regist	ered or lı	censed to	solicit funds or has be	en notified it is exempt	from registration or
		_				

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
			(a) Event #1 Golf Outing	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
E E	1	Gross receipts	29,00	0		29,000
Revenue	2	Less Contributions	25,40	0		25,400
~	3	Gross income (line 1 minus line 2)	3,60	0		3,600
	4	Cash prizes	67			675
	5	Noncash prizes	22	3		223
Expenses	6	Rent/facility costs	3,00	0		3,000
S De	7	Food and beverages .				
Direct B	8	Entertainment	1,00	0		1,000
ے	9	Other direct expenses .	1,27	9		1,279
	10	Direct expense summary Add lii	nes 4 through 9 in columi	n (d)		(6,177)
	11	Net income summary Combine I			•	-2,577
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep	
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
xpenses	3	Non-cash prizes				
ញ ស្ល	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes	┌ Yes	│ Yes_____ │ No	
	7	Direct expense summary Add line	es 2 through 5 ın column	(d)	🛌	
	8	Net gaming income summary Con	nbine lines 1 and 7 in col	umn (d)	🛌	
9	Ent	ter the state(s) in which the organiz	ation operates gaming ac	ctivities		
a b		the organization licensed to operate 'No," explain				Tyes TNo
10a b		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

(Form 990)

Name of the organization Awana Clubs International DLN: 93493014008184 OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

Open to Public Inspection

A wana Clubs International						36-2428692	
Part I General Inform 1 Does the organization ma the selection criteria used 2 Describe in Part IV the of	ıntaın records to sub d to award the grants	stantiate the amount of th					∀ Yes
		o Governments and receive					l "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Awana International 1 East Bode Road Streamwood,IL 60107	74-3095616	501(c)(3)	3,264,582				Christian Youth Ministry
(2) Kıdzmatter 1 East Bode Road Streamwood,IL 60107	27-3495311	501(c)(3)	529,766				Ministry Support
(3) Awana Lifeline Ministries 1 East Bode Road Streamwood,IL 60107	46-0588427	501 (c) 3	325,333				Ministry Support
2 Enter total number of seconds		_	listed in the line 1 table				3

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships - awards paid to schools on behalf of winners of Teen Fine Arts competitions	9	5,000			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Awana Clubs International (ACI) grants funds to its supporting organizations. Use of the funds are subject to the same controls of any other Awana expenditure. Auditors have reviewed internal controls pertaining to these organizations as part of their audit of the consolidated financial statements. On a quarterly basis, the ACI Board reviews the financial results and the Board minutes of each organization. The ACI President is on the Board of each supporting organization to monitor the use of funds for ministry purposes. Scholarships for attending college are awarded to persons who meet defined ministry criteria. The scholarships are paid directly to the educational institutions.

DLN: 93493014008184

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Awana Clubs International

Employer identification number

36-2428692

Pa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence			
	Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Total services (e.g., maid, endined)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	_			
	 ✓ Compensation committee ✓ Written employment contract ✓ Compensation survey or study 			
	Form 990 of other organizations Approval by the board or compensation committee			
	Approver by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
	or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	ٿ		140
•	section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	• •	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	ii) Other other deferred benefits (B)(1)-(D) reported as deferred in prior Form 990		•		
(1)Jack Eggar President/CEO	(i) (ii)	168,990 0	0	9,824	0 0	8,042	186,856	0 0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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DLN: 93493014008184

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schedule L

Transactions with Interested Persons

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

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

2012

Open to Public Inspection

Name of the organization
Awana Clubs International

Employer identification number

art I Ex	Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 of (b) Relationship (c) Purpose of loan or from the organization? To From Pay off mortgage on warehouse y Pay off mortgage on warehouse y Pay off mortgage on warehouse \$\$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$											
Со	mplete if the org	anızatıon answ	ered "Yes"	on Form 990,	Part IV, line 2	5a or 25b, or	Form 9	90-E	Z, Part	V , line		
1 (a) Na	(a) Name of disqualified p		•	•		(c) Descri	ption o	f tran	saction	<u> </u>	(d) Corr	ected
			person	and organiza	tion						Yes	No
										- 		
2 Enterth	e amount of tax	incurred by ora	anızatıon m	anagers or dis	squalified pers	ons during the	e vear u	ınder	section			
4958 .									> \$			
3 Enterth	e amount of tax	ıf anv. on line 2	above re	ımbursed by t	he organizatio	n		_	F \$			
, Lincol en	a amount or tax,	, ,	., 45010, 10	imbarsea s, e	ne organizació			•	- Ψ			
art II	Loans to and	or From Ir	nterested	Persons.								
					0-EZ, Part V,	line 38a, or Fo	orm 990	O, Pai	rt IV, lın	ie 26, d	rıfthe	
ı	organization repo	rted an amoun	t on Form 9	90, Part X, lır	ie 5, 6, or 22							
) Name of					(e)Orıgınal						(i)Wri	
interested v	with organization	n loan				due	defau	ılt?			agreen	nent?
person			organiza	tion?	amount						or	
			To	From	-		Yes	No			Yes	No
John		Pay off	_	110	355,000	73,979			-	1	+	+
bbert												
		warehouse										
) Dorothy					45,000	9,378		Νo	Yes		Yes	
bbert												
		warenouse										
										1	_	
									1	1	_	
											_	
									1		_	
tal				<u> </u>		83,357						
						rt IV Juna 27						
	•					, '			(-)	D		
				(c) A mount	orassistance	(a) Type o	orassis	tance	: (e)	Purpos	e or ass	istano
pei												
	+	- · 9 - · · •	**			1						
	+											
	+					_						
	+					_						
	+					_						

Part IV Business Transactions Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
(1) Dona Eggar	Family of Officer/Board Member	29,860	Employee compensation		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service Name of the organization

Employer identification number Awana Clubs International 36-2428692 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining or items contributed ıf amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line

1g 1 Art—Works of art 2 Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . 8 89,585 FMV Securities—Publicly traded . Χ 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 . . . Real estate—Residential . 700,000 FMV **16** Real estate—Commercial . Real estate—Other . . . 17 18 Collectibles Food inventory . . . 19 Drugs and medical supplies . 20 21 Taxidermy Historical artifacts 23 Scientific specimens . . Archeological artifacts . . 24 25 Other►(__ 26 Other ►(____ **27** Other ► (___ 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . No 30

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it			
	must hold for at least three years from the date of the initial contribution, and which is not required to be used			
	for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		Νo
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a	Yes	
Ь	If "Yes," describe in Part II			

Supplemental Information. Complete this part to 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.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors		The number of contributors represents the number of contributions received
Third Party Use	,	National Christian Foundation would be used for large items such as boats, cars, etc or anything that the ministry would not be able to use or convert to cash

Schedule M (Form 990) (2012)

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DLN: 93493014008184

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

	Employer ident if i	cation number
Awana Clubs International		
	36-2428692	

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 1	The Executive Committee of the board consists of the Chair, Vice Chair, President/CEO, Secretary, Assistant Secretary, Treasurer, and Assistant Treasurer. The Executive Committee has all the power of the board between meetings of the board, except as prohibited by the Illinois General Not for Profit Corporation Act. The Executive Committee shall nominate candidates to fill a vacancy in the position of President/CEO.
	Form 990, Part VI, Section B, line 11	The Form 990 is prepared by an independent CPA firm, reviewed by the management and financial teams, and finally submitted to the board for review before being filed with the IRS
	Form 990, Part VI, Section B, Ine 12c	Annually employees and board of directors complete surveys regarding any potential conflicts. Surveys are maintained by the legal/risk management department. Any potential conflict of interest is reported to an employee's supervisor and in the case of board members, to the board of directors by the Chief Financial Officer for monitoring.
	Form 990, Part VI, Section B, line 15	All compensation is evaluated annually through analysis of independent benchmarking data obtained from national salary surveys such as Abbott-Langer, Watson Wyatt, and the US Department of Labor A formal salary structure with defined pay grades is examined and adjusted annually. Evaluation of executive compensation also includes analysis of pay in comparable not-for-profit organizations obtained from Form 990s. Executive compensation is reviewed and approved annually by an independent Board of Directors and decisions are documented in Board meeting minutes. Internal control documents related to compensation decisions for all employees are maintained by the Human Resources Department.
	Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy, and financial statements are available to the public upon requests. All requests should be made to the Chief Financial Officer
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Change in value of annuities 38,484 Change in value of trusts -35,623

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DLN: 93493014008184

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Employer identification number

Awana Clubs International				36-24286	0.2	
Part I Identification of Disregarded Entities (Con	nplete if the organization	n answered "Yes" i	to Form 990, Pa		92	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(b)	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during		the organization a	answered "Yes"	to Form 990, Pa	art IV, line 34 because it	had one
(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 st (if section 501(c		(g) Section 512 (13) contro entity?
(1) Awana International	Christian youth ministry	СО	501(c)(3)	509a3 - Sch A Ln	11, Awana Clubs International	Yes N
1 E Bode Road Streamwood, IL 60107						
74-3095616		-				
(2) Kidzmatter 1 E Bode Road	Provide innovative tools for children's ministry	IL	501(c)(3)	509a3 - Sch A Ln	11, Awana Clubs International	N
STreamwood, IL 60107 27-3495311						
(3) Awana Lifeline Ministries	Equipping fathers to build a legacy of faith in Christ	СО	501(c)(3)	509a3 - Sch A Ln	11, Awana Clubs International	N
1 E Bode Road Streamwood, IL 60107 46-0588427						
10 0300127						

	-				e tax year.)		1 .			1 (1)	Τ.			
(a) Name, address, and EII related organization	N of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded fron tax under sections 512- 514)	total income	(g) Share of end-of-year assets		ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	nging ner?	(k) Percenta owners	age
					1			Yes	No		Yes	No		
Part IV Identification of Related (line 34 because it had one or								swere	ed "Ye	s" to Form	990,	Part I	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domici (state or fo country	e ireign		(d) t controlling Ty entity (C	(e) rpe of entity corp, S corp, or trust)	(f) Share of tota Income		(g) re of en of-year assets	d- Percen owner	tage	(co	(i) ection 51 (b)(13) ontrolled entity?	d
(1) Charitable Remainder	Trust			Δωσησ	Clubs T			+				Ye	-	No
Trust (2)	Hust	IL		Interna								16		

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organiz	ations li	sted in Parts II-IV?				
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
C	c Gift, grant, or capital contribution from related organization(s)				1 c		No
d	d Loans or loan guarantees to or for related organization(s)				1d		No
е	e Loans or loan guarantees by related organization(s)				1e		No
f	f Dividends from related organization(s)				1f		No
g					1g		No
_	h Purchase of assets from related organization(s)				1h		No
	i Exchange of assets with related organization(s)				1i		No
	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
,	Ecase of Identities, equipment, or other assets to related organization(s)				H		
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
	o Sharing of paid employees with related organization(s)				10	Yes	
_	, changer para ompre, coo man conserve of games						
D	Reimbursement paid to related organization(s) for expenses				1p		No
-	Reimbursement paid by related organization(s) for expenses				1q		No
•	• • • • • • • • • • • • • • • • • • • •						
r	r Other transfer of cash or property to related organization(s)				1r	Yes	
	s Other transfer of cash or property from related organization(s)				1s		No
					ш		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, incl	luding co	overed relationships	and transaction thresholds			
	(a) (b) Name of other organization Transaction type (a-		(c) Amount involved	(d) Method of determining amo	ount II	nvolved	
		,					
			i				

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

> Software ID: **Software Version:**

> > **EIN:** 36-2428692

Name: Awana Clubs International

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)										
			Explanation								